



Swiss Tropical Institute
Institut Tropical Suisse
Schweizerisches Tropeninstitut

Health Systems Challenge

Improving Access to Malaria Prevention and Treatment

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Swiss Tropical Institute

**Geneva Forum: Towards Global Access to Health
September 1st, 2006**



Health Systems Challenge To Respond To Malaria

Why is the systems challenge critical?

What is the current situation?

How can we do better?

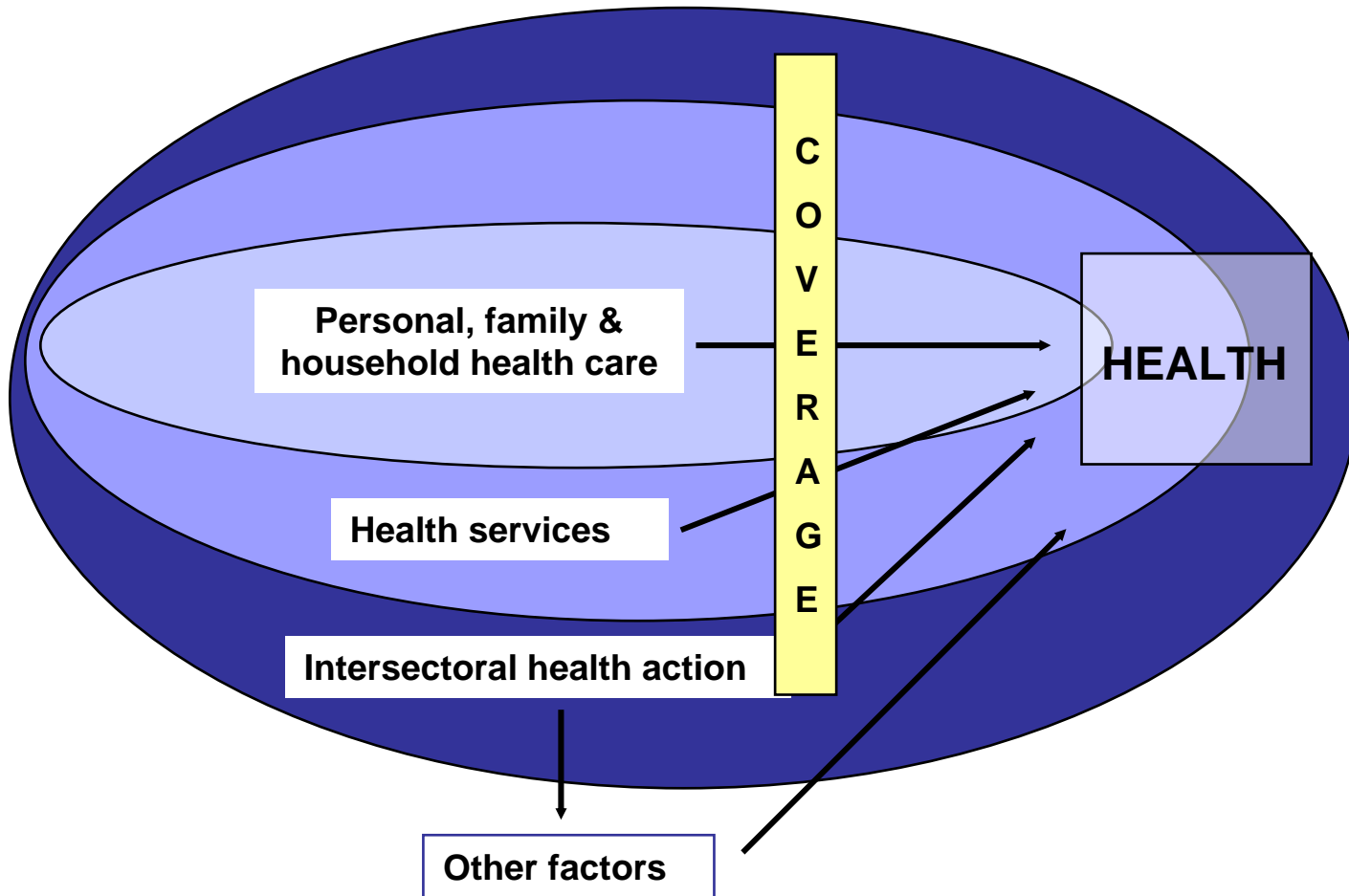
Why health systems?

- Enormous but preventable malaria burden
- Proven interventions available
- But equitable access and effective coverage unacceptably low

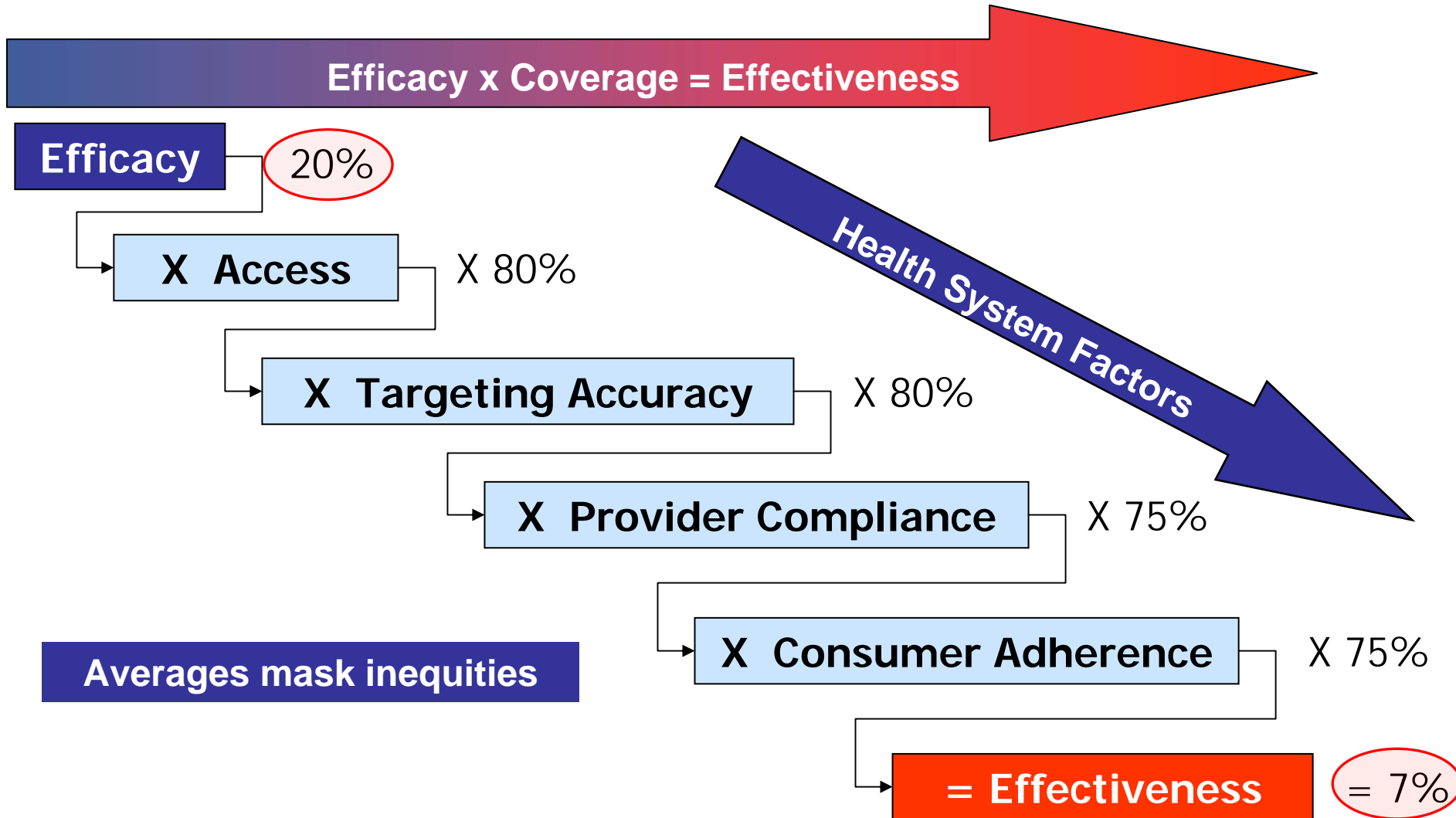
Why is coverage so low?

- ***Technical*** failure of the intervention?
or
- ***Systems*** failure to deliver?

Health system boundaries



How health systems lose traction



The frequently forgotten preamble...

The African Summit on Roll Back Malaria (Abuja, Nigeria, April 2000) resolved.....

“to initiate appropriate and sustainable action to strengthen health systems to ensure that by the year 2005, at least 60% of those at risk of malaria particularly pregnant women and children under five years of age, benefit from.....”.

Joint Progress
Toward Enhanced
Aid Effectiveness



*Harmonisation,
Alignment,
Results*

High Level Forum

Paris ■ February 28 – March 2, 2005

PARIS DECLARATION ON AID EFFECTIVENESS

Ownership, Harmonisation, Alignment, Results
and Mutual Accountability

- Harmonize & align aid with country priorities and systems
- Adapt to differing country situations
- Respect country leadership & strengthen its capacity
- Use and strengthen country systems
- Strengthen financial management & procurement capacity
- Untie aid
- Harmonize reporting demands
- Manage for results
- Mutual accountability

**Health Systems
Challenge To
Respond To Malaria**

Why is the systems challenge critical?

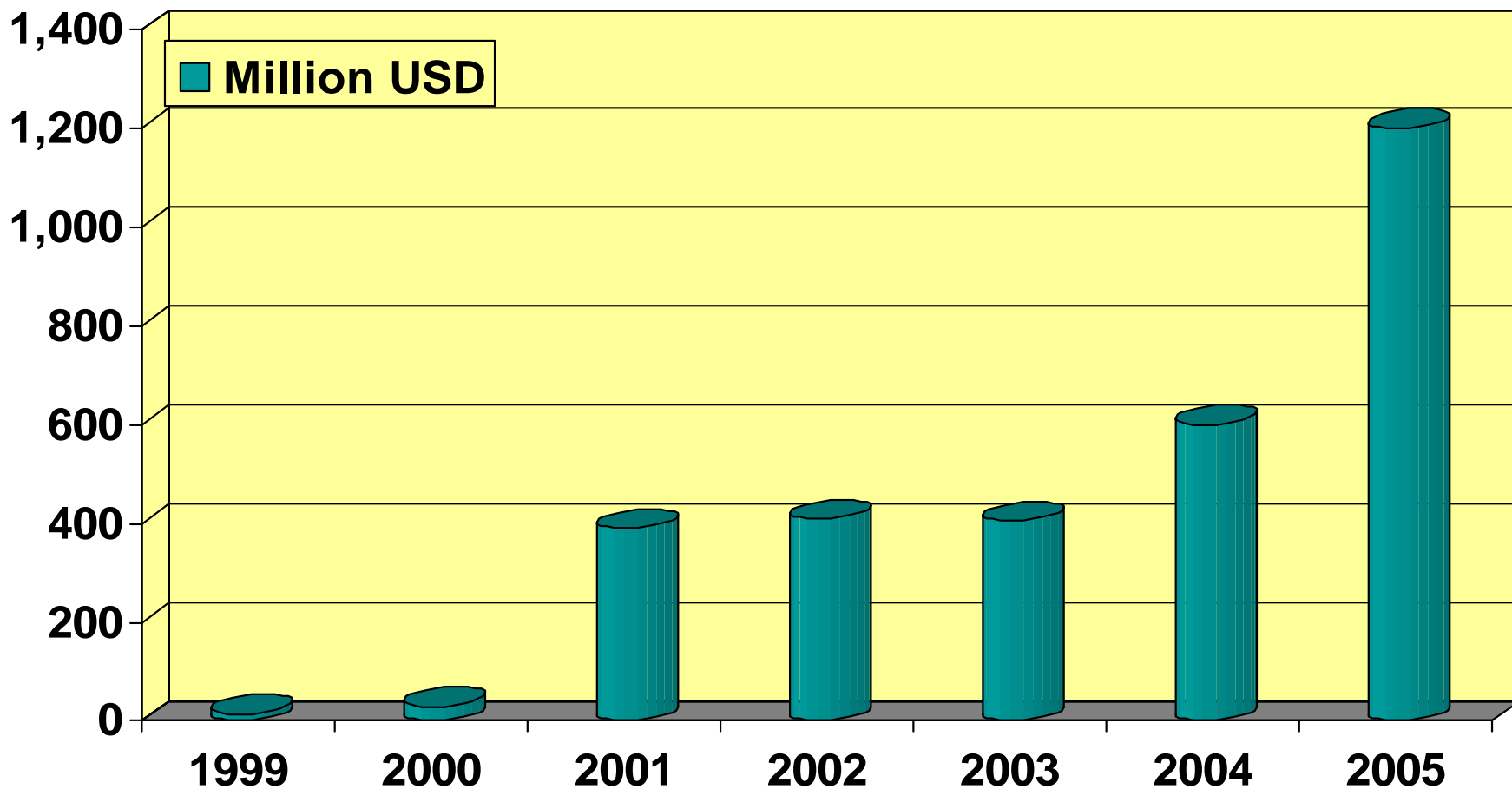
What is the current situation?

How can we do better?

“The future is not what it used to be.”

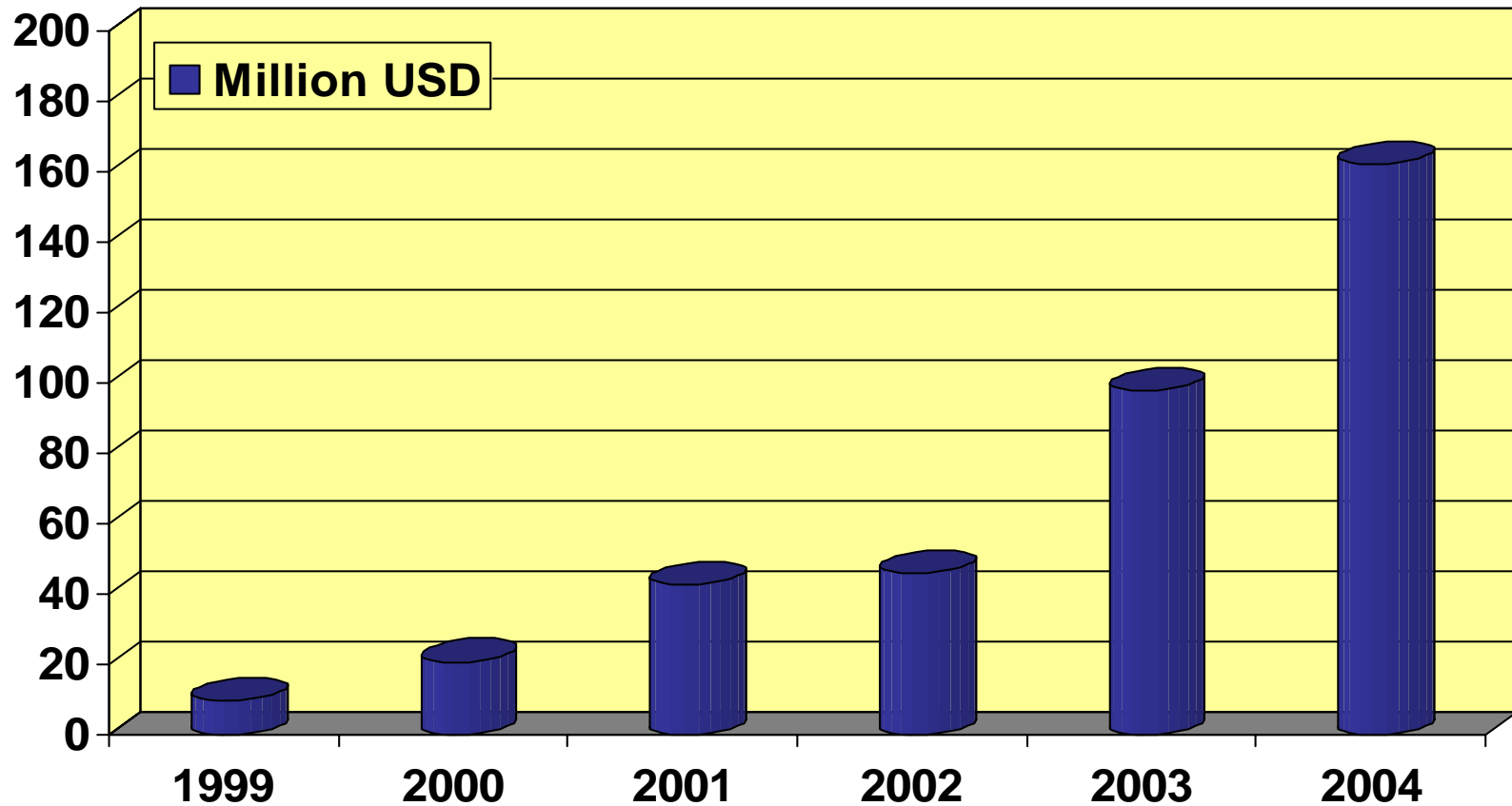
Paul Valery, (1871 – 1945)

60 fold increase in global malaria control resources since 1999



Source: Updated from Waddington et al. (2005) Trends in International Funding for Malaria Control.

18 fold increase in disbursed malaria control funding for Africa



And more resources expected

Malaria commodities (& systems) support for Africa...

- **GFATM** \$388 million disbursed; \$960 million in grants



- **WB Booster Program** \$1,000 million / 5 years



- **President's Malaria Initiative** \$1,265 million



- **BMGF / PATH MACEPA (Malaria Control and Evaluation Partnership for Africa)** \$35 million



- **Measles-Malaria Partnership** \$140 million



Growing recognition of need to support the health system...

GFATM has committed an additional 10% (99 million USD) for health systems support to its 960 million USD commitment to malaria in Africa over the first five rounds.

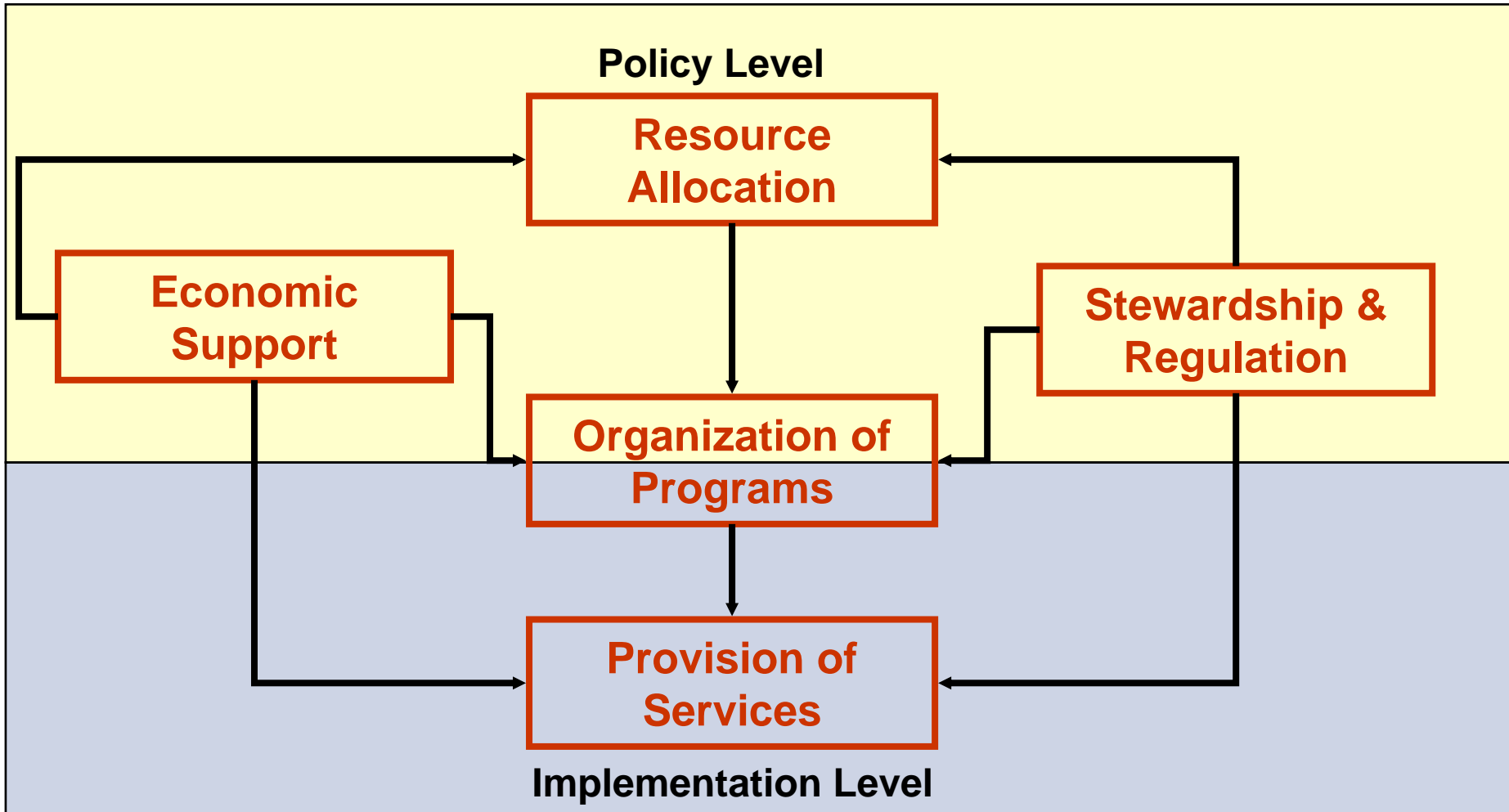
Beyond commodity support...

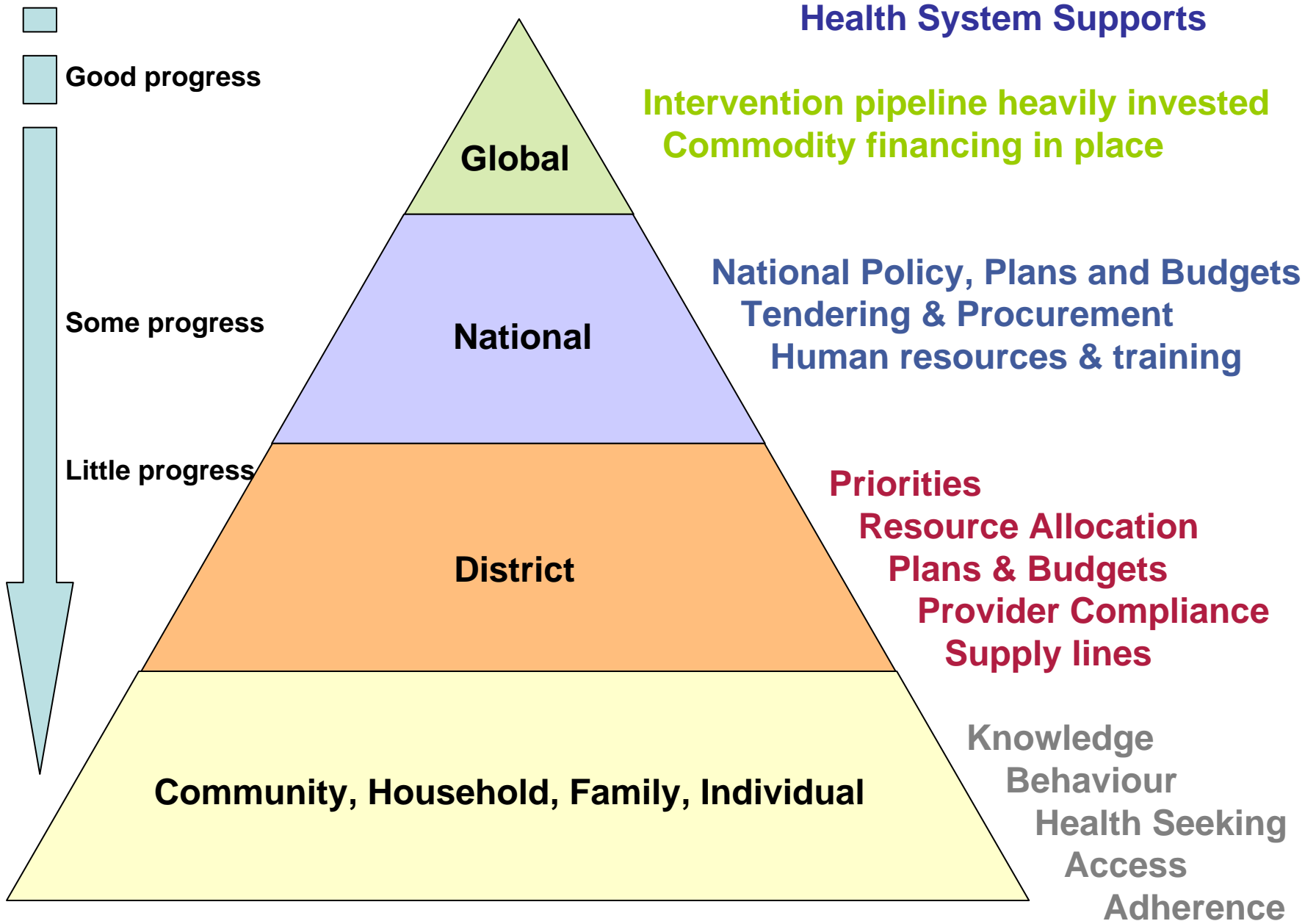
So far the systems focus has been largely on:

- **Tendering, procurement & logistics**
- **Human resources & training**



Health system intervention points





How are resources allocated for malaria at implementation level?

Importance of the district health system

The District is.....

- target of decentralization
 - target of SWAp baskets
 - lowest level for plans and budgets
 - lowest level with full range of facilities (Hospital, etc)
 - employer of public health services
- level for implementation system governance, health boards, etc.
 - concentration point for health information
 - where we get traction for change
 - large enough to see intra-country disparities

Ignored at our peril

Appropriate district-driven malaria interventions

Determined by National Malaria Control Program and Ministry of Health Policy on Essential Health Interventions: e.g.

- Case management
 - Home care guidelines
 - Appropriate anti-malarial treatment guidelines
 - IMCI or other prompt primary care, case management, and referral
- Primary prevention
 - ITNs & / or IRS
 - IPT
- Epidemic preparedness

District health priorities and malaria

Example from Tanzania

Malaria...

- First cause of < 5 outpatients 36%
- First cause of \geq 5 outpatients 31%
- First cause of < 5 admissions 49%
- First cause of \geq 5 admissions 33%
- First cause of death for < 5 admissions 34%
- First cause of death for \geq 5 admissions 23%
- First cause of all outpatients in all 20 Regions 24% - 49%

District health priorities and malaria

Example from Tanzania

Yet in the same year (1999)...

In a DHS Health Facility Survey of 77 of Tanzania's 120 District Health Management Teams...

"Malaria was considered to be a low priority, in fact it was ranked as the lowest priority – not a single DHMT ranked the disease as the most important health area, while close to 60% ranked it as the least important area."

District health priorities and malaria

Example from Tanzania

Is this low priority also reflected in district budgets for malaria? **Yes**

Table A1 Normative Ranking of Health Service Categories for Budgeting

Rank	Family Planning		MCH		STDs		HIV/AIDS		Tuberculosis		Malaria		Other	
	N	Pct	N	Pct	N	Pct.	N	Pct	N	Pct.	N	Pct	N	Pct
1	3	3.9	23	29.9	7	9.1	1	1.3	5	6.5			38	49.4
2	9	11.7	27	35.1	32	41.6			3	3.9	1	1.3	4	5.2
3	11	14.3	19	24.7	20	26.0	1	1.3	7	9.1	1	1.3	18	23.4
4	26	33.8	6	7.8	14	18.2	6	7.8	10	13.0	3	3.9	12	15.6
5	11	14.3	0	0.0	4	5.2	37	48.1	11	14.3	11	14.3	3	3.9
6	8	10.4	1	1.3			19	24.7	30	39.0	17	22.1	2	2.6
7	9	11.7	1	1.3			13	16.9	11	14.3	44	57.1		
Total	77	100.0	77	100.0	77	100.0	77	100.0	77	100.0	77	100.0	77	100.0
Average Rank	4.2		2.2		2.7		5.4		5.0		6.3		2.3	
Pct. In Top 3	29.9		89.6		76.6		2.6		19.5		2.6		77.9	

Source: PEPFAR Management Information System Subcommittee of the Strategic Information Workstream. Strategic Information Plan: Developing Facility-based Management Information Systems. 1-19. 2004. Office of the United States Global AIDS Coordinator.

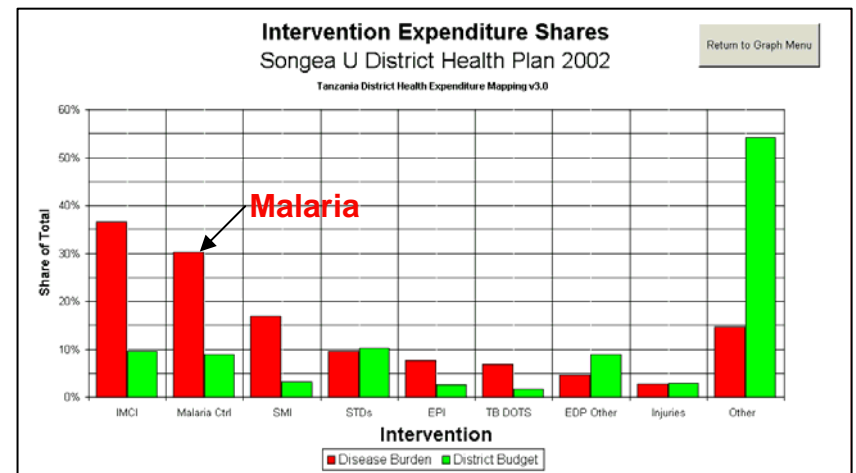
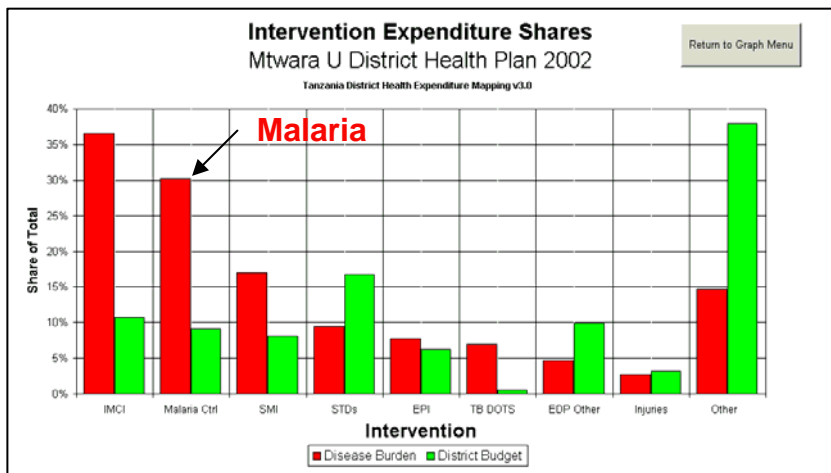
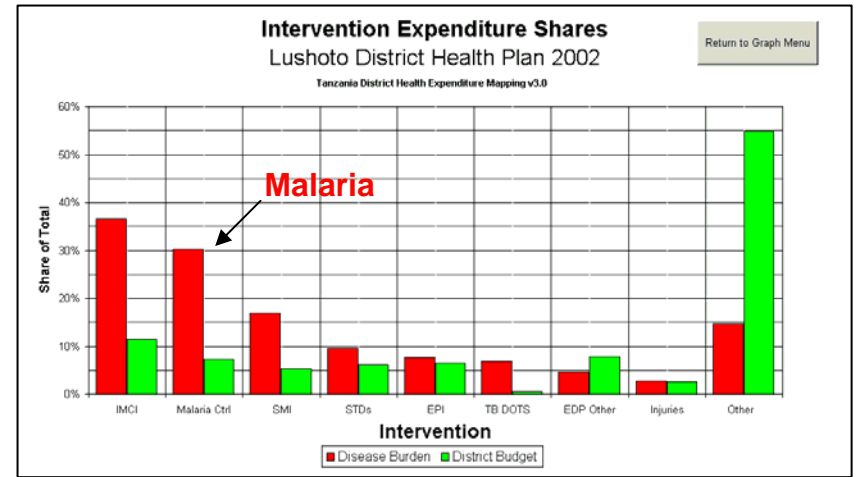
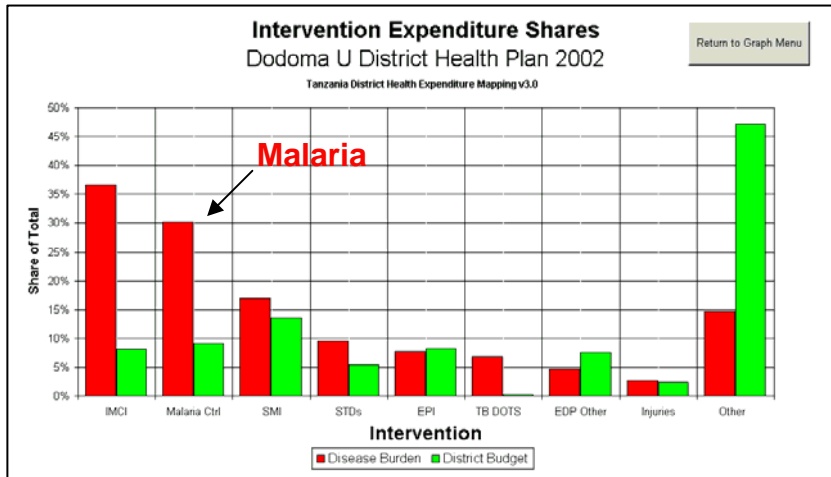
District malaria interventions

Not so much *what* to do, but *how* to prioritize, integrate and deliver interventions with quality, coverage, and equity in a weak health system

Budgeting without priority setting and budget mapping tools...

Burden of disease (red)

District budget priority (green)

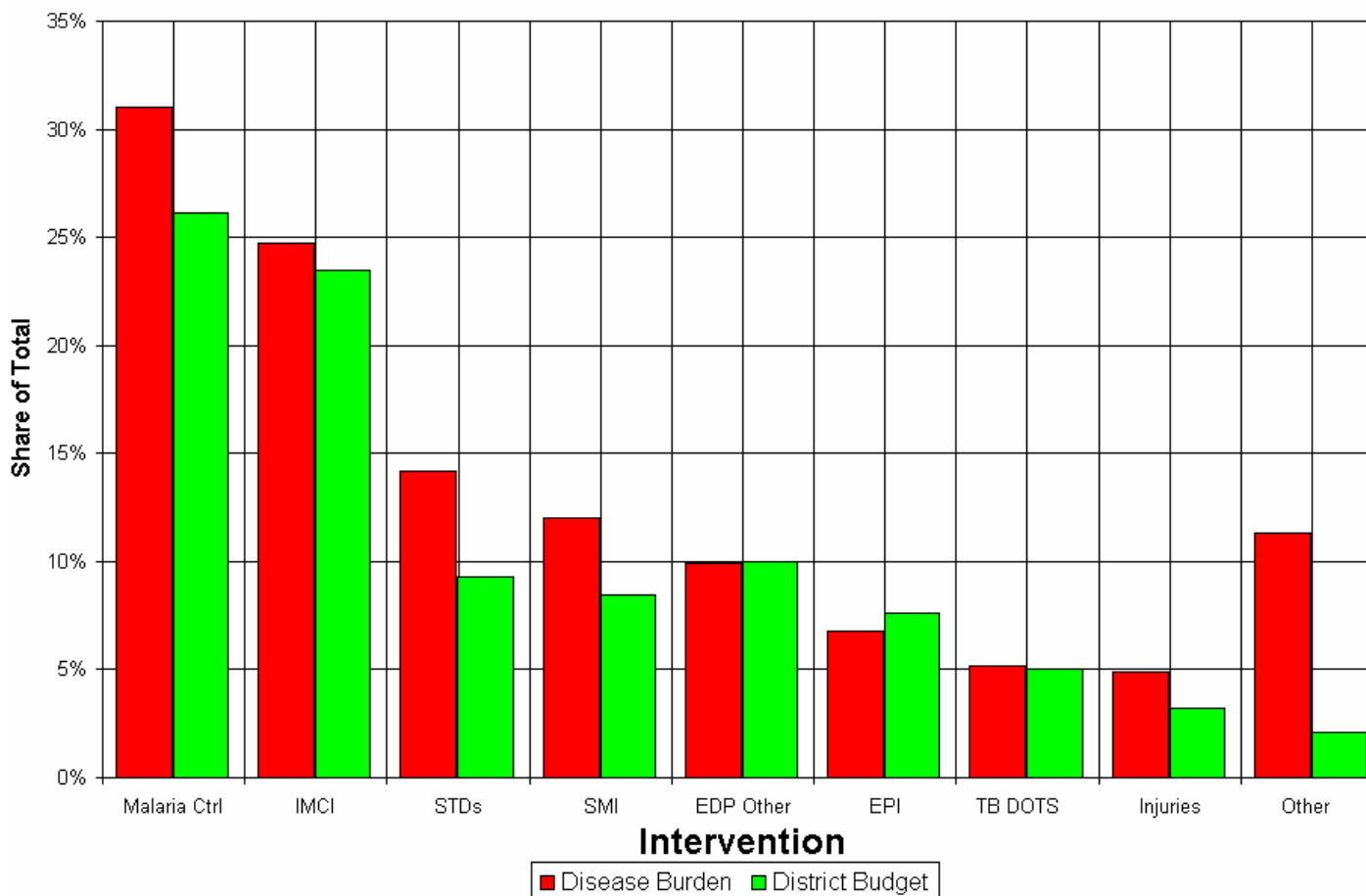


Simple tools can help align budgets with priorities

Intervention Expenditure Shares Morogoro Rural District Health Expenditure 00-01

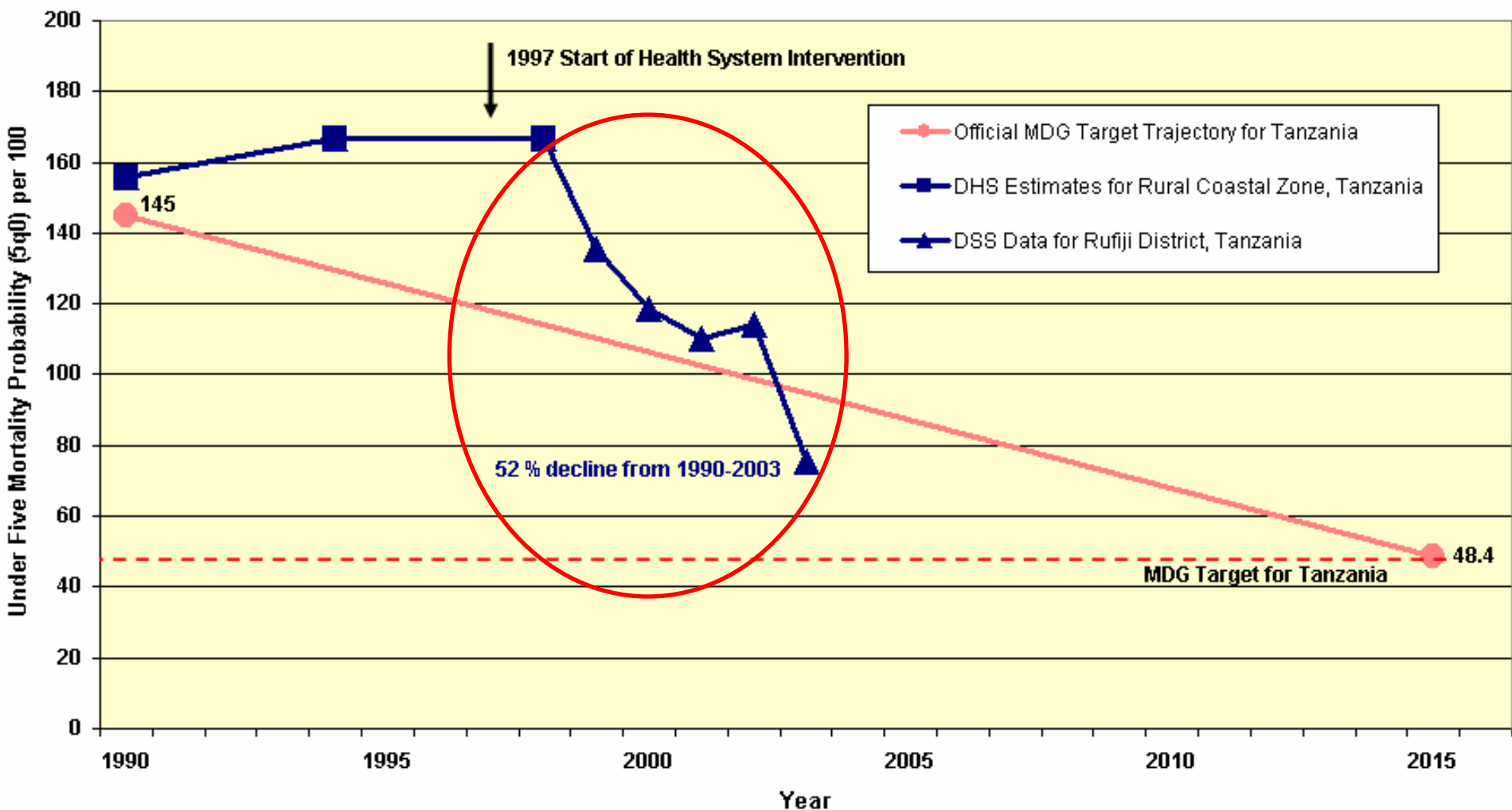
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Tanzania District Health Expenditure Mapping V1.1



Source: Ministry of Health, TEHIP and AMMP, Tanzania

Rufiji District under-five mortality trend before and after district health system strengthening



**Health Systems
Challenge To
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Why is the systems challenge critical?

What is the current situation?

How can we do better?

What can countries and partners do?

- Ramp up health system investment (multiple fronts)
- Negotiate assistance under Paris Declaration principles
- Link with national sector spending frameworks
- Simplify, harmonize and use information / evidence systems
- Prioritize interventions and allocate resources accordingly
- Understand and address implementation and coverage bottlenecks
- Develop longer-term national plans
- Ensure local plans & ownership (avoid off-budget bypasses)
- Build stewardship and accountability

What more can we do?

- Address technical and allocative inefficiencies early
- Balance efficiency and equity needs
- More integration at all levels (avoid stand-alone interventions)
- Scale-up coverage (quick results) but keep up coverage (sustained wins)
- Document system strengthening (legitimize health systems research; use health systems metrics)
- Document health and equity impacts
- Reduce dependence on campaigns
- Regulate and integrate private sector
- Use evidence to drive the planning cycles

Take home message

Weak health systems correlate with failure

Even modest health system fixes can yield large impacts

We can no longer delay major investment and action to strengthen health systems