



Working Group One Report

Constraints to scaling up and costs



AIM

to address the health systems strengthening needed in low income countries to achieve the health MDGs, with a special emphasis on redressing gaps in services related to those MDGs considered to be neglected, namely MDGs 4 and 5



REPORT CONTENT

- **Guaranteed benefits and health system platform**
- **Constraints to scaling up**
- **Policies and approaches to strengthen health systems**
- **Additional funds needed**
- **Types of flows**



GUARANTEED BENEFITS

- Interventions needed to achieve the health related MDGs
- Health promotion and early detection of NCDs
- Diagnosis, information, referral and relief of symptoms for any presenting condition
- Backed up by health systems platform – governance, financing, support to service delivery



CONSTRAINTS TO SCALING UP

<i>Community and household</i>	Inadequate demand for effective interventions; barriers to use of effective interventions (eg fees)
<i>Health services delivery</i>	Shortage and maldistribution of qualified staff; low pay; poor motivation; inadequate availability of drugs and medical supplies
<i>Health sector policy & strategic management</i>	Weak drug policies and supply systems; weak management systems; competing donor programmes
<i>Public policies across sectors</i>	Rigidities of government bureaucracy; limited fiscal space for additional public expenditure; poor communications and transport infrastructure
<i>Environmental characteristics</i>	Poor governance; political instability; unfavourable physical environment
<i>Global level</i>	Fragmented governance structures for global health Richer country demand for skilled health workers



POLICIES AND APPROACHES TO STRENGTHEN HEALTH SYSTEM

- Justification for topic coverage:
 - Common sense suggests they are key elements of health system strengthening
 - They are strongly advocated in some quarters as key elements of a systems strengthening agenda
- Text seeks to assess
 - The strength of the evidence (www.researchtopolicy.ca)
 - Areas of consensus and controversy
 - Needs for evidence generation
- NB: Responding to local context is vital – few blueprints



POLICIES AND APPROACHES TO STRENGTHEN HEALTH SYSTEMS: AREAS OF UNCERTAINTY

- Governance arrangements: *system design, accountability mechanisms, regulation, management of external flows*
- Financial arrangements
 - Strengthening domestic generation of financing and risk pooling: *expanding risk pools, learning from eg Ghana, Rwanda, India*
 - Purchasing and results-based financing: *efficiency and equity aspects in low capacity settings, mechanisms in fragile states*
 - Paying the public sector health workforce: *role of payment mechanisms in improving motivation, retention, distribution*
- Delivery arrangements
 - Public and private provision including contracting: *role of private sector eg supply chain management; private training schools, low cost clinic chains*
 - Quality of care: *approaches to improving it*
 - Drugs: *improving access and quality*



CALCULATING THE FINANCING GAP

- Costs of service expansion - two approaches
 - World Bank, UNICEF et al based on improved MBB
 - WHO based on global price tags
- Both intervention and health system costs
- Capital and recurrent
- Additional financing 2009-2015
 - Commitments met scenario
 - No change scenario



ADDITIONAL COSTS

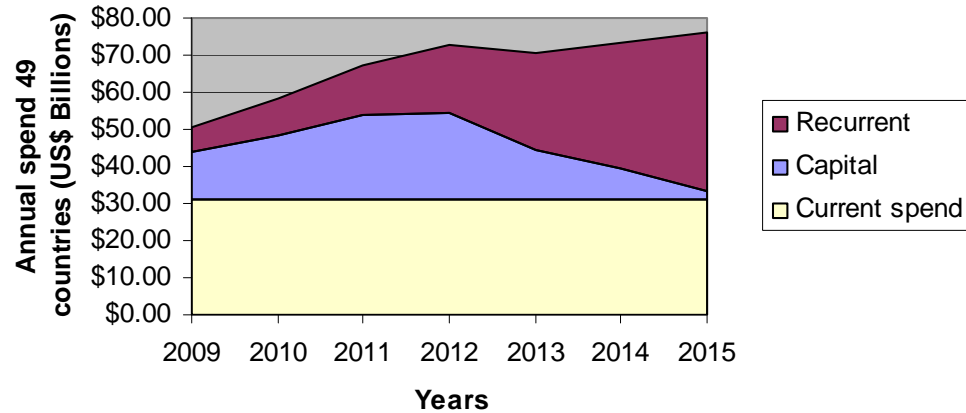
Table 6: Additional costs

	WHO Normative (\$2005)	MBB Medium (\$2005)
Total additional costs 2009-2015 bn	251 bn	112 bn
Capital	101 bn	54 bn
Recurrent	151 bn	58 bn
Total additional costs in 2015 bn	45 bn	36 bn
Capital	2 bn	19 bn
Recurrent	43 bn	17 bn
Total additional costs in 2015 <u>per capita</u>	29	24
Capital	1	13
Recurrent	28	11
Capital as % of total	40%	48%
Human resources as % of total	22%	12%
Drugs and commodities as % of total	13%	21%
Programme and disease as % of total*	26%	38%
Health systems as % of total	74%	62%
Sub-Saharan Africa as % of total	60%	80%



Different cost profiles

WHO costing: Additional annual spend to reach health MDGs in 49 low income countries



MBB (medium case): Additional annual spend to reach health MDGs in 49 low income countries

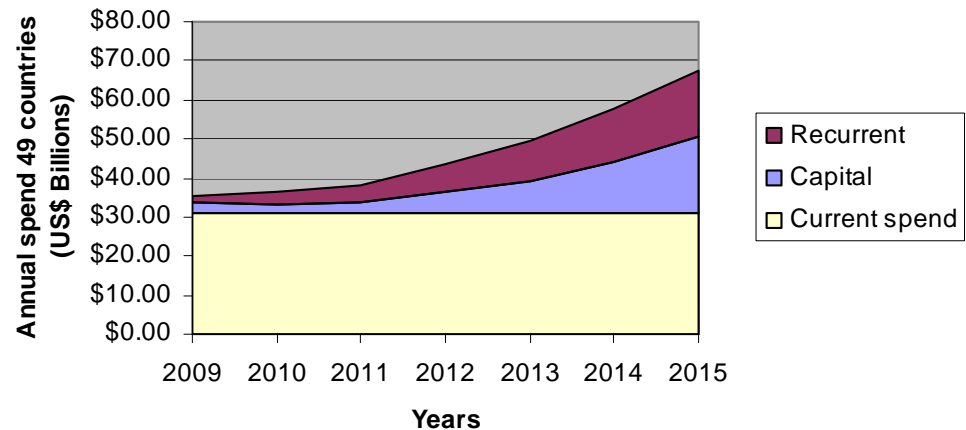




Table 5: Additional health facilities and health workers by 2015

WHO Normative Approach			MBB Medium Scenario			Estimated Current (2008)†
	Total	%		Total	%	
Health Facilities	96,838	100	Health Facilities	73,695	100	85,112
			Health post	57,816	79	
Health centreΔ	88,960	92	Health centre	12,307	17	73,326
District hospital	6718	7	District hospital	2828	4	10,947
Regional hospital	1160	1	Regional hospital	744	1	839



Table 5: Additional health facilities and health workers by 2015

WHO Normative Approach			MBB Medium Scenario			Estimated Current (2008)†
	Total	%		Total	%	
Health Personnel	3,476,569	100	Health Personnel	2,585,894	100	2,121,054
Community health workers	950,701	27	Community-based health and nutrition promoters	1,441,929	56	295,963
			Health extension workers	200,147	8	
Nurse/midwives	1,699,107	49	Registered nurse/midwives (at least 3 years' training)	203,013	8	1,190,333
			Junior, assistant, assistant midwife nurse (1 year training)	160,478	6	
Clinical officers	233,302	7	Health officer	23,226	1	
Physicians	349,953	10	Physician/MD	35,879	1	499,544
			Specialist	6236	0	
Technicians (lab, X-ray, pharmacy, dental)	170,195	5	Technicians (lab, X-ray, pharmacy)	158,790	6	135,214
Orderlies	75,311	2	Administrative staff	356,195	14	

† Data not available for all countries, cover various years, and categories may not be defined in a standardized way.

Δ Average size 230 sq m.



THE GAP IN 2015

(US\$2005 bn)	Sources of additional funding 2015				WHO normative 2015		MBB Medium 2015	
	Government	DAH	Private	Total	Cost	Gap	Cost	Gap
All countries								
Commitments met	30	7	7	44	45	1	36	-8
No change	4	0.5	4	8	45	37	36	28



Table 9: Selected health benefits in 2015

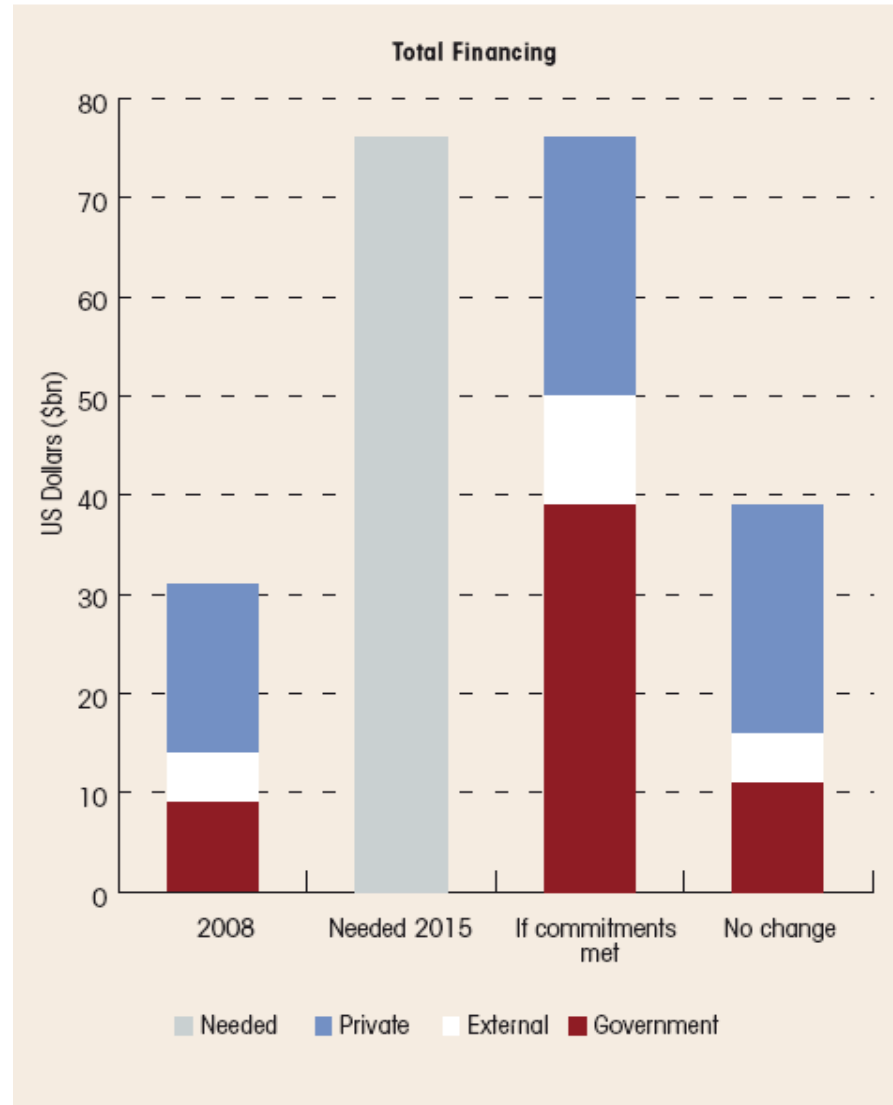
	WHO normative	MBB medium
Additional deaths averted in 2015		
Under-5 deaths averted (including newborn, infant and neonatal)	3.9m	4.3m
Maternal deaths averted	322,000	259,000
HIV deaths averted	193,000	177,000 (adults)
Tuberculosis deaths averted	265,000	235,000
Examples of other benefits		
Decrease in number of births due to increased use of family planning	11m	9m
Total stunting prevented	30m (12-59 mths)	8.3m (12-23 mths)
% progress towards MDG 4 and 5*		
	From 1990/95 baseline	
MDG 4: % of countries reaching target	80%	82%
MDG 5: % of countries reaching target	45%	39%
% progress towards MDG 6		
	From 2008 baseline	
Malaria	Likely to be reached	87%**
HIV	Not available	42%**
TB	Met at regional level	72%**

* Note that the WHO and MBB proportions of countries achieving the MDGs are not strictly comparable due to different baselines, intervention mixes, and methods for calculating deaths averted.

** % of countries halving incidence (malaria and HIV) or mortality (TB).



WHO PAYS?





TYPES OF FLOWS

- Finance a technically and financially sound country strategy
- External support must be coordinated, predictable, use country systems as far as possible
- Focus on ‘managing for results’
- Scope for upfront funding for infrastructure and training
- Additionality with respect to domestic financing – need to encourage