

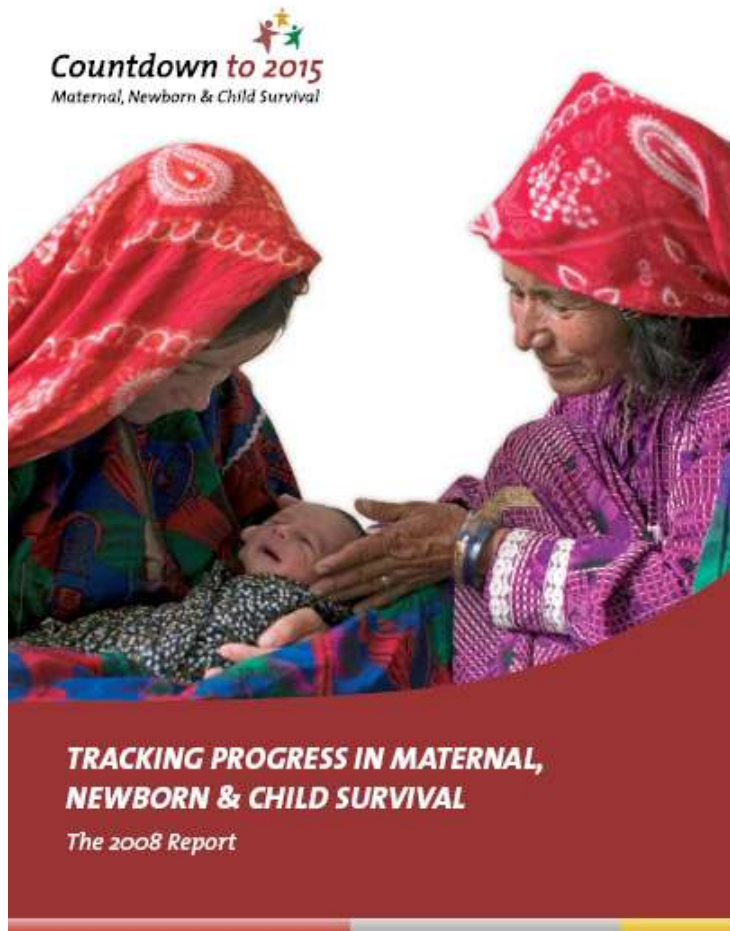
Assessing the health system and policy environment for MNCH: Countdown 2008 findings

Bernadette Daelmans (WHO/CAH)

on behalf of

the Countdown Working Group on Health Policy and Health Systems

Presentation outline

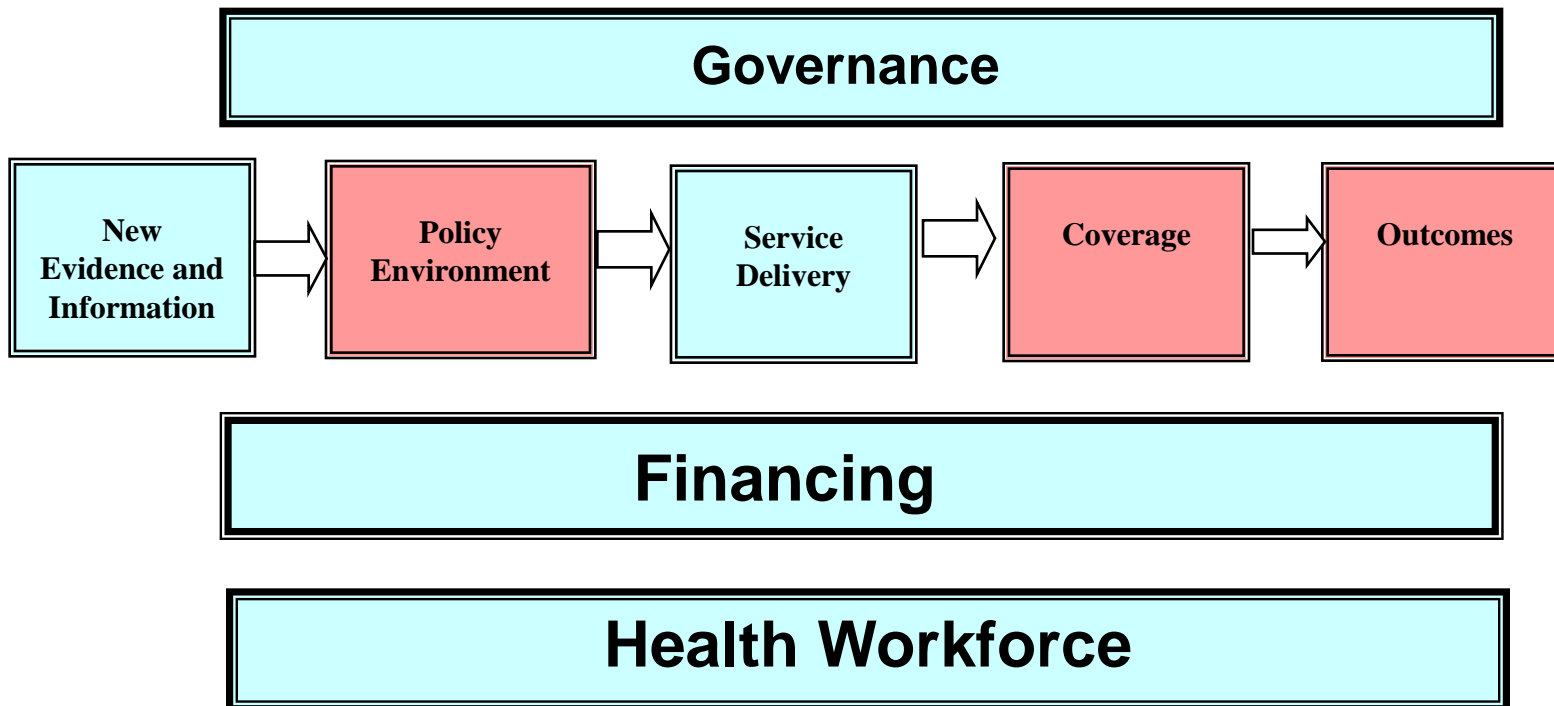


- Rationale for assessing the health system and policy environment in the Countdown
- The conceptual framework and methods used
- Selected findings
- Key messages

Rationale

- Delivery of interventions depends on complex organizations to:
 - Develop and manage the health work force
 - Provide medicines and supplies
 - Finance health services
 - Assure quality and efficiency
 - Generate information for effective decision-making
- Increasing intervention coverage in an equitable way requires investment in all these areas, using scarce resources for maximum health outcomes

Supportive policies and functioning health systems are essential for maternal, newborn and child survival



Methods used

- Thirteen policy and health system indicators selected through peer consultation
 - Covering each of the health system building blocks
 - Covering the two dimensions of the continuum of care
- Data collected from public sources and from national authorities

	Data source	Internationally established benchmark
Evidence and Information		
Notification of maternal deaths	WHO data 2007	Information systematically recorded and reported ^f
Leadership and governance		
International Code of Marketing of Breastmilk Substitutes enacted	WHO and UNICEF data 2007	Policy systematically adopted/enacted ^{4a}
Maternity Protection Convention 183 ratified	ILOLEX database	Policy systematically adopted/enacted ^f
Costed implementation plan(s) for maternal, newborn, and child health developed	WHO data 2007	Plan(s) systematically developed and costed ^{4a}
Service delivery		
Availability of emergency obstetric care services	UNICEF and Averting Maternal Death and Disability (AMDD)	Minimum of four basic emergency obstetric care facilities and one comprehensive emergency obstetric care facility per 500 000 population ¹¹
Midwives authorised to deliver life-saving interventions	WHO data 2007	Policy systematically adopted where profession is recognised/regulated ^{2a}
Integrated Management of Childhood Illness adapted to cover first week of life	WHO data 2007	Policy adopted and systematically implemented ^{2a}
Community healthworkers authorised to identify and manage pneumonia	WHO and UNICEF community intervention survey 2007	Policy adopted and systematically implemented ¹
Promotion of low osmolarity oral rehydration salts and zinc for management of diarrhoea	WHO data 2007	Policy adopted and systematically implemented ⁴
Financing		
Per-head total expenditure on health	World health statistics 2007 ^{2b}	None established
General government expenditure on health	World health statistics 2007 ^{2b}	No global benchmark, but target of 15% pledged by African leaders ^{4a}
Out-of-pocket expenditure as a proportion of total health expenditure	World health statistics 2007 ^{2b}	None established
Health workforce		
Density of physicians, nurses, and midwives	Global atlas of the health workforce ¹⁶	Minimum 2.5 physicians, nurses, and midwives per 1000 population to meet adequate coverage levels for primary health-care interventions ^{4a}

Table 1: Selected indicators of health policy and health systems for monitoring progress in maternal, newborn, and child health

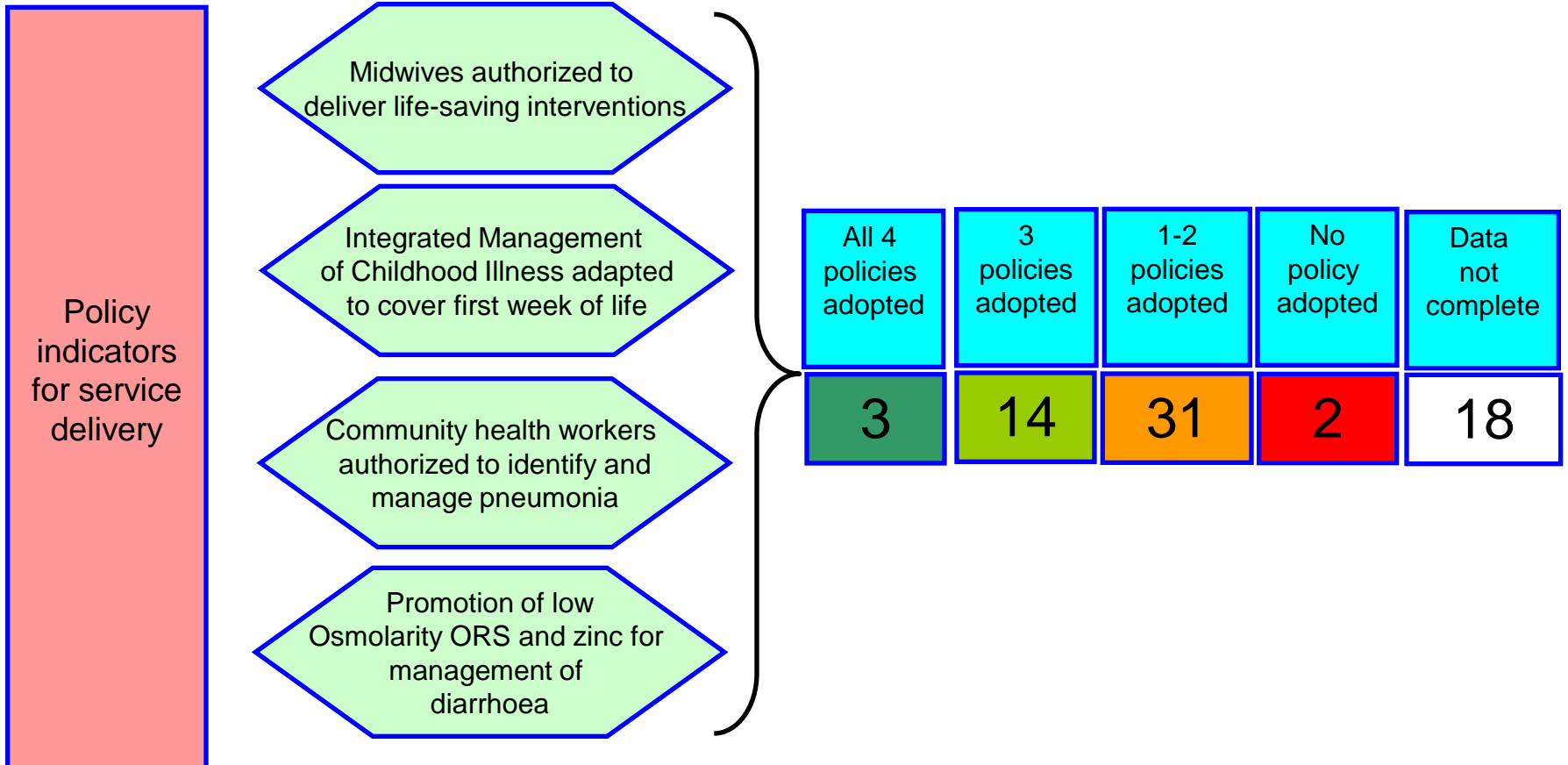
Selected findings

Evidence and information		
Notification of maternal deaths	Information systematically recorded and reported	23 / 68 countries
Leadership and governance		
International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHO resolutions enacted	Policy systematically adopted/enacted	22 / 68 countries
Maternity Protection Convention 183 ratified	Policy systematically adopted/enacted	0 / 68 countries
Costed national implementation plan (s) for MNCH	Plan developed and costed	31 / 68 countries

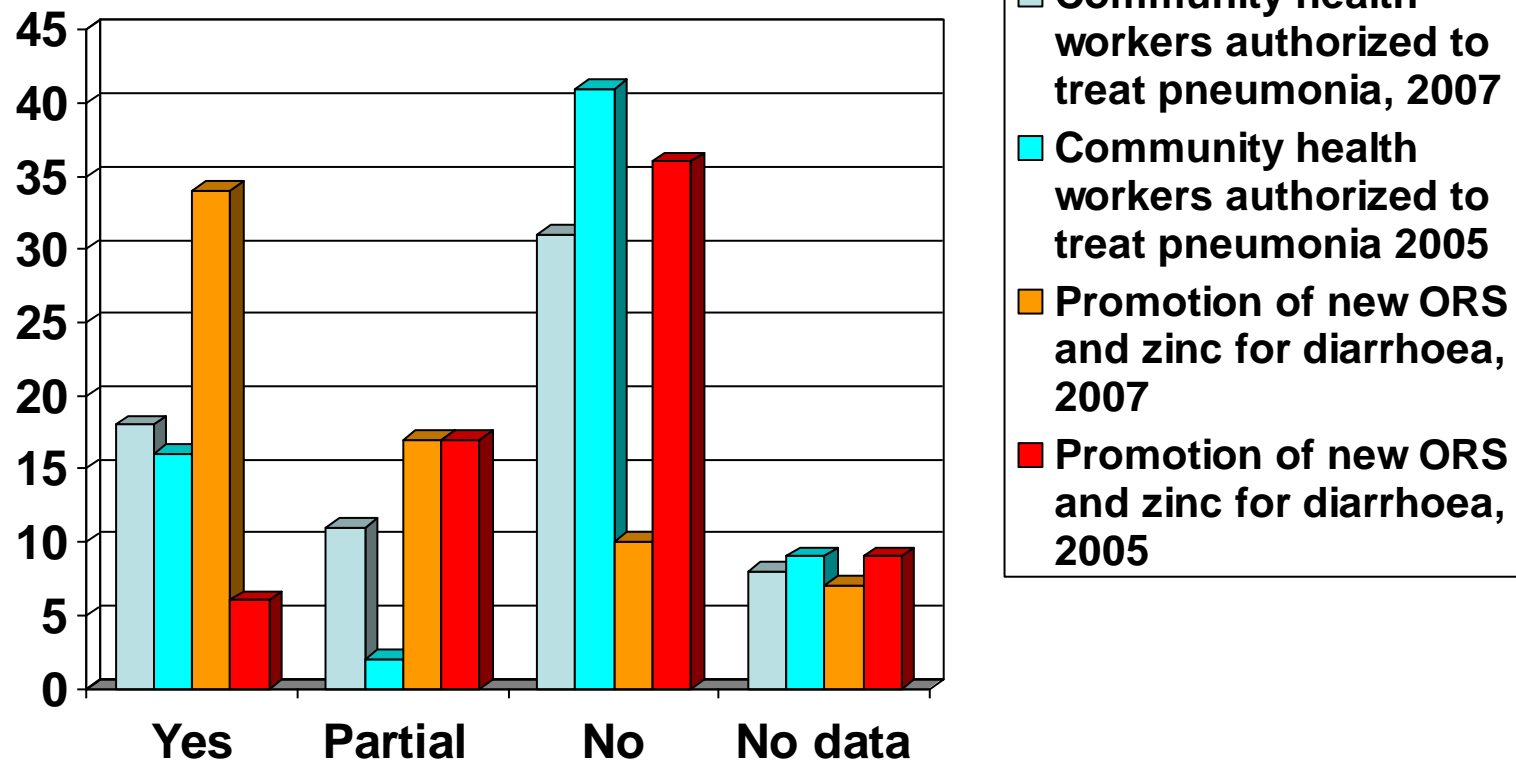
Selected findings

Service delivery		
Availability of emergency obstetric care services	Minimum of five emergency obstetric care facilities per 500,000 population including one for comprehensive care	11 / 27 countries: > 50% 16 / 27 countries: 14% - 48%
Midwives authorized to deliver life-saving interventions	Policy systematically adopted/implemented	27 / 68 countries
IMCI guidelines adapted to cover first week of life	Policy systematically adopted/implemented	39 / 68 countries
Community health workers authorized to identify and treat pneumonia	Policy systematically adopted/implemented	18 / 68 countries
Promotion of low osmolarity ORS and zinc for management of diarrhoea	Policy systematically adopted/implemented	34 / 68 countries

Few countries adopted a complete set of policies



Progress has been made but not evenly



Health financing

Three indicators tracked:

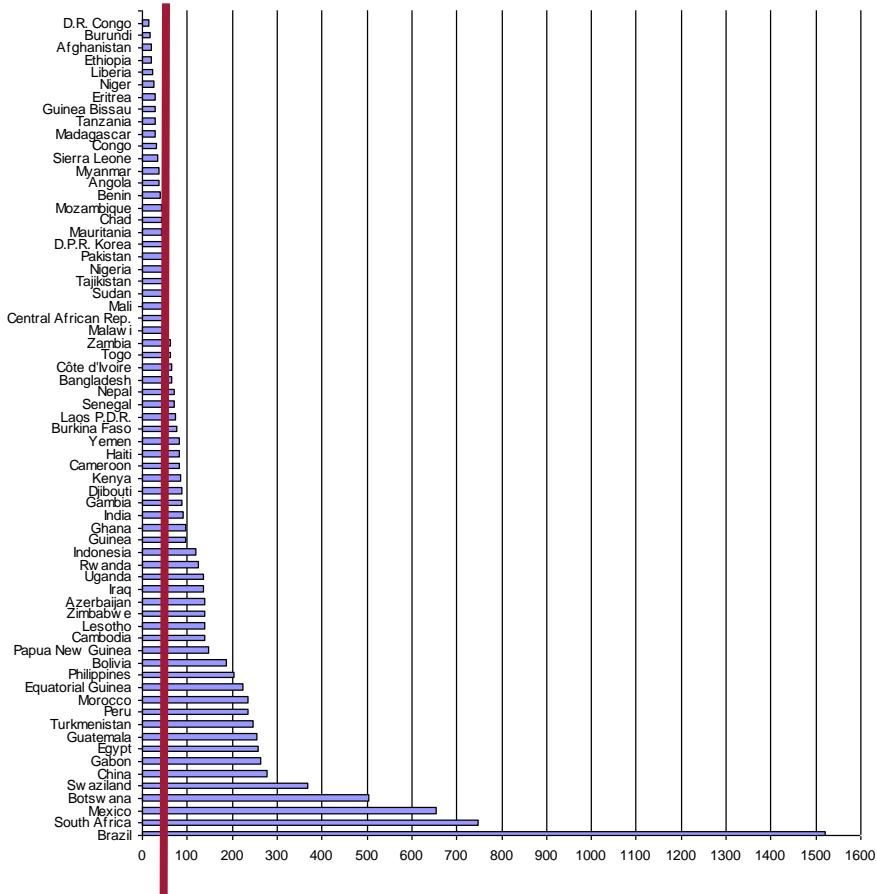
- Per head total expenditure on health (in international dollars)
- General government expenditure on health
- Out-of pocket expenditure on health as a proportion of total expenditure on health

Health financing

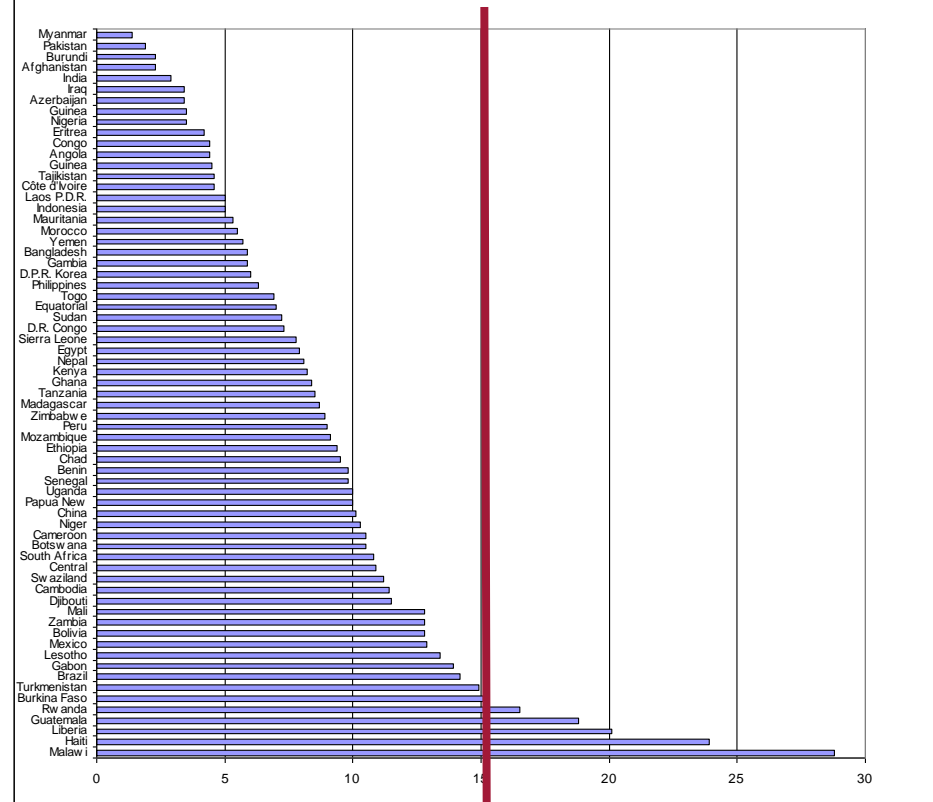
Per-head expenditure of less than US\$ 45 is likely too low to provide basic services

6 out of 68 countries met Abuja target of 15% GGE on health as proportion of total government expenditure

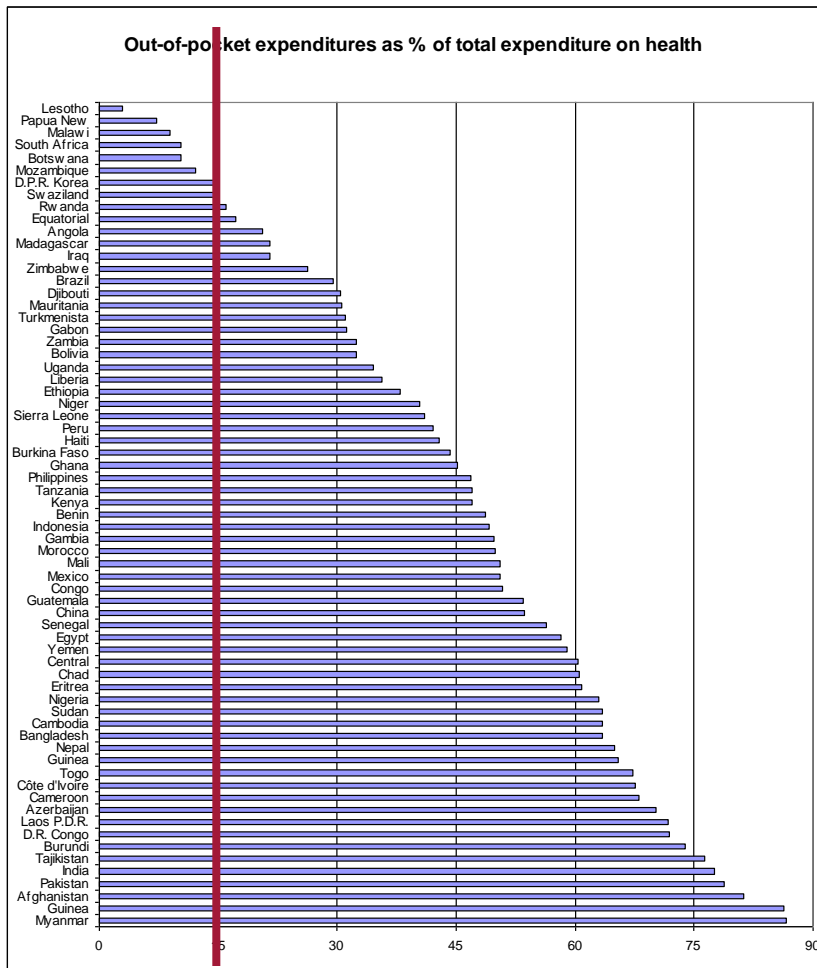
Per capita total expenditure on health (at international dollar rate)



General government expenditure on health as % of total government expenditure



Health financing



- Where out-of pocket (OOP) payments are less than 15%, very few households tend to be affected by catastrophic health spending
- 60 out of 67 Countdown countries had OOP of more than 15%

Human resources

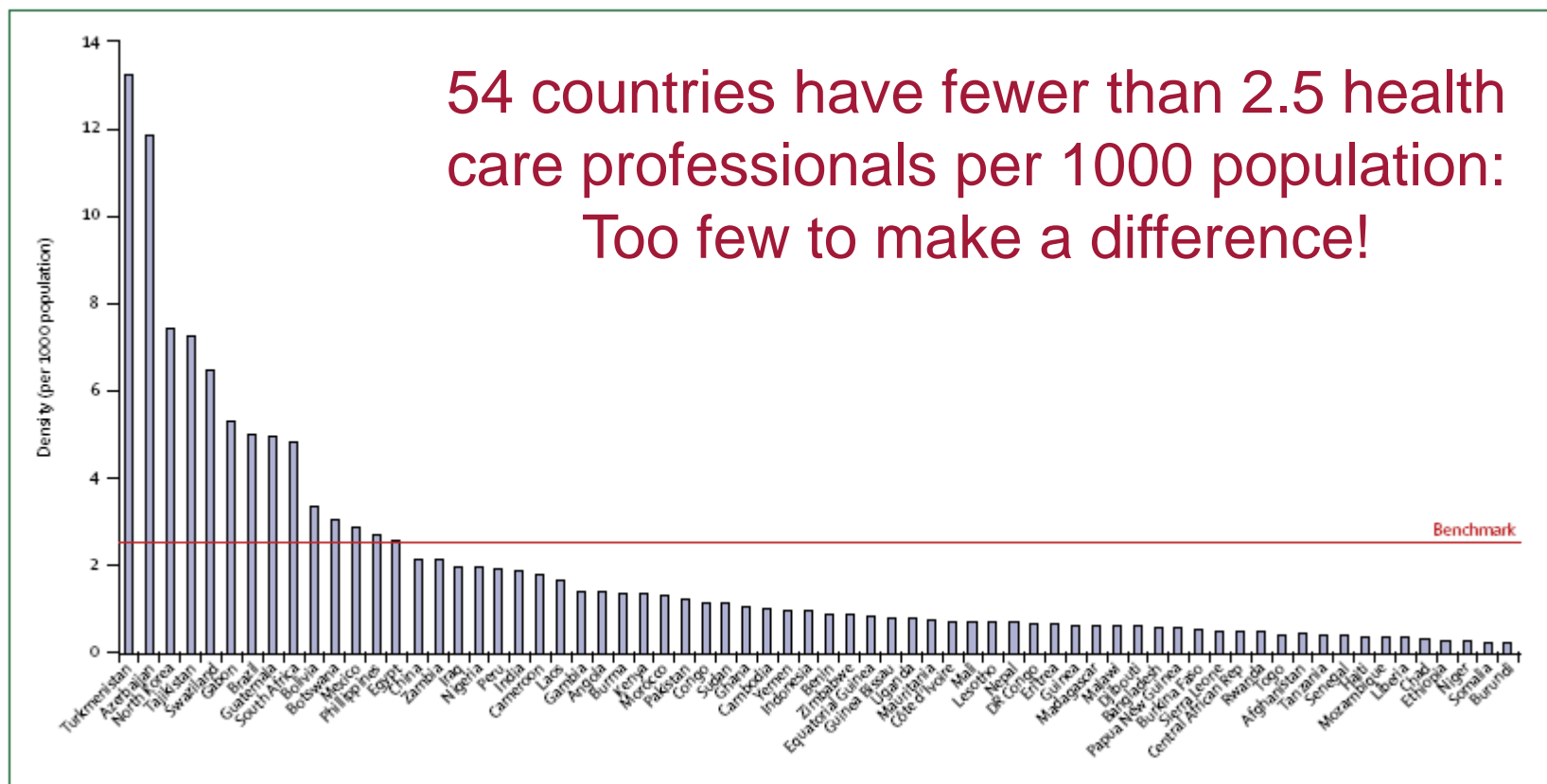


Figure 3: Density of physicians, nurses, and midwives in the 68 Countdown priority countries

Source: Countdown Working Group on Policy and Health Systems. Assessment of the health system and policy environment as a critical complement to tracking intervention coverage for maternal, newborn and child health. *Lancet* 2008; 371:1284-93

Limitations

- No standardized definitions for several policy indicators or systematic data collection methods
- Evidence-based benchmarks not available for all reported indicators
- Relationship between policy and health system indicators and coverage of interventions not well established

Key messages

- The adoption of clear policies on interventions and delivery mechanisms is a key building block of well functioning health systems
- Few Countdown countries have a comprehensive set of policy measures in place that would facilitate increase in access to and utilization of MNCH interventions
- Coupled with formidable challenges in health financing and human resources, lack of policy measures poses a serious threat to rapid scaling-up of effective MNCH interventions
- The implementation of a systematic framework to assess policy and health system indicators at country and global levels is critical to facilitating accelerated action for MNCH