LACHEALTHSYS

STRENGTHENING HEALTH SYSTEMS AND REFORMS

Issue #8 2006

A NEW AGENDA FOR HEALTH SECTOR REFORM

For the past two decades, Latin American and Caribbean (LAC) countries have implemented Health Sector Reforms (HSR) with the aim of introducing structural and functional changes in their health systems.[1] In 1998, LAC countries agreed that the guiding principles of HSR should center on improving access, equity, efficiency, quality, and financial sustainability.[2] However, progress toward meeting these objectives has been slow and uneven across countries in the Region.

Only a few countries have been successful in reducing gaps in the coverage of basic services and programs. Efforts to privatize health services have produced efficiency gains in some countries; however, these gains have often been achieved at the expense of improving equity and access to health services. Relatively little progress has been attained in improving adherence to normative aspects of quality of care. Very few countries have put in place medium- or long-term plans for resource generation that will sustain current levels of service provision.[3,4,5] Across the entire Region, the "human component" of HSR has been overlooked, an oversight that has hindered the ability of HSR to realize its full potential.[6]

Dissatisfaction with the slow progress of HSR, combined with the recognition of the need to address the development of human resources for health, has led to the definition of a *New Agenda for Health Sector Reform* (see Table 1). The agenda seeks to consolidate the accomplishments of the last twenty years as well as draw attention to the areas of HSR that have been neglected. In particular, the *New Agenda* calls for a renewed focus on public health to ensure that reforms increase access, quality and financial sustainability of health services[7] by focusing on the Essential Public Health Functions (EPHFs); the Steering Role capacity of National Health Authorities (NHA); Social Protection in Health (SPH); and the development of human resources in health.

TABLE 1. COMPONENTS OF A NEW AGENDA FOR HSR/HEALTH SYSTEMS STRENGTHENING

1. Essential Public Health Functions and Practices
2. Public Health Infrastructure
3. Social Protection in Health
4. Health Financing and Resource Allocation: Efficient and inclusive mechanisms
5. Health Systems based on Primary Health Care
6. Human Resources in Health

In order to build consensus around the *New Agenda*, the Latin America and Caribbean Regional Health Sector Reform Initiative sponsored in July 2004 a week-long Regional Forum in Antigua, Guatemala to discuss *The New Agenda for Health Sector Reform: Strengthening Essential Public Health Functions and Scaling-Up Health Systems.* Key stakeholders, including senior level staff from the Ministries of Health, mid-level managers and planning officers from decentralized entities, and technical experts from international agencies, discussed and debated interventions for scaling-up health systems and strengthening the EPHFs at the country level.

The structure of the Forum consisted of plenary and discussion panels, and knowledge- and experience-sharing sessions. The plenary sessions allowed collaborating partners to present research and findings related to work on health sector reform as well as provide different perspectives on strengthening EPHFs.[8] In the afternoons, Forum participants divided into working groups by country and by EPHF. The objective of the knowledge- and experience-sharing sessions was to provide participants with the opportunity to exchange ideas and formulate strategies to strengthen the EPHFs in their respective countries.

Participant evaluations of the Forum indicated that the meeting accomplished concrete results. More specifically, 83% of the participants responded that they were satisfied with the plenary panels, and 81% reported that they had gained new knowledge as a result of the experience-sharing sessions (see Figures 1 and 2).

Given that the Regional Forum was the last activity of the Initiative under its pre-existing structure, it provided collaborating partners a final opportunity to present their technical products (such as tools, methodologies, conceptual frameworks, comparative studies, etc.) relevant to the changing context of HSR. Participants were given the opportunity to reflect on the obstacles that prevented the full realization of the intended outcomes of HSR. Moreover, best practices in HSR were identified and discussed. The lessons learned from the Forum were incorporated into the new regional partnership agreement, signed by the Pan American Health Organizaiton/ World Health Organization (PAHO/WHO) and the U.S. Agency for International Development (USAID).[9] The new partnership centers its efforts on scaling-up health systems and strengthening EPHFs in the LAC Region in the context of the renewed Primary Health Care Strategy.[10]

FIGURE 1. PARTICIPANTS AGREEMENT WITH THE STATEMENT: "I WAS SATISFIED WITH THE PLENARY SESSIONS"

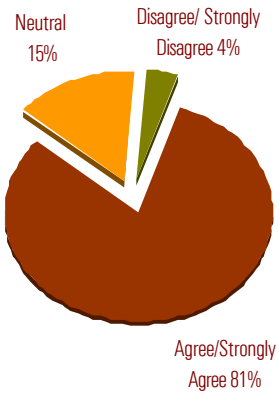
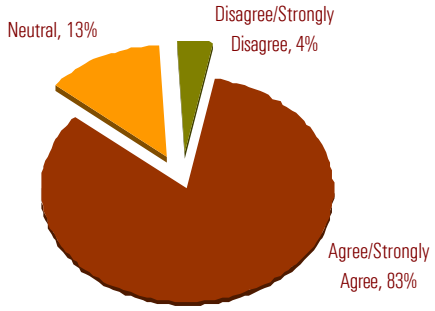


FIGURE 2. PARTICIPANTS AGREEMENT WITH THE STATEMENT: "I GAINED NEW KNOWLEDGE AS A RESULT OF THE EXPERIENCE-SHARING SESSIONS"



[1] Health Sector Reform (HSR) is defined as a set of activities and efforts that aim to improve the performance of the health sector by improving access, equity, efficiency, quality and financial stability. These activities represent sustained efforts to achieve fundamental changes in the provision, financing, purchasing and utilization of the public and private health services, and are guided by an overall legal and regulatory framework.

[2] Pan American Health Organization/World Health Organization (PAHO/WHO). 41st Directing Council, Resolution CD41.R12. September 30, 1999.

[3] Rivas-Loría, P., Infante A., Pedroza J., Reinharz D. "Análisis de las Reformas del Sector Salud en la Subregión de Centroamérica y la República Dominicana," Iniciativa Regional de Reforma del Sector Salud en América Latina y el Caribe: USAID-OPS/OMS. Edición Especial No. 10. Washington, DC, 2002. Available at: http://www.lachealthsys.org.

[4] Rivas-Loría, P., Infante A., Murillo R., Pedroza J., Schweiger A. et al. "Analysis of Health Sector Reforms in the Andean Countries." Latin America and Caribbean Regional Health Sector Reform Initiative: USAID-PAHO/WHO. Special Edition No. 11. Washington, DC, 2002. Available at: http://www.lachealthsys.org.

[5] Rivas-Loría, P., Entwistle, M., La Foucade, A. "Analysis of Health Sector Reform in the English-Speaking Caribbean Countries." Latin America and Caribbean Regional Health Sector Reform Initiative: USAID-PAHO/WHO. Special Edition No. 12. Washington, DC, 2002. Available at: http://www.lachealthsys.org.

[6] World Health Organization (WHO). The World Health Report 2006 - Working together for health. WHO, April 2006. Available at: http://www.who.int/whr/2006/whr06_en.pdf.

[7] Saldaña, Kelly. *A New Agenda for Health Sector Reform: Strengthening Essential Public Health Functions and Scaling up Health Systems*. Presentation delivered at the LACHSR Regional Forum on Health Sector Reform, Antigua, Guatemala, July 2004.

[8] Plenary panels and discussion sessions were divided by content into six thematic blocks: "Strengthening the Essential Public Health Functions," "Role of the National and Decentralized Health Authorities," "Assuring Quality of Care throughout the Health Services System," "Security and Efficiency of Commodity Distribution Systems," "Strengthening the Public Health Labor Force," and "Ensuring Equitable Access to Health Services."

[9] Umbrella agreement between PAHO/WHO and USAID: 2004-2007, September 30, 2004. Available at: http://www.lachealthsys.org.

[10] *Renewing Primary Health Care in the Americas: A Position Paper of the Pan American Health Organization/WHO*, Draft for discussion, December 2005.

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USAID-PAHO/WHO COOPERATION IN HEALTH SYSTEMS AND HEALTH SECTOR REFORM

The goal of the Pan American Health Organization/World Health Organization's (PAHO/WHO) and the U.S. Agency for International Development's (USAID) Latin America and Caribbean (LAC) Health Sector Reform (HSR) Initiative is to "improve capacity in both the public and private sectors of LAC target countries to address and implement health reforms and to strengthen health system performance."[1]

Between 1997 and 2004, PAHO/WHO and USAID have focused their efforts on:

1. the development of tools, methodologies and conceptual frameworks to assist countries with implementing different aspects of health reforms;
2. studies, analyses and/or reports based on the reality of health reforms in the Region, which provide the necessary information so that countries can make appropriate decisions about health reforms;
3. comparative analyses between different LAC sub-regions, which give a larger perspective on the status of reforms in the Region; and
4. translation or adaptation of tools, methodologies and/or studies that have been implemented or developed in other parts of the world so that LAC countries may also benefit from this information.

Because the work of the HSR Initiative deals with discrete aspects of health systems, it is relevant to reform processes regardless of changes in political/macro-level thinking on health reform or the adoption of a new agenda for health reform.

Some generalizations have emerged from the analysis of the results of past efforts at health reform. The recent focus on the organization and financing of health services has led many countries to lose their focus on public health. Consequently, a lack of capacity in public health contributes to the ineffectiveness of the desired results of health reforms. Additionally, the steering role of the Ministries of Health is weak, which influences their capacity both to implement reforms and to ensure the public's health. Despite this, many countries are continuing to implement decentralization processes, which redistribute management and fiscal authority to sub-national levels. For this process to be effective in the field of public health, countries should have a well-defined State role in health for the decentralized levels. Finally, an effective response by the international community to new infectious diseases emergencies (such as HIV/AIDS) must be grounded in a health system that can manage and direct new resources in order to care for increasing numbers of patients.

A common criticism of past reforms is that they have focused too heavily on the topics of financing and organization of the health sector. One of the main objectives of the forum "A New Agenda for Health Sector Reform: Strengthening the Essential Public Health Functions and Scaling up Health Systems" held in Antigua, Guatemala in July 2004 was to initiate a dialogue about how to further incorporate public health as a third focus of health reforms without completely abandoning the advances and lessons learned in the other two focus areas, which continue to be relevant. The Initiative adopted the Essential Public Health Functions (EPHF) as the macro framework for thinking about health reforms in order to enhance the focus on the human component of public health, while ensuring that previous work done by the Initiative would continue to be useful to the Region.

Therefore the forum was structured around the work of the Initiative, but with the perspective that one route to fulfill a new agenda for health reform would be to view this reform through the lens of public health. The hope is that with the further development of health reforms centered on public health, the discussion which was begun during the regional forum will:

1. assure that reforms can increase access, quality and sustainability of health services;
2. incorporate vertical programs within the discussions and processes of reform; and
3. create systems and management units that can respond to changing situations.

Thus, the future collaboration between USAID and PAHO/WHO for Health Sector Reform focuses on the direct development of the knowledge base for strengthening the Essential Public Health Functions and on the role of the Ministries of Health as stewards of the health systems and protectors of the public's health. ■

[1] Grant Agreement between PAHO/WHO and USAID: 1997-2004.

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PERFORMANCE AND IMPACT OF THE ESSENTIAL PUBLIC HEALTH FUNCTIONS IN THE HEALTH SYSTEM OF THE COMMONWEALTH OF PUERTO RICO

The goal of the Initiative **Public Health in the Americas** of the Pan American Health Organization/World Health Organization (PAHO/WHO) is to improve public health practice and strengthen the capacity of the Health Authority in the Region of the Americas. In order to achieve this goal, an instrument for measuring the performance of the **Essential Public Health Functions (EPHF)** was devised and applied in 41 countries and territories of the Region. Through the implementation of this initiative, the importance of public health development and the evaluation of public health practice in Puerto Rico gained a renewed focus in the national debate on health reform.

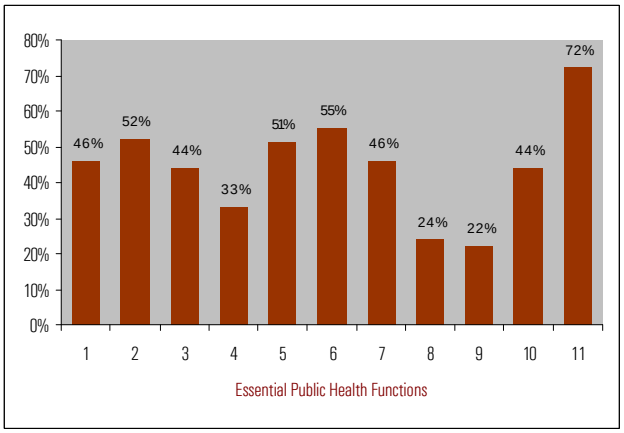
Results of the first performance measurement of the EPHFs

The First Workshop on EPHF Performance Evaluation was held in 2001. Using the measurement instrument developed by PAHO/WHO, the Centers for Disease Control and Prevention (CDC) and the Latin American Center for Health Systems Research (CLAISS), as part of the *Public Health in the Americas* Initiative, government officials in Puerto Rico evaluated their country's performance in the implementation of the EPHFs. The results revealed that two-thirds of the functions evaluated reflected a performance of below 50% (see Graph 1).

Based on the outcomes of the first measurement, the Puerto Rico Department of Health devised guidelines for the elaboration of a plan to strengthen the EPHF, as well as to monitor and evaluate the performance of each function. The objective of the guidelines was to develop a standardized methodology to evaluate the improvement of public health practice as well as to document the results obtained after implementing the *strengthening plan*. This exercise also promoted dialogue among various offices and programs of the Department of Health, which helped to forecast any adjustments or transformations necessary to continuously improve public health practice.

In addition, the Department of Health implemented mechanisms to assure the continuity of the measurement and evaluation exercises. There was active participation of a coordinating committee in charge of developing the aforementioned guidelines and of an advisory committee entrusted with the organization of the work and responsible for preparing the plan for strengthening each EPHF, monitoring the implementation of the plan and preparing progress reports.

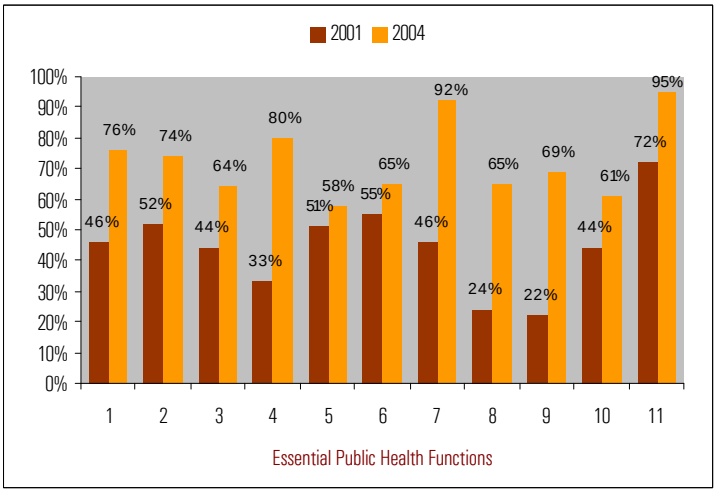
GRAPH 1. RESULTS OF THE FIRST MEASUREMENT



Results of the Second Performance Measurement of the EPHFs

The Second Workshop on EPHF Performance Evaluation was held in 2004, and the achievements reflected in this second measurement are largely attributable to the actions undertaken after the 2001 measurement (see Graph 2 and Box 1). The measurement showed that all of the functions evaluated achieved a performance of greater than 50%, reflecting a significant improvement over the previous results.

GRAPH 2. RESULTS OF THE SECOND MEASUREMENT



The two performance evaluation exercises have helped to improve public health in Puerto Rico. They have also contributed to the achievement of the following objectives:

- The reorganization of the Department of Health and the creation of three Auxiliary Secretariats: Disease Prevention, Health Promotion, and Health Protection.
- The establishment of six Regional Offices on Community Health.
- The development of mass campaigns, such as *The Department of Health Recommends* (*Salud Te Recomienda*) and *Get Moving Puerto Rico* (*Muévete Puerto Rico*), on the importance of nutrition and physical activity. The campaigns were created as a response to the problem of obesity, which has become a health issue in the country in recent years, and to an increase in the prevalence of chronic diseases such as diabetes, hypertension, asthma and heart failure, among others. The main food distributors and fast food chains of Puerto Rico sponsored the campaigns. In addition, a Surveillance System for Diabetes and Asthma was implemented.
- The active promotion of new health information technologies with the purpose of managing information and resources more efficiently. This includes projects such as the *Data Warehouse*, the *Sistema Integrado de Información de Salud* (SIID, or Integrated Health Information System), the *Sistema de Información Hospitales* (SIH, or Hospital Information System), the *Tarjeta Inteligente* (Intelligent Card), *Telemedicina* (Telemedicine), the *Sistema Electrónico de Vigilancia de Enfermedades de Notificación Obligatoria* (National Notifiable Diseases Surveillance System), the *Centro de Llamadas* (Call Center) and the development of the *Sistema de Información Geográfico* (SIG, or Geographic Information System), all of which have placed the Department of Health of Puerto Rico at the forefront in health information technologies.
- The implementation of educational and training programs for staff professional development, including the *Programa de Epidemiología Aplicada de Campo* (PEAC, or Applied Epidemiology Field Program) and the *Instituto de Liderato en Salud Pública* (ILISAP, or Leadership in Public Health Institute). Both

projects are conducted jointly with the Medical School and the School of Public Health of the University of Puerto Rico, the University of North Carolina and the CDC. The purpose is to promote professional development through leadership and scientific research.

- The creation of the School of Health Inspectors was created to improve the inspection of places devoted to food preparation and water treatment, among others.
- The creation of a proposal with a new classification and reward plan for health workers, which includes improvements in employees' wage conditions and makes it more feasible to recruit and retain a technically proficient, well-paid professional staff.
- The elaboration of the first Human Resources for Public Health profile as a first step toward the development and establishment of continuous formal programs to improve the professional capacity of public health workers.
- The establishment of an Electronic Vaccination Registry.
- An internal evaluation of administrative functions to boost the efficiency and effectiveness of the support services for the programs that remained in the Department.
- The creation of the *Health Services Quality Unit* under the Office of the Undersecretary for Planning and Development to maintain continuous evaluation and monitoring of the services offered to citizens.

BOX 1. EPHF WITH BEST PERFORMANCE IN THE SECOND MEASUREMENT EXERCISE

- Function 11, **Reduction of the Impact of Emergencies and Disasters on Health**, showed the highest score compared to the other functions. It obtained a performance index of 95%, which represents an increase of 23% in regard to the previous measurement. This increase reflects the continuity of disaster management policies and the emphasis placed on them.
- Function 7, **Evaluation and Promotion of Equitable Access to Necessary Health Services**, obtained a performance index of 92%, which represents an increase of 56% in regard to the previous measurement. This increase reflects the efforts made in the three previous years to improve the enforcement and control of the entities responsible for health service provision.
- Function 4, **Social Participation in Health**, and Function 2, **Public Health Surveillance, Research, and Control of Risks and Threats to Public Health**, showed a performance index of 80% and 74%, respectively, which represents an increase of 47% and 22%.
- Function 9, **Quality Assurance in Personal and Population-Based Health Services**, and Function 8, **Human Resources Development and Training in Public Health**, showed performance indices of 69% and 65%, which represents an increase of 45% and 41%, respectively. ■

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DEVELOPING THE NATIONAL STRATEGIC PLAN FOR HEALTH SECTOR REFORM IN HAITI

In the year 2003 the Ministry of Public Health and Population (MSPP) of Haiti initiated a new planning process for the health sector, which ultimately led to the formulation of the *National Strategic Plan for Health Sector Reform* of Haiti. The plan took into account the governments' general goals, the key Health Sector Reform (HSR) elements, and the Millennium Development Goals (MDG).

Objective

The main objective of the MSPP in formulating the *National Strategic Plan for Health Sector Reform* was to ensure its leadership in managing and implementing the reform process. A key component was the inclusion of a long-term strategic vision for an equitable and transparent allocation of resources that would enable actions to improve the population's health status. The main goal was to develop a common and concerted framework for the multiple entities that comprise the Haitian health sector.

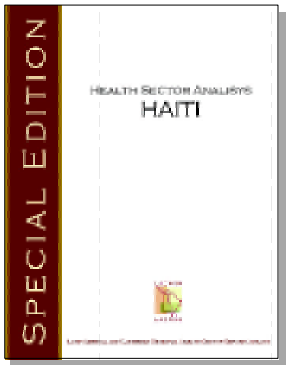
Process

The methodology utilized to draft the *National Strategic Plan* combined, on the one hand, a highly participatory and dynamic approach; and, on the other hand, technical experts support that focused on rationalizing the provision of services with the available resources. During the different stages of the process, the MSPP involved actors from the health sector and other relevant sectors, which included Ministry of Health officials, members of the civil society, professional associations, national and international partners, and donors.

The planning process was comprised of three stages: (i) consensus building, (ii) undertaking a health sector analysis and determining the health priorities, (iii) drafting the *National Strategic Plan*; and its validation by representatives of the State health sector (*États Généraux*).

(i) ***Consensus Building.*** The Ministry of Health led the process by first presenting, discussing, and building consensus within the health sector on the need to develop a National Strategic Plan for Haiti.

(ii) ***Health Sector Analysis.*** The health sector analysis was undertaken through the application of the *Methodological Guidelines for Health Sector Analysis.* As an initial step, the guidelines were adapted to the Haitian context. The first section of the analysis examines the country's political, economic, and social context, highlighting the factors and determinants that influence the health situation. The second section presents data regarding the health status of the population, response to health needs, and problems related to health systems management. The analysis resulted in the collection of new data about Haiti's health problems and the identification of priority health sector problems. The Haiti Health Sector Analysis can be accessed at *http://www.lachealthsys.org/eng*.



In spite of the numerous health sector initiatives in the past, the analysis showed weak regulation, lack of integration in the delivery of health services, deficient health coverage, poor management, inadequate distribution of resources, and an ineffective decentralization process. The main recommendations included the establishment of a legal framework for decentralization, implementation of a plan to develop human resources, mobilization of resources to effectively deliver hospital care, strengthening the capacity of central and departmental administration, updating the Ministry's organic law, designing an equitable financing model, adopting a national drug policy, and improving the coordination and integration of health program services and activities.

(iii) ***Drafting the National Strategic Plan and its Validation.*** The areas covered by the strategic plan included:

(a) Health Systems and Politics development;

(b) Maternal Health;

(c) Health Financing;

(d) Drugs Policy; and

(e) Environmental Health.

For each of these areas a series of workshops were held in each of the Haitian departments to put forward, discuss, and integrate the proposed strategies among representatives of the health sector for each country department. The proposals made by the departments were then consolidated, debated and approved at the national level by representatives of the *États Géneraux*. Health authorities decided that implementation of the *National Strategic Plan* activities should be channeled through maternal health, which was determined to be the entry point for the health system; the Basic Package of Health Services; and public-private partnerships. Throughout this process, the management team faced two major constraints: completing activities within specified deadlines and mobilizing ministry officials to act in a timely manner for long-term planning.

Outcome

The Health Sector Analysis and the Strategic Plan were the main documents utilized by the Haitian government to renegotiate the health loan, which had been approved in 1997, with the Inter-American Development Bank.

In addition, after drafting the 2004-2006 Interim Cooperation Framework (ICF), the Health Sector Analysis and the Strategic Plan were used to identify health priorities in an effort to improve access to and the quality of basic services to the population.

Inter-American Development Bank and Government of Haiti signing of health loan, "Organization and Rationalization of the Health Sector in Haiti," 2004.

After a donor conference held in 2004 in Washington, D.C., it was announced that Haiti would receive a grant of more than US$ 1 billion for the economic, social, and political rehabilitation included in the ICF. Both documents provided important inputs to the PAHO/WHO position document on technical cooperation to Haiti for the period 2003-2005. Most importantly, the newly elected Haitian government authorities in 2006 contend that among their priorities for the health sector is the implementation of the *National Strategic Plan*.

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ESSENTIAL PUBLIC HEALTH FUNCTIONS IN BRAZIL

The Brazilian public health system underwent several changes throughout the 1980s and 1990s. Among them was a redefinition of the role of State Health Secretariats (SES),[1] including strengthening their responsibilities related to policy formulation, planning, regulation and financing. As a result, since 2003 the National Council of State Health Secretaries (CONASS) and the Pan American Health Organization/World Health Organization (PAHO/WHO) Regional Office in Brazil, in close cooperation with the Ministry of Health (MOH), have been developing a strategy to improve State level[2] management by evaluating and strengthening the Essential Public Health Functions (EPHF).[3]

Because Brazil has a decentralized structure for health system management, the first step taken to evaluate the EPHF was to adapt the measurement tool utilized at the national level in 2002,[4] to the sub-national level, and to the decentralized management structure of the Unified Health System (SUS). The main rationale for measuring and evaluating the EPHF sub-nationally was to have a baseline for the development of interventions to strengthen those areas that revealed the lowest scores during the measurement stage.

A joint technical team from CONASS and the PAHO/WHO Office in Brazil were primarily responsible for the adaptation of the instrument. The instrument adjustment included a review of the eleven original EPHF, redefining EPHF #11, and reformulating indicators and questions included in the original measurement tool (see Table 1).

The process of adapting the instrument to the State level involved different actors including State and Municipal health managers, health advisors, members of academia, and civil society.[5] Capacity building workshops were carried out to train the involved actors in the application of the tool to ascertain the performance of the EPHF. To date, the application of the instrument and the evaluation process has been carried out in six States: Goias, Rondônia, Ceará, Mato Grosso, Sergipe and Tocantins (see Figure 1).[6]

In addition, a PAHO/WHO-CONASS technical team developed guidelines to formulate plans aimed at strengthening the EPHF, and training workshops were conducted in three States namely, Goias, Rondônia and Sergipe. One criterion for choosing the EPHF to be in-

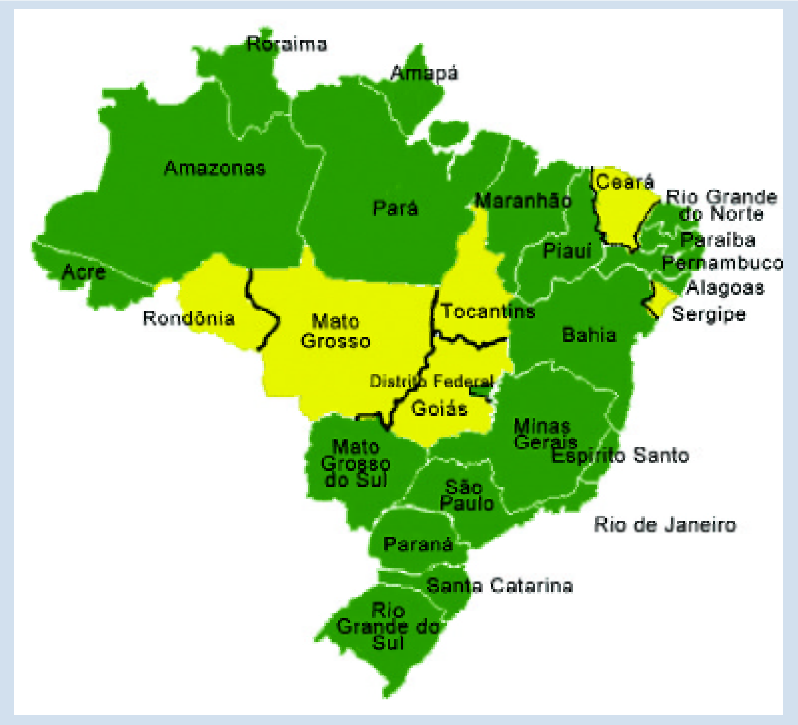
TABLE 1. LIST OF ESSENTIAL PUBLIC HEALTH FUNCTIONS ADAPTED TO THE BRAZILIAN CONTEXT

EPHF 1	Monitoring, Analysis and Evaluation of Health Situation at the State Level
EPHF 2	Surveillance, Research and Control of Risks and Threats to Public Health
EPHF 3	Health Promotion
EPHF 4	Social Participation in Health
EPHF 5	Development of Policies and Institutional Capacity for Planning and Public Management in Health
EPHF 6	Institutional Capacity for Regulation, Enforcement, Control and Auditing in Public Health
EPHF 7	Promotion and Assurance of Universal and Equitable Access to Health Services
EPHF 8	Management, Development and Training of Human Resources in Health
EPHF 9	Promotion and Assurance of Quality in Health Services
EPHF 10	Research and Incorporation of Technological Advances in Public Health
EPHF 11	Organization and Coordination of the State Health System

cluded in the *strengthening plans* was the feasibility of implementing interventions that would have an immediate effect on EPHF performance. The rationale was to strengthen health system management by adopting realistic and effective strategies with rapid impact to improve the weakest EPHF in each State.

The initiative has widely supported the States in their efforts to strengthen their health systems, allowing the development and technical improvement of State health secretariat teams and the implementation of new participatory management practices. Finally, the identification of the weakest EPHF has helped in the elaboration of a situation analysis and in the preparation of a plan that will ultimately strengthen the SUS. Thus, the EPHF have become the main axis for an *integrated technical cooperation approach* in Brazil whose main objective is strengthening management in health at the State level.[7]

FIGURE 1. APPLICATION OF THE EPHF MEASUREMENT INSTRUMENT IN SIX BRAZILIAN STATES



[1] Within the context of the Brazilian Constitution, the three levels of government (Federal, State and Municipal) participate in the Unified Health System (SUS), organized in a regionalized network with leadership at each level of government exercised, respectively, by the Ministry of Health (MS), the State Health Secretariats (SES) and Municipal Health Secretariats (SMS).

[2] Brazil is a federal republic comprised of 26 States and the Federal District. Each State has political, fiscal and administrative autonomy.

[3] The Essential Public Health Functions (EPHF) are defined as the indispensable actions needed to achieve the central goal of public health: improving the health of populations.

[4] The measurement instrument was developed as part of the Initiative Public Health in the Americas, launched in 1999 by PAHO/WHO in collaboration with the Centers for Disease Control and Prevention (CDC) and the Latin American Center for Health Systems Research (CLAISS).

[5] The instrument is currently in its fourth revision, after the pilot tests and the applications.

[6] Measurements are scheduled for the States of Bahia and Amazonas, as well as the Federal District, for a date to be determined after the October 2006 national elections.

[7] Integrated technical cooperation approach between the State level and CONASS, the PAHO/WHO Office in Brazil, and the Ministry of Health.

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PROPOSALS ELABORATED BY THE COUNTRIES OF THE REGION[1] TO STRENGTHEN THE ESSENTIAL PUBLIC HEALTH FUNCTIONS (EPHF)

Attaining efficient and equitable health systems is of central importance to ensure that socially excluded population groups fully benefit from the efforts to reach the Millennium Development Goals (MDGs) in the areas of child and reproductive health, HIV/AIDS, tuberculosis, malaria and nutrition. In order to effectively carry out the interventions that will allow the achievement of such goals, it is necessary to reconcile and revitalize the Health Sector Reform (HSR) agenda through efforts to strengthen health systems and public health infrastructure.

Within this context and based on the framework of the strategic and programmatic goals of the Pan American Health Organization/World Health Organization (PAHO/WHO) for the period 2002-2007, the Regional Initiative for Health Sector Reform in Latin America and the Caribbean (LAC)[2] made the commitment to promote the Essential Public Health Functions (EPHF) and strengthen the steering role of the health authority. With this objective and for the purpose of identifying the lessons learned and the challenges that persist in the countries, the Initiative sponsored a week-long **Regional Forum** to debate the topic ***"The New Agenda for Health Sector Reform: Strengthening the Essential Public Health Functions and Scaling Up Health Systems."***

Representatives of seventeen countries of the Region attended the Forum**.** Participants presented concrete proposals, and analyzed the experiences in HSR with the objective of extracting lessons learned. Similarly, a consensus was reached at the national and subnational level on the possible interventions to overcome bottlenecks so that the new generation of reforms focuses on strengthening the Essential Public Health Functions (EPHF).

The participatory and dynamic work of the attendees was based on the elaboration of concrete plans for strengthening specific public health functions. Participants agreed to focus on the EPHFs that had obtained the lowest scores in the performance measurement exercise in their respective countries. These included EPHF numbers 4, 5, 6, 8 and 9. Below, the results of the debates and discussions are presented.

Strengthening of EPHF No. 4: Social Participation in Health

The recommendations for strengthening EPHF No. 4 were discussed by a working group comprised of various actors from the health sector of Paraguay, the Dominican Republic, Bolivia, Brazil, El Salvador and

TABLE 1. PROPOSALS FOR STRENGTHENING EPHF No. 4

EPHF	PROPOSALS
No. 4: SOCIAL PARTICIPATION IN HEALTH	1. Actions and conditions to improve social participation in health: · Legal framework that establishes social participation in health at all levels of the health system of every country in order to ensure citizen participation in the definition of policies, decision-making, planning, administration and control. · Strengthen the Steering Role Function and the leadership of the Ministry of Health. · Decentralize and promote local autonomy. · Train citizens in health to evaluate the quality of health care. · Support and create social networks around social participation in health. · Promote and encourage continuing education of the population in general and organized groups, considering their own experiences. · Train health professionals on social participation. 2. Actors at the national and international levels that should be involved: · National actors: a. General population. b. Organized groups (citizen organizations, user associations, carriers of pathologies). c. Organized sectors of society (professional organizations, unions, others). d. Lawmakers, governmental authorities, political parties. · *International actors:* a. Cooperation agencies and institutions.

Guatemala. The group discussed the multi-causal problems related to citizen participation in health faced by the Region. They identified "political patronage" and the frustration of the population in light of the lack of response to its demands as the most important obstacles to improving this EPHF.

The results obtained in the measurement of this EPHF in some LAC countries were used as input for this discussion. For example, the results revealed that 84% of the countries have formal channels for receiving civil society's criticisms and suggestions. However, less than a third of the institutions offer any type of response to the comments received. Similarly, the results exposed that, to a greater or lesser extent, there is public accountability regarding the health sector and the administration of health services, but citizen feedback is not solicited.

Finally, the participants emphasized that improving social participation in health should be perceived as an issue that cuts across all other EPHFs. The proposals for strengthening EPHF No. 4 are summarized in Table 1.

Strengthening of EPHF No. 5: Development of Policies and Institutional Capacity for Planning and Management in Public Health and EPHF No. 6: Strengthening of Institutional Capacity for Regulation and Enforcement in Public Health

The working groups discussed EPHF 5 and 6 jointly to allow for the elaboration of congruent and synergistic proposals involving these two functions. Based on the results obtained in the Region regarding the measurement of EPHF 5 and 6, participants debated two issues: (i) the systematic reduction of the role of the state in the health sector as a consequence of the reform processes, and (ii) the general weakening of the institutional capacity of the National Health Authorities (NHA). Consequently, the strengthening of the steering role function of the NHA was identified as one of the key points to be addressed in the "New Agenda for Health Sector Reform."

Similarly, the working group identified the existence of political support and of a sound legal framework as fundamental aspects for the development of the steering role of the NHA in the health system. Participants emphasized that the greatest challenge faced by the countries at this time is to present the "steering role" as a high level government function that encompasses planning, financing, resource assignment, knowledge management and public administration responsibilities.

In order to elaborate strategies that will lead to institutional strengthening, the institutions that comprise the NHA must be identified and their performance with regard to the steering role of the health sector must be evaluated. In order to facilitate this process, the "Instrument for Measuring the Steering Role Function of the NHA," developed by PAHO/WHO, was presented during the working group session. The Instrument aims to support countries in the identification of the strengths and weaknesses of the NHA as well as the possible roads for strengthening its performance in each country.

Subsequently, participants reached a consensus on the strengthening proposals (presented in Table 2).

TABLE 2. PROPOSALS FOR THE STRENGTHENING OF THE EPHF No. 5 AND No. 6

EPHF	PROPOSALS
No. 5: DEVELOPMENT OF POLICIES AND INSTITUTIONAL CAPACITY FOR PLANNING AND MANAGEMENT IN PUBLIC HEALTH No. 6: STRENGTHENING OF INSTITUTIONAL CAPACITY FOR REGULATION AND ENFORCEMENT IN PUBLIC HEALTH	1. Transform the technical proposals and health objectives into policies. 2. Elaborate health policies in consensus with the national government, different levels of government and society. 3. Evaluate and identify weaknesses and strengths in the ministry's capacity to carry out the established health policies. 4. Train the planning personnel in order to strengthen their advocacy and leadership skills, especially for decision-making and institutional development purposes. 5. Strengthen the leadership of the NHA for the development, supervision and enforcement of laws. 6. Strengthen sectoral management with regard to: a. Social participation. b. Feasibility of health policies, plans and strategies. c. Consistency of the policies with decentralization. d. Analysis of health status. e. International cooperation. f. Guarantee of financing.

Strengthening of EPHF No. 8: Human Resources Development and Training in Public Health

The discussion session on EPHF 8, regarding human resources development and training in public health, was based on the results of the measurement of this EPHF at the country level, which revealed a low to intermediate level of performance.[3] Several critical issues were discussed including the absence of human resources research and planning based on epidemiological data; scarce academic participation in the health sector in regard to the planning of and decisions on human resources training; lack of flexibility and insufficient updating on the role of health system reforms in the formative sectors of the universities; dissociation between the production of human resources and the needs of the health sector; and problems in the labor market with reference to the lack of incentives and wage stability.

As a result of the debates and experience-sharing sessions, the strengthening proposals shown in Table 3 were identified.

TABLE 3. PROPOSALS FOR STRENGTHENING EPHF No. 8

EPHF	PROPOSALS
No. 8: HUMAN RESOURCES DEVELOPMENT AND TRAINING IN PUBLIC HEALTH	1. Specific actions: · Develop human resources policies with a systemic vision for the academic and professional levels with the goal of achieving coherence with the needs and demands of the national health system. · Ensure the consistency of policies with other sectors as the financial, environment, management or administration, etc. Train human resources with scientific and technical capacity that makes it possible for them to generate intersectoral analysis and conduct negotiations with other sectors. · Intervene in and promote the labor market with wage incentives for primary care in order to reduce inequity. · Increase the availability of openings for health professionals and guarantee job security. · Develop spaces for the development of technical personnel and professional careers. · Prepare human resources for the epidemiological transition. · Improve public health training for personnel at the directive level. · Promote training in rural areas with the goal of familiarizing students with public health issues in these areas. 2. Necessary conditions: · Existence of political will. · Support for the "health career" seeking a balance between the working conditions and the social needs, as well as workers needs. · Promotion of an intercultural environment. · Existence of just wage policies for the health sector. · Will toward implementing intersectoral initiatives. 3. At the international level: · Systematize and exchange with other countries experiences in human resources development.

Strengthening of EPHF No. 9: Quality Assurance in Personal and Population-Based Health Services

The measurement of EPHF 9 revealed the lowest performance in all the countries of the Americas with an average of 26 percent.[3] This finding is extremely troubling especially in view of the fact that quality of care was defined in the First Summit of the Americas in 1994 as one of the key goals of the reforms.

Among the critical areas identified and discussed by the participants of the Forum were: (i) the creation of quality and user satisfaction standards in health services; (ii) the use of technology assessment to support public health decision making; and (iii) the elaboration of a regulatory and enforcement framework able to sustain quality assurance policies. Similarly, participants proposed the inclusion of quality criteria in the new generation of reforms focusing on the promotion of greater comprehensiveness, community orientation, citizen participation and better response capacity to user demands.[4]

Priorities were defined and possible actions to strengthen quality were identified. The proposals for strengthening EPHF 9 are summarized in Table 4.

TABLE 4. PROPOSALS FOR STRENGTHENING EPHF No. 9

EPHF	PROPOSALS
No. 9: QUALITY ASSURANCE IN PERSONAL AND POPULATION-BASED HEALTH SERVICES	1. Specific actions: · Discuss at the national level the definition of a national policy on quality assurance, the identification of performance indicators and indicators for user satisfaction. · Promote social participation and mechanisms for citizen control (bill of rights and duties of the user). · Prepare standards, guidelines and protocols of clinical care and public health. · Promote collective efforts of the Health Authority with the academy. · Implement initiatives of continuous quality improvement. · Implement accreditation of services and health services providers. · Promote health surveillance, registries and technologies. · Promote horizontal cooperation between countries. · Incorporate quality in the design of public health curriculum. 2. Conditions for success: · Promote EQUITY as a value that permeates all aspects of quality assurance. · Have a national policy on quality. · Availability of funds to mobilize human resources and carry out exchange programs, training, projects financing and development of incentive programs. · Information system development for quality monitoring. · Monitoring and evaluation. · Quality as a cross-cutting issue (systemic approach). · Forge partnerships that permit the synergy and optimization of resources to strengthen impact. 3. Actors involved · National Health Authority · Academies/Universities · Unions · Insurers · Providers · Civil society

[1] Countries that participated in the 2004 Regional Forum: Bolivia, Brazil, Canada, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Paraguay, Peru and Puerto Rico.

[2] The Health Sector Reform Regional Initiative is a partnership between the U.S. Agency for International Development (USAID), and the Pan American Health Organization/World Health Organization (PAHO/WHO). Between 1997-2004 Partners for Health Reform Plus (PHRPlus), Management and Leadership Program (M&L), Rational Pharmaceutical Management Plus Program (RPM Bonus), and Quality Assurance and Workforce Development Project (QAP) were also part of the Initiative.

[3] PAHO/WHO. Public Health in the Americas: Conceptual renewal, performance assessment and bases for the action. Washington, DC. 2002.

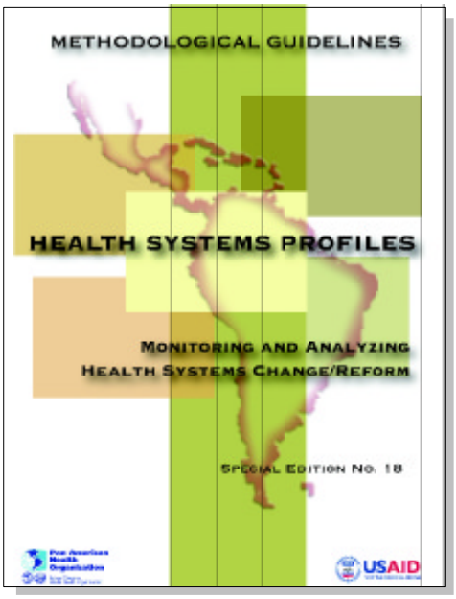
[4] Lopez Acuña, D. La Nueva Generación de Reformas del Sector Salud: Fortaleciendo los Sistemas de Salud. Presentation given in the Regional Forum: The New Agenda for Health Sector Reform: Strengthening the Essential Public Health Functions and Scaling-Up Health Systems. Antigua, Guatemala, 2004.

Contributed by
Candelaria Aráoz, Technical Officer, Health Sector Reform, PAHO/WHO, Washington, D.C.

SECOND EDITION OF THE METHODOLOGICAL GUIDELINES FOR THE ELABORATION OF HEALTH SYSTEMS PROFILES

During the last few decades, the countries of the Latin America and the Caribbean (LAC) Region have undergone profound changes, experiencing alternating periods of economic growth and recession as well as intermittent political and social crisis. These factors have resulted in significant changes in the patterns of health and social problems faced by governments in the Region. Currently, one of the major challenges is associated with the lack of guarantee of a basic level of social protection in health for all citizens.[1]

Under this premise, periodically evaluating the health situation becomes an important step in the process of making health policies and interventions more responsive to the needs of each population group in a given country. It is in this context that the Pan American Health Organization/World Health Organization (PAHO/WHO) has undertaken the dynamic process of developing, enhancing, and adapting the *Methodological Guidelines for the Elaboration of Health Systems Profiles* in order to monitor and evaluate, on an ongoing basis, the national health systems and the Health Sector Reform (HSR) processes in LAC countries.



The guidelines have been applied in the majority of the countries of the Region, yielding not only highly significant information regarding the health situation, but also about the trends, improvements and setbacks produced in recent years in each country. Based on the numerous lessons learned, and on the recommendations from the national technical teams and from the interprogrammatic work of the Units of Health Policies and Systems and of Gender, Ethnicity and Health of PAHO/WHO the new revised edition of the *Methodological Guidelines* was published in December 2005.

The new structure of the *Methodological Guidelines* presents three major thematic areas:

a) Context of the Health System (Health Situation Analysis and determinants of health, Millennium Development Goals);

b) Functions of the Health System (steering role, financing/assurance and delivery of services);

c) Monitoring Health Systems Change/Reform.

The section "Context of the Health System" incorporates criteria and indicators that try to identify groups historically vulnerable to inequities in the countries of the Region, with the objective of facilitating the application of accessible, effective and adequate interventions to their specific epidemiological and sociocultural reality. Consequently, variables incorporating gender, ethnic groups, older adults, primary health care, tuberculosis, infectious diseases, and maternal and neonatal health were included in the methodology. With this new approach, the national technical units are challenged to collect disaggregated data and to undertake an expanded and refined demographic and epidemiological analysis, as well as analysis pertaining to the political, economic, social and environmental determinants. (See example in Table 1).

The section on "Functions of the Health System" was developed based on the analysis of the reforms and health systems reorganization processes that have been carried out in recent years in LAC countries. As a result, the functions of the health system were redefined ac-

cording to the role that they play within the health system and categorized in three areas:

(a) steering role function;

(b) financing and insurance; and

(c) delivery of health services.

The redefinition of the concepts and the analysis of each function are directed at promoting a better understanding of the health systems functions and at improving strengthening plans.

In the last section, "Monitoring Health Systems Change/Reform," guidelines for the identification, analysis and mapping of actors that participate in the processes of health systems change/reform of each country of the Region were incorporated. To this end, a section on the mapping of actors was incorporated; the objective of this section is to identify the actors involved in the health sector, their role with regard to the reform objectives, as well as their power or capacity for action.

For more information, please visit our Web site: *www.lachealthsys.org/eng*.■

TABLE 1. MORTALITY RATE

	General	Maternal	Communicable diseases of compulsory reporting	TB	AIDS	Malaria	Diseases of the circulatory system	Malignant neoplastic diseases	External causes
Periods									
1990-1994									
1995-1999									
2000-2005									
Gender									
Male									
Female									
Geografical Area									
Urbana									
Rural									
Ethnic Group*									
White									
Indigenous									
Mestizo									
Afro-descendent									
Others									

**Each country will specify the existing ethnic groups.*

[1] Dr. Lopez Acuña et al. Hacia una nueva generación de reformas para mejorar la salud de las poblaciones. Rev Panam Salud Publica/Pan Am J Public Health 8(1/2), 2000.

Contributed by
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THE DECENTRALIZATION MAPPING TOOL
PRACTICAL TOOL FOR ASSESSING MANAGER'S PERCEPTIONS OF THEIR ROLES

Decentralization creates serious management challenges by shifting, dividing and redefining responsibilities and authority roles. This often leaves managers to work out their new functions on their own. An effective decentralization process requires that health managers at all levels are aware of their roles and responsibilities within the system, and clearly understand how everyone throughout the system perceives the changes.

WHAT IS THE DMT?

The Decentralization Mapping Tool (DMT), created by Management Sciences for Health (MSH) with funding from the Latin America and Caribbean Regional Health Sector Reform Initiative (LACHSRI), is a practical tool for managers in countries where the health system has been decentralized or is undergoing decentralization. The DMT "maps" perceptions and opinions of managers at every level of a health system and displays where disparities exist.

A decentralized health care system has several management levels—national level, regional or district level, local or health facility level, as well as other possibilities. An effective health system requires that the most appropriate management level(s) performs the critical management functions *(see side bar)* in a coordinated fashion. The DMT surveys management teams at each management level, recording and analyzing where they believe responsibility and/or authority lay for each function. This is critical because health managers who do not believe they have authority over—or are responsible for—a particular function, will not perform such a function, even if it is theirs to perform. Conversely, managers who believe they are responsible for a certain management function will put the effort into performing it, even if this is not their role.

USING THE DECENTRALIZED MAPPING TOOL

Managers and policy makers can use the DMT to:

- Assess whether managers at different levels currently have the same perception about how responsibility and authority are allocated;
- Examine managers' perception at different points in time to determine whether management responsibility and authority have shifted in the desired direction and whether the clarity of management roles has improved;
- Compare health managers' current perception of responsibility and authority with the decentralization design;
- Assist in developing the decentralization agenda where the design has not been completed or is unclear.

THE DMT COMPONENTS

Field tested in Jamaica, the Dominican Republic, and Guyana, the DMT is based on an analysis of the critical management functions for effective health sector management. It covers:

- Health service delivery
- Public health surveillance and response
- Financial resources
- Personnel
- Drugs, vaccines, and supplies
- Equipment and transport
- Construction and maintenance
- Health and management information
- Health communication

Managers identify which management level (or levels) they perceive is responsible for (or has authority over) a particular management function. Additional remarks are recorded in a comments field.

APPLYING THE DMT AND ANALYZING RESULTS

The DMT is administered to multi-disciplinary teams composed of managers working within the same level (national, district, etc.). It is applied to one or more teams within each management level of the health system. The determining questions and number of applications are flexible, customized to best meet the goals and available resources of the client.

The collected data are analyzed in two ways:

- Extent of consensus about which management level has responsibility for or authority over a specific function;

FUNCTIONAL AREA HEALTH SERVICE DELIVERY

FUNCTION	DETERMINING QUESTIONS	NATIONAL	REGIONAL	PROVINCIAL	FACILITY	COMMENTS
S1. Defining health service targets	1. What level sets health service targets for the operational level?	✓				
S2. Defining service packages	1. What level determines the minimum service package for each level of care?	✓				
S3. Defining the service network	1. What level determines the organization of the health service network?	✓				
S4. Defining and supervising clinical standards and procedures	1. What level determines clinical standards and procedures?	✓	✓			
	2. What level is responsible for ensuring compliance with those standards at the operational level?			✓	✓	The district health office is supposed to do it, but it does not really happen
S5. Monitoring health service provision	1. What level is responsible for ensuring the achievement of health service targets at the operational level?		✓			
S6. Outsourcing services	1. What level has the authority to outsource technical/clinical services?		✓	✓		
	2. What level has the authority to outsource support services?				✓	
	3. What level is responsible for ensuring compliance by those who deliver outsourced services?		✓	✓		The system of monitoring compliance does not function well

- Level of agreement on whether a function is centralized or decentralized.

Findings are presented graphically, as color-coded pie charts *(see examples below)* which allow a quick visual identification of areas of consensus and disagreement. Through these charts, areas of potential conflict can be clearly recognized, and the overall consensus of managers' perception displayed.

For further information about the Decentralization Mapping Tool, please contact Dr. Riitta-Liisa Kolehmainen-Aitken at (617) 524-7799 or *rlkaitken@msn.org*.■

FIGURE 1. COUNTRY X
CONSENSUS AMONG MANAGEMENT LEVELS ABOUT WHO IS RESPONSIBLE OR HAS AUTHORITY: HEALTH SERVICE DELIVERY

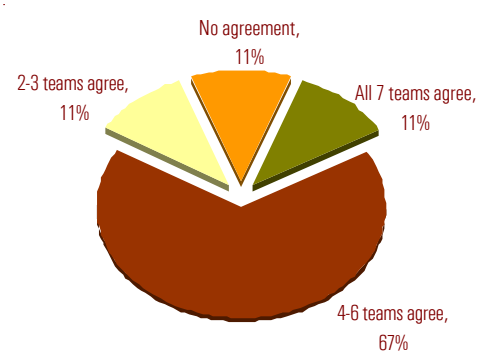
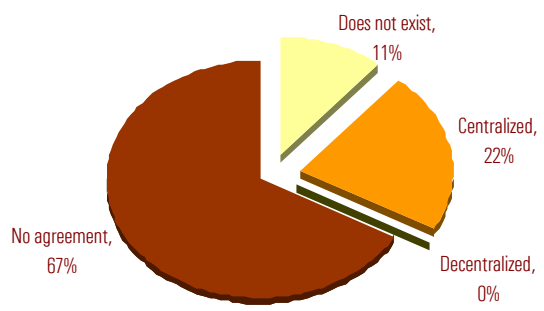


FIGURE 2. COUNTRY X
AGREEMENT WHETHER A FUNCTION IS CENTRALIZED OR DECENTRALIZED: HEALTH SERVICE DELIVERY



Contributed by
Management Services for Health (MSH), Boston, MA

PHR PLUS PARTICIPATION IN REGIONAL FORUM

Health Sector Reform (HSR) comprises many key issues that impact the success of health programs. Perhaps the most discussed issues are those of health care financing and equity and the impact that health reform has had on increasing or reducing equity in the Latin American and Caribbean (LAC) Region.

The **Partnership for Health Reform Plus** (PHRplus) Project is widely recognized for its expertise in health care financing and health care reform. At the Regional Forum on Health Sector Reform in Antigua, Guatemala, PHRplus addressed health reform, financing and equity in four separate focus sessions, summarized below.

One session looked at the impact of **financing alternatives on equity in Chile, and the impact of decentralization on equity in Argentina**. The presentations emphasized a number of key lessons learned about equity and health reform:

1. Certain health reforms are at times in conflict with the goal of equity;
2. It is difficult to achieve equity at the same time that there is an emphasis on increasing efficiency in the public and private health systems;
3. Certain reforms, such as decentralization and the changing role of the Ministry of Health, have made the goal of increasing equity more complex; and
4. Increasing equity should have a multi-pronged emphasis, including:
   a. A focus on rural populations;
   b. A focus on children and/or women;
   c. A focus on the poor.

In summary, increased equity in the health sector is a critical goal that has many facets and is both facilitated and complicated by health reform.

PHRplus presented its new **AIDSTreatCost (ATC) Software Model** that is helping countries estimate the total cost and resource requirement for Anti-Retroviral (ARV) programs. ATC helps policymakers and practitioners take a "health systems" approach to ARV provision, by conceptualizing and thinking through all relevant questions including infrastructure requirements, health care providers, equipment, lab tests, drugs and other critical elements used to deliver ARV services.

PHRplus presented the preliminary findings of a two-country study (Nicaragua and El Salvador) on **"The Impact of Contracting on Primary Health Care Services."** As governments and Ministries of Health struggle with issues of access, equity and quality, one approach that is being widely tested in Latin America is public sector contracting with the private sector, and primarily with the NGO sector. Information on the success of this approach is limited, but there is a general notion that the private/NGO sector will perform more efficiently and effectively than the public sector. To test this thesis, PHRplus conducted assessments/evaluations that compared public sector service delivery with private sector service delivery; user perceptions (household survey), health facility data collection, and provider interviews were all included as part of the assessments.

The two models examined were NGO delivery of primary health services (El Salvador) and public delivery of such services through NGO support (Nicaragua). The results indicate that, in these two limited studies, there was no evidence to support the idea that direct NGO delivery of services or NGO support of public delivery are models that produce better results, in terms of utilization, quality of care, and health status.

Finally, PHRplus presented a session on **"National Health Accounts and the contribution of improved availability of health expenditure data to evidence based policy in the LAC Region."** The National Health Accounts (NHA) methodology is now used widely in the LAC Region and its importance to both policy formulation and decision-making is growing. The methodology has been expanded to include Regional Health Accounts and sub-analyses that focus on HIV/AIDS, reproductive health and malaria. The institutionalization of NHA continues to be a critical issue in many LAC countries. ■

Contributed by
Partnerships for Health Reform (PHR), ABT Associates, Washington, D.C.

IMPROVING INFORMATION DISSEMINATION ON HEALTH SYSTEMS STRENGTHENING AND HEALTH SECTOR REFORM IN THE REGION OF THE AMERICAS

The *Health Systems Strengthening in Latin America and Caribbean* Web site (*www.lachealthsys.org*) is a joint partnership between the United States Agency for International Development (USAID) and the Pan American Health Organization/ World Health Organization (PAHO/WHO). The site, originally entitled, *Latin America and Caribbean Regional Health Sector Reform Initiative (www.lachsr.org)*, was developed in 2004 to support Health Sector Reform (HSR) in the Region of the Americas.

Over the past two years, there has been a steady growth in the number of users of the HSR Web site, in the number of kilobytes transferred, and in the number of registered users which indicate an increasing interest in health systems development in the Region (see Figure 1, 2 and 3). Thus, in response to the countries' rising demand for information on Health Systems, the original Web site was redesigned to specifically address health systems development and strengthening issues through the collection, systematization and dissemination of evidenced-based information in the LAC Region.

The Web site offers a series of tools and methodologies to help countries measure, monitor, and evaluate their health systems. Among the most visited documents are the recently published ***Methodological Guidelines for the Elaboration of Health Systems Profiles,*** available in Spanish, English and Portuguese; and ***Health Systems Profiles***, a succinct description of the health systems and HSR processes for the 35 countries in the Americas, available in Spanish and English.

The updated Web site includes two new Web pages namely, the *Essential Public Health Functions (EPHFs)* Web page, and the *Health Information Systems (HIS)* Web page (see Boxes 1 and 2). In addition, it offers one new section on *Health Systems Stewardship*, which addresses the conceptual framework and performance measurement of the national health authority stewardship capacity.

In 2007, PAHO/WHO and USAID will sponsor a Technical Seminar entitled, "Scaling-Up Health Systems and Essential Public Health Functions" at the National Press Club, Washington DC. The seminar will include speakers from PAHO/WHO, USAID, and Management Sciences for Health (MSH), among others. Panelists will focus on the role of the EPHFs to strengthen health systems. The Technical Seminar will also offer the opportunity to officially launch the EPHF Web site.

It is the expectation of PAHO/WHO and USAID that the *www.lachealthsys.org* Web site will continue to play an increasingly important role in the debate on best strategies to strengthen health systems and to formulate the next generation of Health Sector Reforms in Latin America and the Caribbean.

FIGURE 1. NUMBER OF MONTHLY VISITS TO THE LACHSR WEB SITE

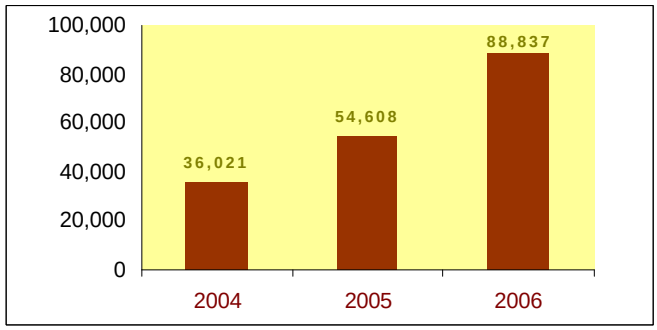


FIGURE 2. NUMBER OF MONTHLY KILOBYTES (GB) TRANSFERRED

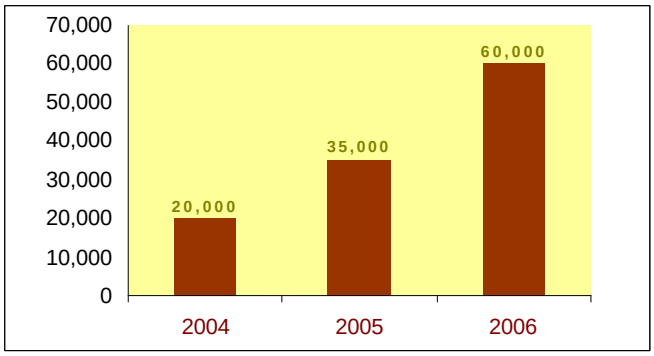
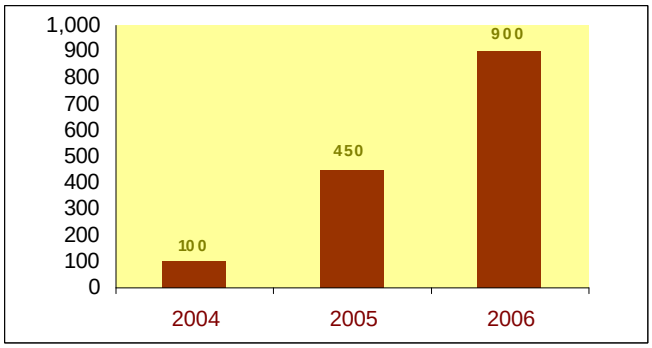


FIGURE 3. NUMBER OF REGISTERED USERS



BOX 1. ESSENTIAL PUBLIC HEALTH FUNCTIONS WEB SITE

As a first step toward the creation of a venue for countries to exchange experiences and lessons learned in public health strengthening, PAHO/WHO and USAID designed and developed the *Essential Public Health Functions* Web site (*www.lachealthsys.org/phfunctions*). The EPHF Web site presents the eleven EPHF as well as the indicators included in the measurement instrument developed in 1999 by PAHO/WHO, the United States Centers for Disease Control and Prevention (CDC), and the Latin American Center for Health Systems Research (CLAISS).

In addition, the Web site presents sections on the application at the country level of the measurement instrument; lessons learned; the regional, national and sub-national results of the measurement; and plans for strengthening the EPHF elaborated by some countries of the Region of the Americas. Finally, it offers the experiences of countries outside the LAC Region in adapting and applying the measurement instrument.

BOX 2. HEALTH INFORMATION SYSTEMS WEB SITE

Today's public health challenges require the availability of quality data and information in a timely manner. Such information allows decision makers to acknowledge the heterogeneous and unequal character of health problems and facilitates targeting the implementation of health interventions and policies. To this end, it is crucial for countries to have Health Information Systems (HIS), capable of producing robust data and information.

The Health Information Systems Web site (*www.lachealthsys.org/his/esp/*) is an attempt to contribute to the improvement of HIS in the Region of the Americas. The Web site presents tools and methodologies currently available for the evaluation, analysis and monitoring of the performance of HIS in the Region. In order to conduct technical cooperation in this area more efficiently, PAHO/WHO has partnered its efforts with the Health Metrics Network of the World Health Organization and with *MEASURE Evaluation*, a USAID-funded project.■

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"CRITICAL ISSUES IN SCALING-UP HEALTH SYSTEMS"

PANEL DISCUSSION - GLOBAL HEALTH COUNCIL CONFERENCE, 2005

One of the primary objectives of the regional partnership agreement between the Pan American Health Organization/World Health Organization (PAHO/WHO) and the U.S. Agency for International Development (USAID) is to work towards the achievement of the health-related Millennium Development Goals (MDGs), which include the reduction of child mortality, the improvement of maternal health and the battle against HIV/AIDS, malaria and other diseases. Efforts to help developing countries in the Latin American and Caribbean (LAC) Region attain health-related MDGs have had mixed results. While some developing countries in the Region have made impressive gains in the last half decade, many more are not on target to reach health-related MDGs by the 2015 deadline.[1]

A considerable increase in the level of assistance from international donors is a requisite if low-income developing countries in the Region are to have a chance to reach health-related MDGs.[2] However, global consensus points to the fact that supplying developing countries with additional funding is not sufficient; instead, it has become apparent that in order to achieve health-related MDGs, it is necessary to adopt a health systems approach that reaches beyond the scope of the MDGs to address specific health systems constraints. Proponents of the health systems approach point to a number of measures that will result in the scaling-up of health systems, namely: (i) Implementing the Essential Public Health Functions (EPHF); (ii) Strengthening Public Health Practice and Restoring its Infrastructure; (iii) Strengthening the Steering Role Function of the National Health Authority; and (iv) Promoting Social Protection in Health.

In order to provide a forum for discussion on the topic of scaling-up health systems, PAHO/WHO and USAID sponsored a panel session on "Critical Issues in Scaling-Up Health Systems" as part of the 2005 Global Health Council (GHC) Conference.[3] The panel event brought together health systems experts, academics and policymakers for knowledge-sharing and debate over the desirability of applying a health systems approach to help developing countries improve health outcomes.

The panelists presented a number of new and interesting perspectives on the topic of scaling-up health systems. Bob Emrey, Director of Health Systems in the USAID Bureau for Global Health, began his presentation by drawing attention to the major concern raised by skeptics of the health systems approach, namely, that the scaling-up of health systems represents an infinite area for possible investment, a sort of "hole in the ground." Recognizing that investment in health systems does not always produce a visible payoff, Emrey insisted that if certain components of health systems are not strengthened now, which would require an increase in current funding levels, systems will inevitably deteriorate. As an example, he highlighted the urgent need to address concerns about the shortage of human resources in health. In addition to contending that at least one million new health workers are needed to add to the one million that already exist, Emrey proposed that a good indicator of the strength of human resources is that there should be 2.5 workers per 1,000 people. In response to the need to scale-up human resources and other essential health systems components, Emrey recommended an increase in the level of concerted action, pointing to the work of the Joint-Learning Initiative (JLI) on Human Resources for Health and Development,[4] the Health Metrics Network (WHO),[5] and the Health Systems Action Network[6] as good examples to be followed.

Ok Pannenborg, Senior Advisor for the Africa Region in the Health, Nutrition, and Population Department of the World Bank, centered his presentation on the notion of sustainability and the fact that we currently live in an age of categorical/vertical programs, a reality he attributes to the fact that these programs produce visible short-term results, an important criteria used by international donors. Pannenborg went on to describe what he refers to as the tension of scaling-up, namely, that while categorical/vertical programs are highly successful in the short-term, they are not sustainable in the long-term unless a systemic approach that harmonizes investments in categorical/vertical programs with efforts to strengthen health systems is adopted. As a solution to the current disconnect between investments in health systems and investments in categorical/vertical programs, Pannenborg recommended the use of a sector-wide approach (SWAP).[7] Specifically, he proposed that all external funds be channeled into a single budget, to be administered by the Ministries of Health[8] in coordination with the Ministries of Finance. While Pannenborg expressed optimism about the potential for success of the sector-wide approach, he also made clear that in order for the approach to work, strong national management capacity is essential.

Daniel Lopez-Acuña, former Director of Program Management at PAHO/WHO, put forward the concept of the "common denominators" of current efforts to scale-up health systems, i.e. those strategies that simultaneously strengthen the health system and expand access to key health interventions. By identifying and investing in these common denominators, Lopez-Acuña argued that it would be possible to realize economies of scale in the scaling-up of health systems. He also pointed out that channeling large amounts of money into categorical/vertical programs is not the solution; instead, he stressed the need to adopt a systemic approach to investment in health. Efforts to scale-up health systems should always take into account three factors: (i) the need to set realistic goals; (ii) that the process should be outcome-based; and (iii) the importance of understanding the complexity of scaling-up.[9] Finally, Lopez-Acuña reiterated the necessity of not only raising the quantity of investment in health systems but also increasing the level of coordinated action on health systems strengthening through the development of a coordinated common plan for each country, to be guided and led by the National Health Authority (NHA).

The fourth and final presentation, delivered by Aviva Ron, former Director of the Health Sector Development Division of WHO's Western Pacific Regional Office, called attention to the importance of categorical/vertical programs. Specifically, Ron noted that most money and international effort goes into categorical/vertical programs and that these programs are still necessary. However, Ron concurred with the rest of the presenters on the need to adopt a systems approach, i.e. to get categorical/vertical programs to think systemically when attempting to scale-up. Furthermore, Ron added to the discussion of scaling-up health systems by analyzing some of the basic issues such as, who wants to scale-up? What is being scaled-up? And who is providing financial support? She also emphasized the enabling factors such as appropriate legislation, a competent steering committee, the development of human resources in health and an increase in physical infrastructure, that permit the successful scaling-up of health systems. Ron also discussed some of the factors that impede scale-up, including poor timing, inadequate knowledge among the public and the professionals, insufficient coverage of social protection, other economic and behavioral constraints to seeking care and inadequate levels of human resources. Finally, Ron concluded by recommending that a monitoring and evaluation process accompany scale-up efforts, which would serve to accelerate the scaling-up of health systems.

The presentations were followed by a short question-and-answer session. Members of the audience brought up a number of important issues, including the need to improve governance in order to increase investor confidence in the NHA. Another issue of concern was the importance of setting targets or "guiding stars," in the words of Karen Cavanaugh, Health Systems Management Analyst in the USAID Bureau for Global Health and moderator of the panel; these targets could be used to measure the progress of efforts to scale-up health systems. In response to the question about setting targets to guide the scaling-up of health systems, Lopez-Acuña proposed that scaling-up be directed towards realizing intermediate outcomes while Ron commented that there was a need to develop health systems MDGs in order to draw attention to the pressing necessity to scale-up health systems. ■

[1] "Many countries not on target to reach health-related Millennium Development Goals." *World Health Organization (WHO),* January 8, 2004. Available at: http://www.who.int/mediacentre/news/releases/2004/pr1/en/.

[2] "The score at half-time." *WHO.* Available at: http://www.who.int/mdg/score.

[3] The Global Health Council (GHC) Conference took place at the Omni Shoreham Hotel in Washington, DC from May 31 – June 3, 2005.

[4] The Joint Learning Initiative (JLI) was launched in November 2002 as a multi-stakeholder participatory learning process with the dual aims of landscaping human resources and recommending strategies for strengthening the workforce for health systems. More information available at: http://www.globalhealthtrust.org/JLI.htm.

[5] The Health Metrics Network (HMN) is an innovative global partnership founded on the premise that better health information means better decision making. More information available at: http://www.who.int/healthmetrics/en/.

[6] The Health Systems Action Network (HSAN) is not in place yet but it is envisioned as a "canopy" or "big tent" of partners, including potential partners from developing country governments, bilateral and multilateral agencies, civil society organizations, and other non-state actors. The goal of the HSAN, which is to be a grassroots effort, would be to complement existing health systems strengthening efforts and foster linkages between them. More information available at: http://www.phrplus.org/hsan.html.

[7] The defining characteristics of a sector-wide approach (SWAp) are that "all significant funding for the sector supports a single sector policy and expenditure program, under government leadership, adopting common approaches across the sector, and progressing towards relying on government procedures to disburse and account for all funds." (Foster et al. "Sector-Wide Approaches for Health Development." *WHO*, 2000.)

[8] Under Pannenborg's plan, the Ministries of Health would function as the CEO of the health sector, and would be responsible for determining how much money to spend on health systems versus categorical/vertical programs.

[9] In addition to identifying the considerations that should be taken into account when implementing health systems scale-up, Lopez-Acuña also highlighted five essential elements of scaling-up, namely: 1) Improvement of the Stewardship/Steering Role; 2) Strengthening of Public Health Infrastructure; 3) Extension of Social Protection in Health; 4) Improvement of Quality of Care; and 5) Responsiveness to Health Needs.

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STRENGTHENING HEALTH SYSTEMS AND REFORMS was produced by the Pan American Health Organization/World Health Organization (PAHO/WHO) and was made possible in part through support provided by the Bureau for Latin America and the Caribbean, United States Agency for International Development (USAID), under the terms of Grant number LAC-G-00-97-0007-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of USAID and/or PAHO/WHO.

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ISSN 1020-783X