Strengthening Health Systems: A public Health Perspective
Diagonal approach for sustainable health systems
World Cancer Congress
Paris, November 3, 2016
1. Antecedents: Vertical horizontal debate

2. Consequences of introducing vertical interventions in ineffective and efficient health systems

3. Strengthening health systems: the diagonal approach
   - Experience from Global Health Initiatives
   - Opportunities and platforms for creating synergies
Vertical vs. horizontal interventions

- Longstanding debate
  - Polarisation: proponents and opponents of integration
  - Binary construct – reductionist arguments
- Debate rekindled with emergence of Global Health Initiatives, that led to rapid rise then decline in Health ODA, and concerns about failing health systems
- But, is this just an academic curiosity?

- 1950s: vertical malaria eradication programmes
- 1960s: smallpox eradication
- Late 1960s 1970s: early doubts – Lalonde Report
- 1970s-1980s: Mahler Era
  - Comprehensive vs. Selective PHC
  - 1978 Alma Ata Declaration
- 1990s: Disease control priorities – Cost effectiveness
- 2000s: MDGs – Global Health Initiatives
- 2010s: Integration; Health systems; UHC
• Proactive, supply-driven provision of a set of highly cost-effective interventions that bridge health clinics and homes
• Leadership and continuity of public health policies, along with investments on institutions and human resources strengthening, were also among the reasons for these achievements.
Synergies

- **Patients:** Empowered
- **Providers:** Improved care
- **Information:** Indicators, technologies
- **Supplies:** Improved procurement
- **Infrastructure:** New and better
- **Financing:** Increased

Negative effects

- **Patients:** Limited coverage
- **Providers:** Better paid projects
- **Information:** Multiple reporting
- **Supplies:** Stock outs
- **Infrastructure:** Single-disease focus
- **Financing:** Selective free services
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Coverage for interventions across the care continuum: 68 priority countries (2000-06)

- Contraceptive prevalence
- One or more antenatal visits
- Skilled attendant at delivery
- Postnatal visit within 2 days
- Exclusive breastfeeding
- Case management of pneumonia
- Measles immunisation

Coverage (%)

Source: The Lancet 2010; 375:2032-2044

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PMTCT coverage, antenatal coverage and number of HIV+ve women

Source: WHO and UN Statistics Division in UNAIDS Global Report 2010

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Cascade of integrated perinatal PMTCT program in antenatal care

Women attending Antenatal clinics

- Counselling on PMTCT
- Accepted HIV testing
- Received their results
- HIV positive
- HIV positive receiving ARV prophylaxis in ANC
- HIV positive receiving ARV prophylaxis during delivery
- Infants of HIV positive women receiving ARV prophylaxis

Country reported disaggregated first- and second-line ART costs (2003-12 for sites reporting all components)
Tuberculosis: DOTS delivery - average unit costs per treated case (2006-08)

Cost per patient treated (US$)

- General health services
- Lab supplies & equipment
- Program staff, management and supervision
- First-line drugs

Source: WHO/Global Fund
Health systems, Tuberculosis control and the diagonal approach: Experience from Eastern Europe
Percentage of new TB cases with MDR-TB (2014)
Percentage of previously treated TB cases with MDR-TB (2014)
### Achievement of MDG Targets by WHO Region (2015)

<table>
<thead>
<tr>
<th>INDICATOR AND 2015 TARGETS</th>
<th>TB INCIDENCE RATE</th>
<th>TB PREVALENCE RATE</th>
<th>TB MORTALITY RATE</th>
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<tbody>
<tr>
<td>TARGET</td>
<td>INCIDENCE RATE FALLING</td>
<td>50% REDUCTION IN PREVALENCE RATE BY 2015 COMPARED WITH 1990</td>
<td>50% REDUCTION IN MORTALITY RATE BY 2015 COMPARED WITH 1990</td>
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<tr>
<td><strong>GLOBAL</strong></td>
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<td>Global</td>
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<td><strong>WHO REGION</strong></td>
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<td>African (AFR)</td>
<td>Met</td>
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<td>Americas (AMR)</td>
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<td>Eastern Mediterranean (EMR)</td>
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<td>South-East Asia (SEAR)</td>
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<td>Western Pacific (WPR)</td>
<td>Met</td>
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</tbody>
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High unit costs: estimated cost per patient treated for DS TB in 117 countries (2014)

Source: WHO
High unit costs: estimated cost per patient treated for MDR-TB in 90 countries (2014)

Source: WHO
Diabetes care cascade in 10 countries of sub-Saharan Africa

Overall

- Total Diabetics: 100
- Glucose Measured: 60
- Aware of Diagnosis: 42
- Advice Received: 26
- Med Received: 24

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Patterns of effectiveness of care: diabetes in 3 sub-Saharan African countries
Supply chain management – how not to do it

Pharmaceutical Products Supply Chain Systems in DRC
Any intervention outcome is as good as the health system it is introduced in

“I think you should be more explicit here in step two.”
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   – Harnessing SDG 3: Universal Health Coverage
Towards an improved investment approach for an effective response to HIV/AIDS

- Core interventions
- Critical enablers – social and programmatic
- Health Systems
- Structural interventions
1. National TB programmes have been instrumental in global efforts to control tuberculosis. But bottlenecks in health systems related to financing, the workforce, and supply chain management have hampered progress towards national targets and MDGs, despite increases in external funding.

2. Findings from countries, including Bangladesh, Cambodia, India, Tanzania, Thailand, and Vietnam, show innovative solutions for disease control and system design to address bottlenecks in health systems. TB services have been integrated into primary health care, and are functioning with good outcomes. Participation of NGOs and the private sector has expanded access.

3. Simultaneous efforts to innovate systems and disease response are mutually reinforcing.
• Around 37% Global Fund investments allocated to ‘diagonal’ health systems strengthening
• 1/3 of this was for general health system strengthening beyond HIV/AIDS, TB and malaria
The share of planned PEPFAR funding for governance and systems increased from 14.9 percent, on average, in 2004 to 27.5 percent in 2013.
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Low-income and middle-income countries bear a majority share of the burden of cancer, but their health systems are particularly ill prepared to meet this challenge.

Low awareness, stigma, poverty, and underfinancing with a “5/80 cancer disequilibrium” exacerbate health system weaknesses.

The result is poor management of risks, screening, limited access and poor survival.
NCD epidemic characterised by multiple and interacting risk factors and multimorbidity. Yet, health systems have been designed to manage episodes of care or a single condition: “response gap”

Synergies among investments for HIV, TB and MNCH, which have links with NCDs.

HIV/AIDS services used as platforms to introduce cervical cancer screening in Cote D’Ivoire, Haiti, Malawi, Rwanda, South Africa, and Zambia.

Ethiopia and Malawi: channelled HIV funding to train health workers to manage multiple conditions, build PHC centres, develop M&E systems, and strengthen supply chain management to improve patient outcomes.

Bangladesh, Cambodia, India, Tanzania, Thailand, and Vietnam have used TB investments to strengthen governance, supply chain management, human resources, and M&E functions.
Potential gains from effectiveness and efficiency interventions (in LIC)

Effectiveness: Intervention mix

Efficiency: Health systems strengthening

Source: Data from WHO WHR 2010
Global Strategy for Women and Children

EVERY WOMAN
EVERY CHILD

Global Strategy for Women’s and Children’s Health

UN Secretary-General Ban Ki-moon
Mexico case study: 2003 – financial protection for breast cancer treatment as part of Seguro Popular

Challenge in achieving UHC for screening, treatment access and palliative care – especially poor quintiles – due to health system weaknesses

Multi-institutional group to strengthen awareness among women and build capacity of PHC for early diagnosis through clinical breast exams, triaging symptomatic and high-risk cases with family history and early referral using existing health system infrastructure
• Investment case: demonstrates substantial health and economic benefits of investment in radiotherapy
• Proposes a diagonal approach to scale up: “health systems investments needed to create an enabling environment for delivery of high-quality radiotherapy services in low-income and middle-income countries.
  – Multimodality treatment to include radiotherapy, surgery, drugs, and access to palliative and supportive care
Goal 3: Ensure healthy lives and promote well-being for all at all ages

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

• Target 3.8 achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
Economic downturns, universal health coverage, and cancer mortality in high-income and middle-income countries, 1990–2010: a longitudinal analysis


A

All countries

- Actual ASDR
- Forecast ASDR
- Estimated excess deaths

Male all-cancer mortality rate

Number of deaths

B

All countries

Female all-cancer mortality rate

Number of deaths

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Thank you