


November
2015

Improving Public Health Systems in Developing Countries

Otto Nzapfurundi Chabikuli, MD, MSc

Director, East and Southern Africa

A woman with a headwrap, wearing a blue and yellow shirt, smiles while carrying a baby wrapped in a green cloth. She holds a large black basket filled with purple eggplants. In the background, a wooden stand holds a bowl of red tomatoes and several green watermelons. The setting is a rustic market with a thatched roof.

To improve lives in lasting ways by advancing integrated, locally driven solutions for human development.

MISSION

FHI 360: A Comprehensive Approach to Human Development





ACTIVITY
includes projects, programs, technical assistance, training, research and clinical trial oversight.

FHI 360 OFFICE

FHI 360'S GLOBAL REACH

FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories.

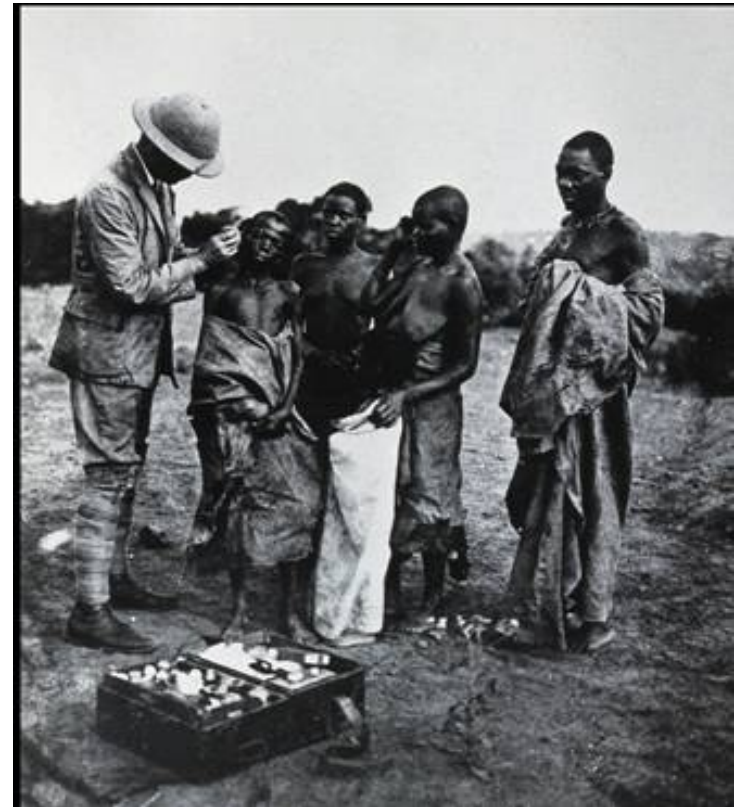
Representatives of more than 110 countries travel to the United States each year as part of our International Exchange program.



The boundaries and names on this map do not imply official endorsement or acceptance by FHI 360. Data as of April 30, 2012.

Introductory observations

- Health systems are complex, differ between and within countries, and over time; continuously refined
- Not divorced from societal values, the socio-economic make up of the country
- Health systems in developing countries retain the original exogenous character
 - Uneasy co habitation with traditional healing practices



Improving health systems – how?

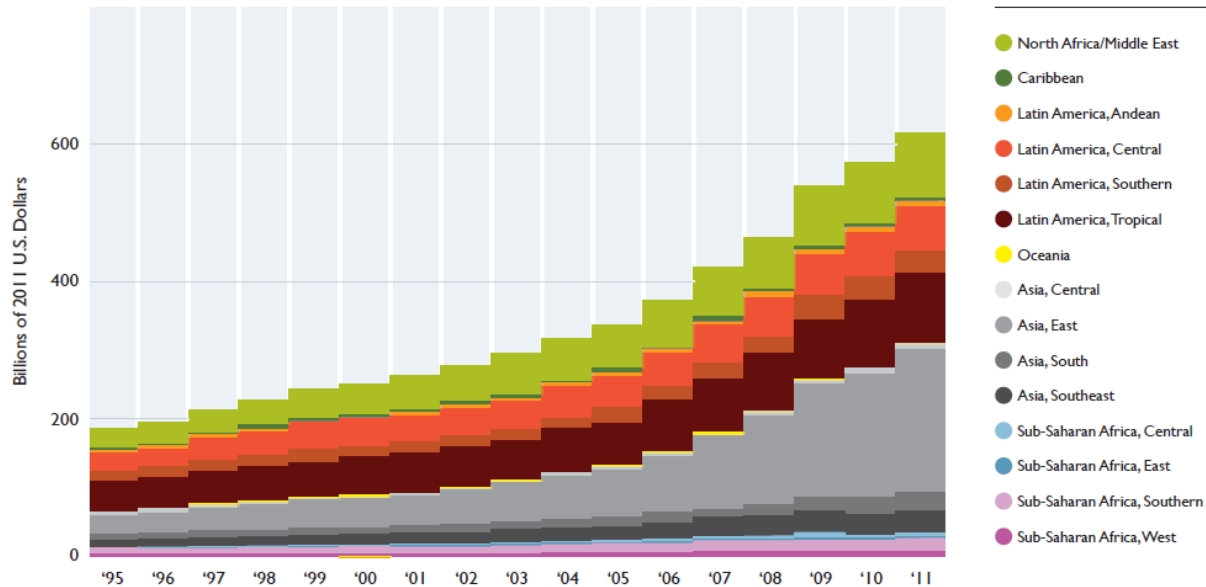
- First understand current status, then design strategies
 - WHO building blocks a useful framework
 - Strategies – trickle down, bottom up, parallel programs
- Cut and paste interventions from developed world rarely work sustainably



Improving health systems – with what?

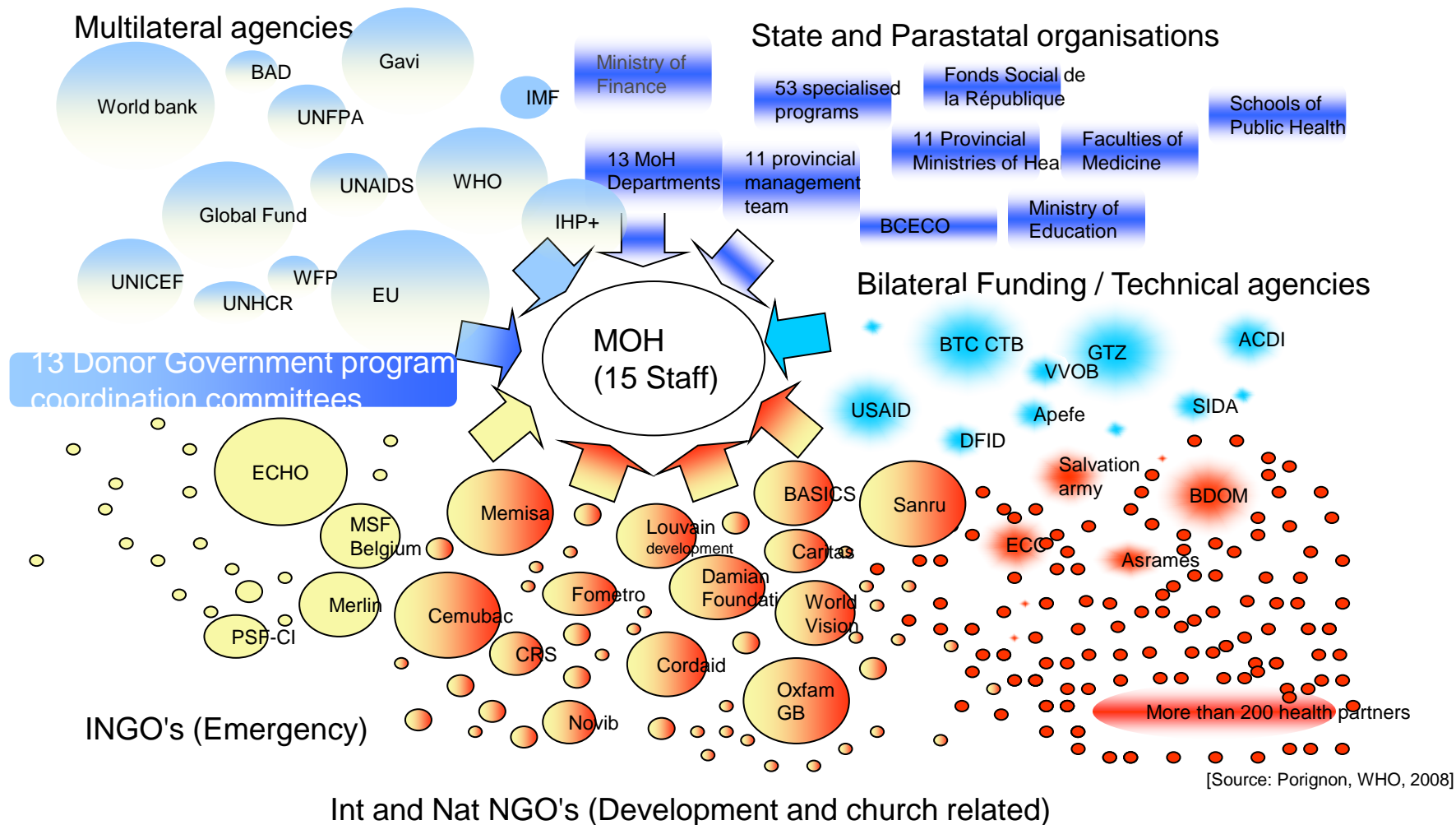
in Africa, domestic resources remain inadequate for the health systems strengthening needs

VARIED GOVERNMENT SPENDING ON HEALTH ACROSS REGIONS
(Figure C)



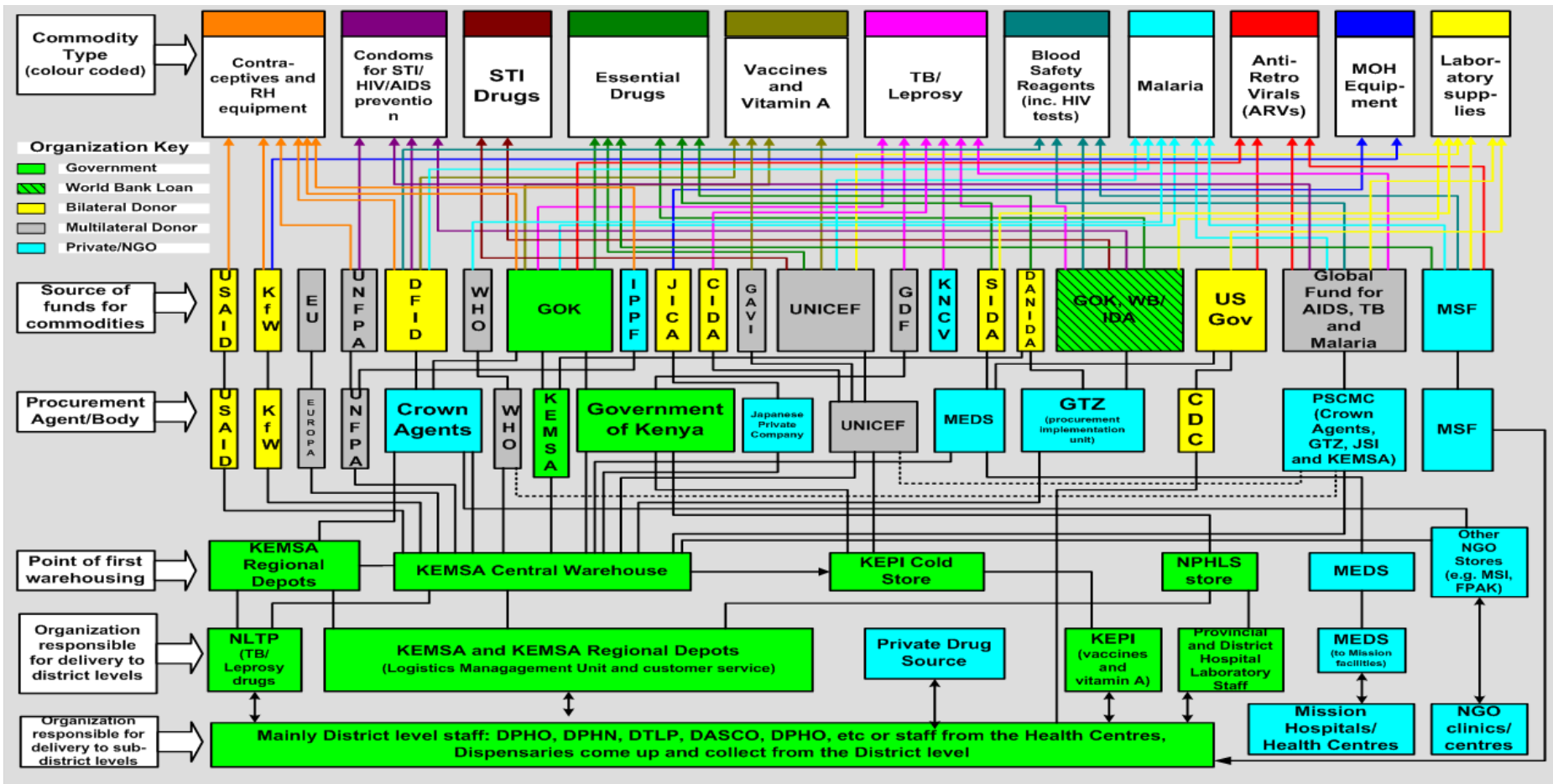
Source: IHME

Dealing with complexity – case of the DRC*



[Source: Porignon, WHO, 2008]

Dealing with complexity – case of the Kenya*



Approaches to intervention design

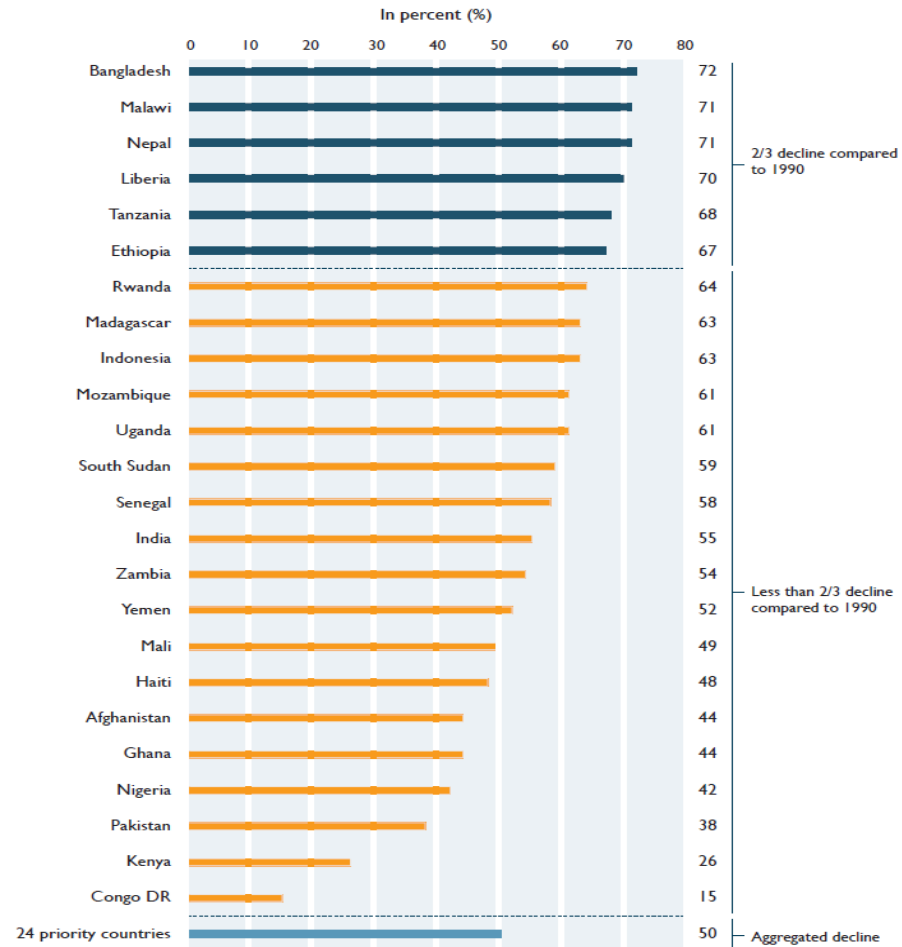
- Improve a discrete piece of the health system: vertical approach
 - Easily measurable, changes attributable to intervention
 - Short term wins, strong body of evidence; knock on effects
- A holistic, comprehensive, integrated approach
 - Longer time frame to show system wide change
 - Resource intensive
 - Little evidence to build on

Vertical approach

- Interventions targeting maternal and child health have produced significant results – 50% decline in U5 mortality rate between 1990 and 2012 in 24 USAID priority countries



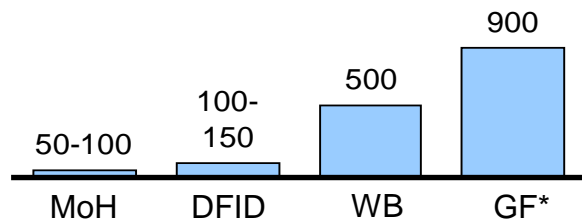
PERCENTAGE DECLINE IN UNDER-FIVE MORTALITY RATE (1990 TO 2012)



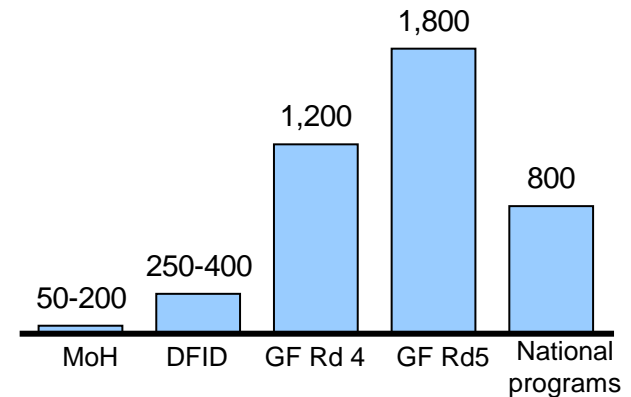
Source: UNICEF analysis based on UN IGME 2013

- There are however unintended consequences

Viet Nam salaries



Cambodia salaries



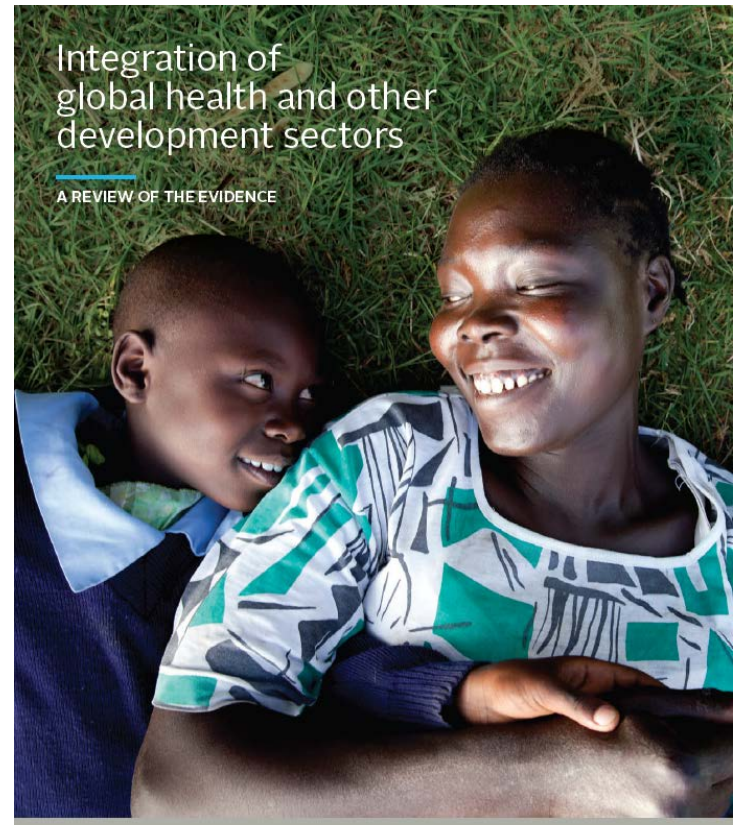
- Donor practices lead to escalating distortion of salaries and poaching of resources within HIV/AIDS sector

- National programs increase salaries, resulting in major country-wide salary inflation
- *“This has been phenomenally destructive.”*

Integrated approach

Integrated development concept - not new

- Rural integrated development popular in the 1970s and 1980s
- Renewed interest post 2015-development agenda
- Intuitively appealing but weak evidence base
- Will entail addressing several HSS building blocks deliberately and simultaneously



Conclusion

- Improvement of health systems in developing countries has long history, wealth of lessons generated
- Measurement of health system is critical to demonstrating success –consensus approach and tools needed
- Significant achievements with vertical approaches to systems strengthening but unintended consequences as well
- Preventable deaths remain unacceptably high in developing countries – will the integrated approach have greater impact?

Thank you