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Health systems strengthening
From human resources for health
to sustainability

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Introduction

The Ebola epidemic of 2014-2015 was a public health disaster for West Africa. Over 28 000 people were infected and over 11 000 died.[1] It caused severe damage to the economies of the countries affected and also had a devastating effect on their already weak health systems. Some of the healthcare systems in these countries have yet to recover. There has been much debate about how the global health community can help them. There has also been debate about how the global community can help other countries that have other chronic or systemic weaknesses.[2]

Some think that the answer lies in health systems strengthening. Health systems strengthening has been defined as "the process of identifying and implementing the changes in policy and practice in a country's health system so that the country can respond better to its health and health system challenges".[3] It has also been defined as, "any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency".[4]

The concept of health systems strengthening has received a great deal of attention in recent years – but not all attention has been positive. Some think that the term is vague and too all-encompassing and does not help countries deal with the practical problems they have in trying to establish systems of healthcare that are universal and high quality.

So how can we pin down the concept of health systems strengthening? USAID offers some insights in this regard. USAID makes a helpful distinction between activities that could support a health system or healthcare (for example building a new healthcare facility) and activities that could strengthen a health system (for example "by comprehensive changes to policies and regulations, financing mechanisms, organizational structures, and relationships across the health system building blocks that allow more effective use of resources to improve multiple health services").[5]

Components of Health Systems Strengthening

USAID has conceived eight strategies to strengthen health systems – these include "financial risk protection, resource tracking, performance-based incentives, health governance, costing and sustainability planning, human resources for health, capacity building, and measuring and monitoring health systems performance".[6]

This is a helpful way of deconstructing the concept of health systems strengthening. It is beyond the scope of this paper to delve into the minutiae of all these strategies – however, it is worth looking at the concepts of costing and sustainability planning, human resources for health and measuring and monitoring health systems performance, in more detail. We are not suggesting that the other components are less important but rather that we don't wish to make this paper too long.

The World Health Organisation has also issued guidance on health systems strengthening. It echoes many of the guidance from other sources and emphasises the importance of service delivery, health workforce (or human resources for health), information, costing or financing, and leadership.[7]

Financial risk protection

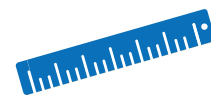Resource tracking

Costing & sustainability planning

Human resources for health

Performance based incentives

Health governance

Capacity building

Measuring monitoring health systems performance

Costing and sustainability planning

Costing and sustainability planning is a key component of health systems strengthening.

Funders may invest in a specific programme of healthcare but this funding will inevitably come to an end. For example, a common criticism of PEPFAR (the US President's Emergency Plan for AIDS Relief) is that "it failed to invest much (certainly initially) in health systems strengthening, and therefore the health gains from treatment intervention were entirely unsustainable without continued donor involvement".[8] This can result in the intervention being stopped or the funder continuing to invest. Sufficient thought must be given to how the programme might be sustained and this thinking must happen at the beginning of the investment and not the end.

Human resources for health

Human resources for health is another vital pillar of health systems strengthening. In many countries (especially in low and middle-income countries), there is a general shortage of healthcare professionals. Sometimes there is a specific shortage of healthcare professionals of the type that the country or region needs – for example, primary care practitioners who are trained to work in rural and remote areas. Through creating new curricula, countries will be able to make a start in developing the healthcare professionals that they need – and they will need new resources to deliver these curricula. They will also need to take on other problems - such as healthcare professionals who leave their country of origin after their training.

Measuring and monitoring health systems

Measuring and monitoring health systems performance is also another key pillar of health systems strengthening. Health systems strengthening often requires investment and that investment requires follow up so that we know that we are getting value for money. In this context, follow up means measuring and monitoring health systems performance so that we can evaluate the outcomes of efforts at health systems strengthening.

Health systems strengthening will not be achieved without health system reform.

According to Senkubuge et al., health system reforms "cannot be developed from a single global or regional policy formula".[9] It must be fundamental and comprehensive and must be accompanied by a plan for strategic implementation. Lastly, the reform cannot be one size fits all — much depends on the country's "history, values and culture, and the population's expectations".[9]

An example is single disease eradication programmes. These are very worthwhile and yet are separate from health systems strengthening. Health systems strengthening involves a more strategic approach and is much more contextual.

It is this importance of context in health system reform, that makes research papers based on specific experiences so valuable. In light of this, we have put together this white paper that summarises key articles published in the field of health systems strengthening. They represent work carried out in different regions, in different sectors, and in different types of health economies. They have all been published in the last three years and so are all highly pertinent to the future of health systems strengthening. They are relevant to a range of stakeholders in this field — from global funders to governments to healthcare providers.

Costing and sustainability planning

by Lu et al. evaluates the link between foreign aid, indigenous government investment and medical service provision in rural and remote areas. In the specific context of the low-income country that they examined, they found that "foreign aid did not crowd out government investments in the rural healthcare centres".[10]

However, some countries that have weak health systems can face an influx of multiple foreign players and providers who all wish to help but sometimes offer overlapping, inefficient or conflicting services. In light of this, the authors made a number of recommendations for policy. They emphasised the need to integrate different sources of funding; to ensure aid additionality, and to coordinate on budgeting.[10] Certainly, on the issue of sustainability, our experience has been that it needs to be thought through from the first day of a project.

Closely related to the issue of strengthening health systems is strengthening global health security. Kluge et al. have looked at strengthening global health security by embedding International Health Regulations requirements into national health systems. Implementing regulations can help strengthen sustainability efforts. If regulations are embedded into national systems, they will be used into the long term and so will be sustainable.[11]

The purpose of the International Health Regulations is to "prevent and cope with major international public health threats". However, all too often the regulations are not implemented correctly. Unfortunately, poor implementation occurs in countries with the weakest health systems and which are also at most risk of outbreaks such as Ebola. Proper implementation will mean putting systems in place to ensure the recognition, prevention and reporting of patients with pandemic infectious diseases. It will also mean pursuing universal healthcare ("access to good quality health services without people experiencing financial hardship because they must pay for care") for all populations — especially those most at risk.[12]

Human resources for health

Pursuing universal healthcare will, in turn, mean more attention for human resources for health. National governments and other entities frequently make commitments to building capacity in human resources for health but there have been concerns that these commitments are not always carried through. Van de Pas et al. have examined this issue by tracing the policy implementation of commitments made initially by national governments and other entities at the Third Global Forum on Human Resources for Health in 2013.[13]

In their follow-up analysis, they gathered information on the implementation of the policy commitments in 49 countries. They found that progress had been made in many countries in implementing better policies in human resources for health but there needs to be more of a multi-actor approach. In many countries, insufficient funding and strategic thinking are given to continuing professional development. By contrast, attention is always given to undergraduate healthcare professional education.[13] This is understandable, but it takes years to educate a new doctor from scratch. In the meantime, countries have an existing workforce and can support them and their practice by providing high quality continuing professional development. Tellingly, the authors also found that unexpected crises can divert attention from the long-term investment that is needed in the development of human resources for health.[13]

This leads us to another paper that looks at lessons from rebuilding health systems in conflict- and crisis-affected states. Martineau et al. examined health systems that are now trying to rebuild following a conflict or a crisis — specifically in Sierra Leone, Zimbabwe, northern Uganda and Cambodia.[14] These states have some of the weakest health systems in the world and represent a major challenge to the discipline of health systems strengthening. The paper emphasises the importance of human resources for health in rebuilding health systems and the need to ensure the continuing resilience of healthcare workers under the most difficult circumstances. It is vital that everything possible is done to support healthcare workers in this context. This might come by means of providing mentoring programmes or continuing professional development.[14]

Measuring, monitoring and evaluation

Borghi and Chalabi have looked at the issue of investment and measuring value for money. They emphasise the importance of reviewing and sometimes revising our approach to evaluating health systems strengthening in low and middle-income countries.[15]

In recent years, investments in health systems strengthening have become substantial, and funders want to know if their investments have been value for money. Traditional single disease control programmes can be evaluated using traditional evaluation methodologies (which measure morbidity or mortality associated with individual diseases), but these methodologies will not work when assessing health systems which are by nature complex and dynamic. The authors recommend system dynamics and agent-based modelling methods to assess the value for money of health systems strengthening programmes and to predict the system responses to a change process before its introduction. These methods are recognised to be effective for assessing and evaluating complex and dynamic inter-related systems.[15]

However, none of this will be possible without reliable data. This will only come by using reliable health information systems and having monitoring and evaluation integrated into the health system. So how reliable are health information systems in low and middle-income countries in assessing progress towards health systems strengthening? Nabyonga-Orem points out some clear deficiencies — including the "narrow scope and weaknesses in existing information systems, a multiplicity of data collection systems designed along disease programmes, and the lack of capacity for data analysis".[16] The author makes a case for stronger and better leadership and a health information system that is comprehensive and unified.

BMJ's role in Health Systems Strengthening

The growing interest in health systems strengthening has led BMJ to expand its activities in this important area. BMJ has a range of resources that provide online medical education and clinical decision support, contributing to the agenda of human resources for health. These resources include BMJ Learning, BMJ Best Practice, BMJ Research to Publication and the Practical Approach to Care Kit (PACK).

BMJ Learning is the online learning service of the BMJ. It provides interactive and multimedia learning resources that help doctors and other healthcare professionals improve the care that they provide.[17]

BMJ Best Practice is the online clinical decision support tool of the BMJ. It provides clinical decision support that is continuously updated, evidence-based and practical.

BMJ Research to Publication, which is primarily used in low and middle-income countries, is an educational programme on research methodology for early career academics. It is produced in collaboration with the University of California San Francisco (UCSF).

The **Practical Approach to Care Kit (PACK)** is a set of basic primary care guidelines that help healthcare workers to diagnose and manage patients in remote regions.

And finally, BMJ is actively engaging in research dissemination. We are proud that all of these papers have been published in BMJ Journals. We encourage research and policy-makers to continue to consider our journals when publishing their papers. **BMJ Journals** produces over 60 journals — many of which are the leading publications in their field.

> We believe that all of these resources have a role in strengthening health systems and in preventing further public health disasters - such as the Ebola epidemic of 2014.

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