

DFID, Health Policy and Systems Strengthening in Resource Poor Settings

Priorities and Challenges

DFID – An Introduction

- Department of the UK Government created in 1997
- Poverty reduction in the poorest countries
- Legislation 90% - 10%
- Untied aid
- .7% GDP commitment by 2013
- Intention stated in the current government's plan to legislate for this.

DFID – intro cont'd

- 8 MDGs (income, CMR, MMR, HIV and disease control, environment, women, education, water and sanitation)
- DFID has offices in over 22 countries but through partners including the EC and UN, delivers support to more than 140 countries.
- Current government is reviewing our country focus, our partners and our modalities to ensure value for money.

Health priorities

New government leading a big push on:

- Malaria
- Family Planning (as a right and as a key component of –
- Maternal and Infant mortality reduction
- All with the clear recognition of the central role of health systems in making sustainable progress.

Priorities (generally and for health)

- Value for money
- Results
- Linking inputs to outcomes and impact
- Tracking resource flows
- Creating and using performance frameworks
- Innovation
- Building demand, creating options, widening choice in service delivery

The central role of health systems (1)

- Supply side:
 - Policy and leadership
 - Human resources (right combination, deployment)
 - Infrastructure, equipment and medicines (distribution across rural/ urban areas, choice of drugs, reagents, equipment)
 - Finance (reliable, flowing when/ where needed)
 - Information (generation, management, use) and decision-making

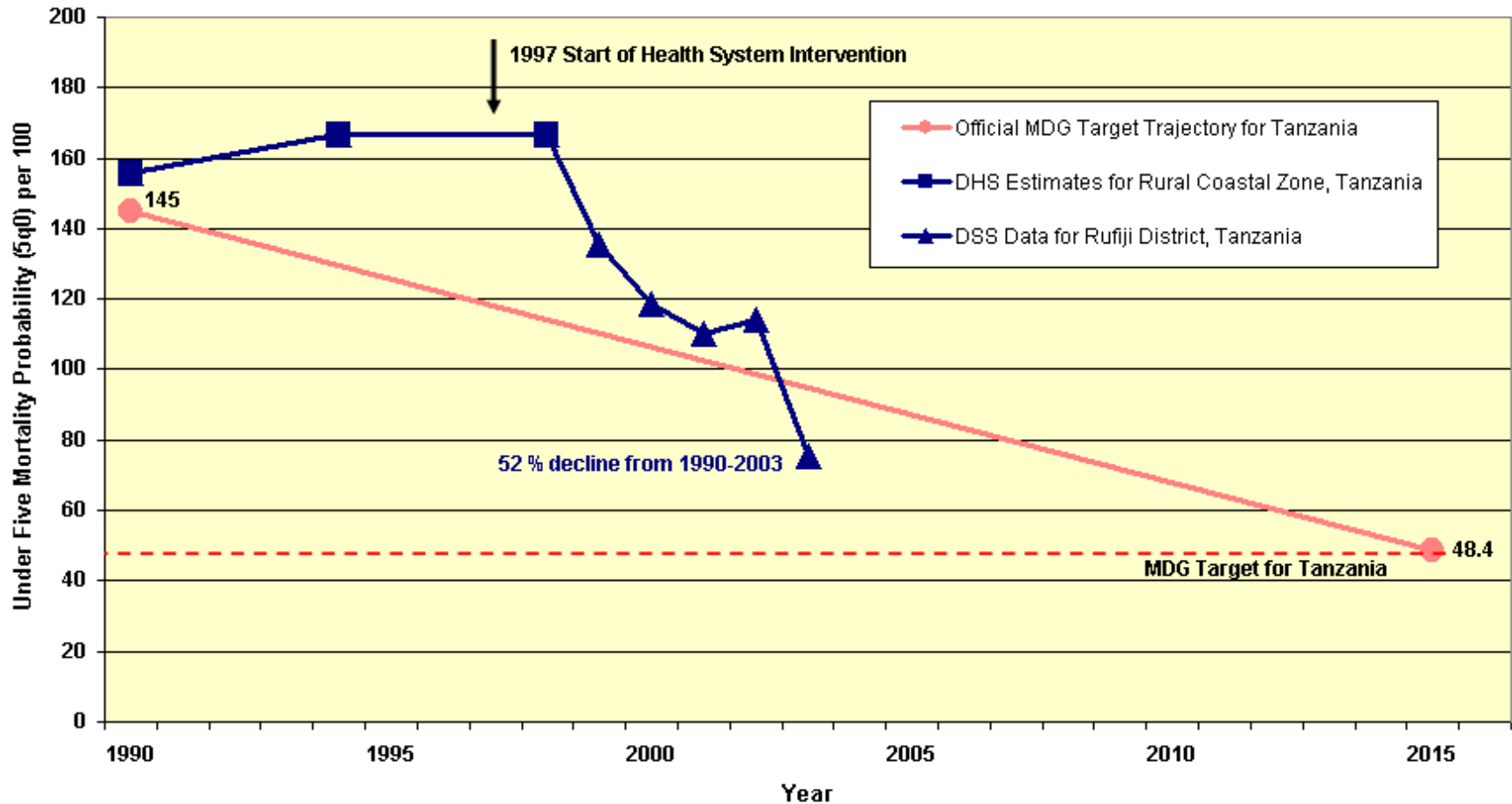
Systems (2)

- But demand side critical:
 - Geographical access
 - Financial barriers
 - Trust and confidence
 - Risk assessment and belief systems
 - Social and cultural factors
 - Family structure
- Competing needs: access-coverage-quality

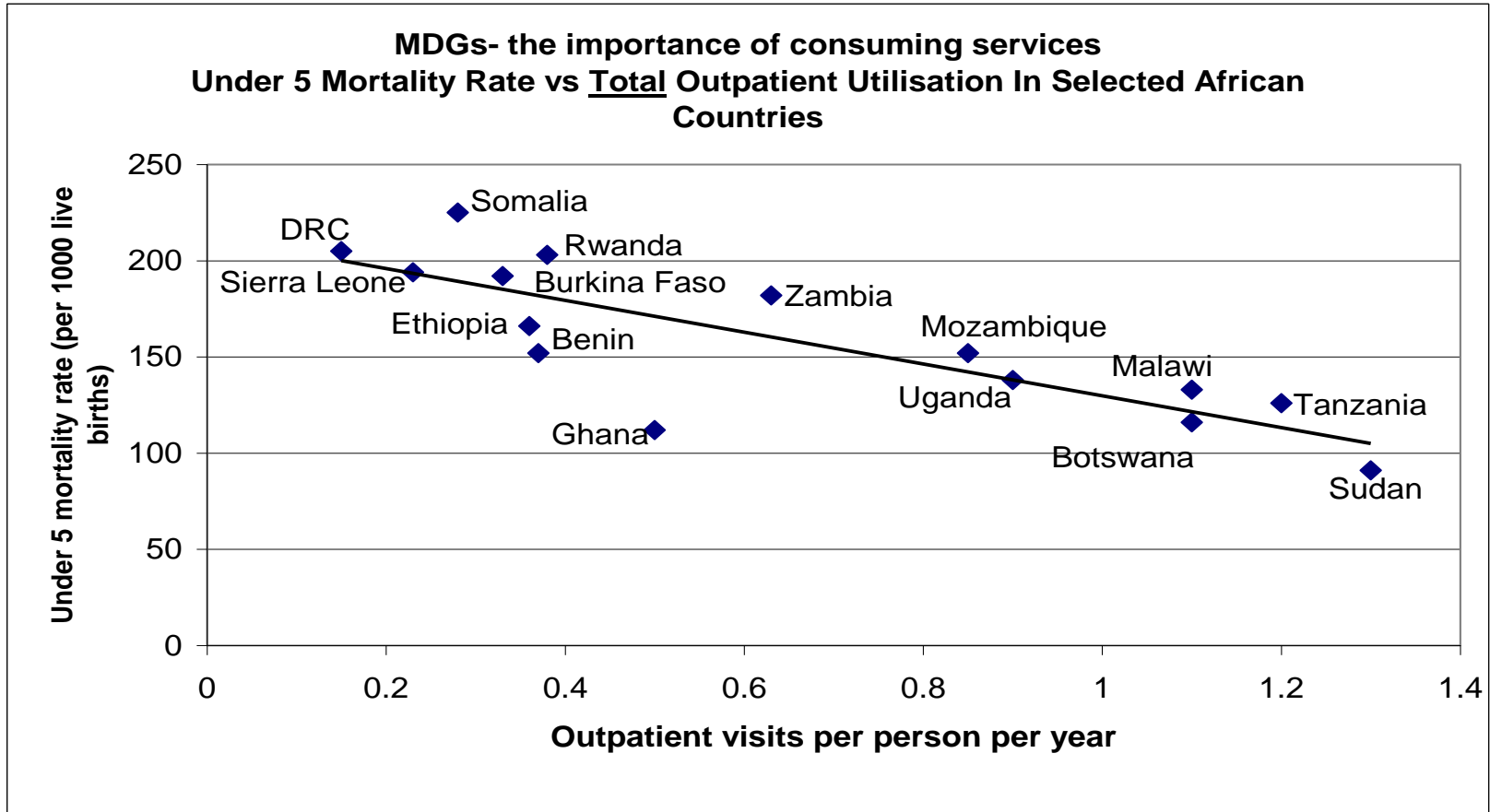
Systems (3)

- Public – private mix
 - Private providers can deliver a public service but...
- Payments, financing and fund-raising
 - User fees, domestic revenues, donors
- Incentives, government structure, decentralised decision-making, democracy
 - Health in the broader setting, level of transparency and values of the government, of the state

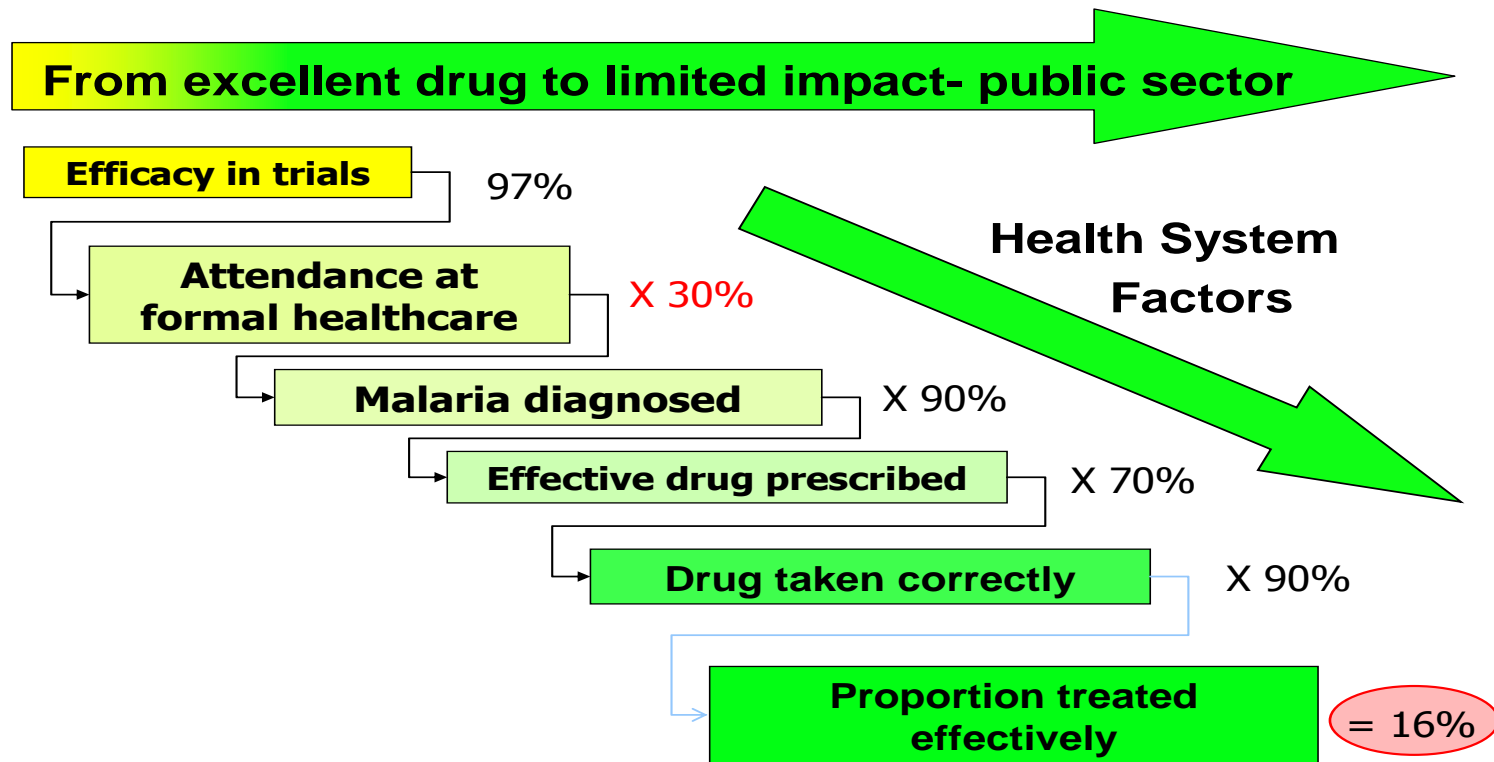
The all important role of the intangible: management



But access matters too:



Source: Chris Whitty, DFID



Malaria Rapid Test kit

- Patient decides to seek care, gets to the clinic overcoming barriers of transport, lost income etc
- Consultation may be free, nurse may be present (or even a doctor),
Are test kits in stock
 - If yes, do they have to pay for it in money and before the test can be done? If so, many will leave and that's the end of their attempt
 - if not, “old fashioned” slide taken, patient has to return for result) or
 - Sent to the private sector to have the test done at patient's cost (and initiative)
- Dispensing, follow-up, wellness.

Health Warning: HIV

- Several test kits developed
- First protocols used two different kits
- Tie breaker
- New protocols: single test. If positive, double check. If negative, nothing further
- Shifting to new protocols saves money, time, logistics; impact on diagnosis minimal

Challenges

- Get the right equipment and training to right people to use in the right way
 - Diagnostic protocols (clinical vs lab-based)
 - Tools and innovation (kits etc)
 - Training (can a nurse do it?)
 - Equipment (need reagents, a lab, a lab technician?)
 - Balance between good enough and efficiency

Professional societies

- Setting standards/ Developing protocols/ algorithms
- Training and accreditation
- But interests and incentives not always aligned with achieving public health outcomes as quickly/ simply as possible. Gate-keepers and political interests, vested and commercial interests.
- **Main message:** there is virtue in simplicity and in finding rigorous ways to eliminate oneself from the treatment chain (pre-packed drugs, test kits, push systems on stock, preloaded vaccine syringes, health cadres trained up).

Thank you!

