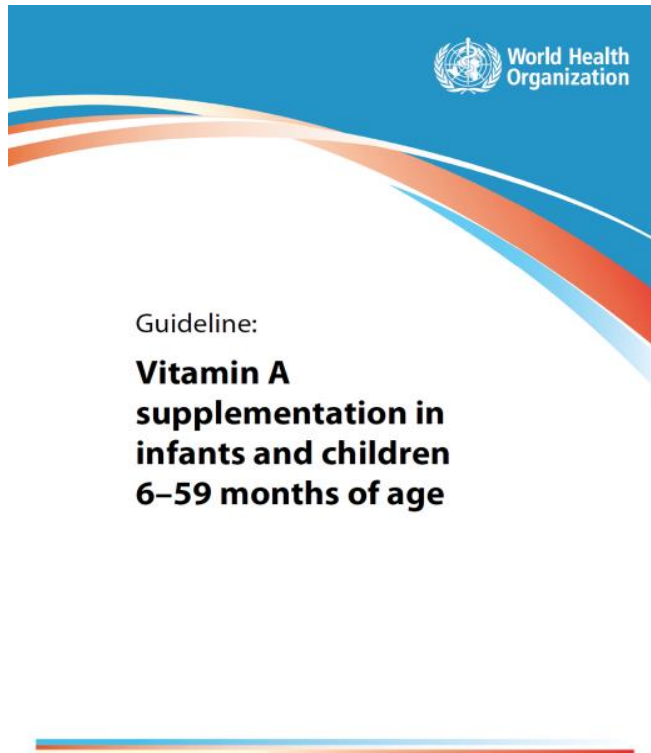


Institutionalizing VAS into the PHC system



Dakar - April 4-6th

Objectives of the presentation

- Have common understanding of the integration of VAS into the health system
- Discuss key factors for successful sustaining VAS through integration into the health system
- Discuss the process for integrating VAS into the health system
- Discuss potential benefits of integrating VAS Into the health system

Outline of the presentation

- Background
- Current situation
- Why integration
- Framework for integration of VAS in the Health system
- Conclusions

Background

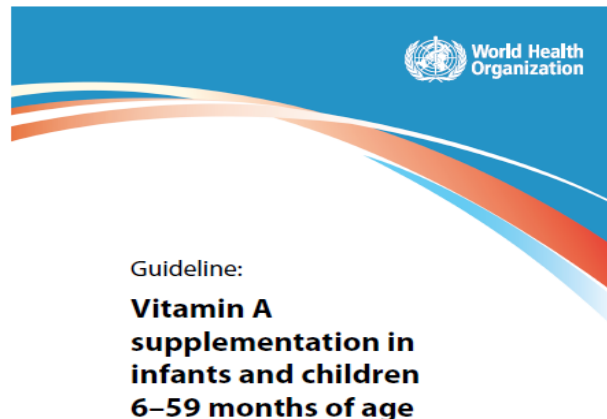
- Child mortality still very high in the Sub Sahara Africa Region – However Progresses
- Evolving Health system context – Health system strengthening initiatives in many countries
- Still access to key health services a challenge in many countries in the region
- Recurrent epidemic such as measles, Ebola
- Strong commitment of Canada regarding VACS supplies

Vitamin A Supplementation – Rational

2011 - Two systematic reviews:

– Imdad A et al. Vitamin A supplementation for preventing morbidity and mortality in children from 6 months to 5 years of age. *Cochrane Database of Systematic Reviews*, 2010, (12):CD008524.

-Irlam JH et al. Micronutrient supplementation in children and adults with HIV infection. *Cochrane Database of Systematic Reviews*, 2010, (12):CD003650.



Scope and purpose

- Provide global, evidence-informed recommendations on the use of vitamin A supplements in infants and children 6-59 months of age for the reduction of morbidity and mortality
- Assist countries in efforts to make informed decisions on appropriate nutrition actions to achieve the MDGs
- Guideline presents a summary of the evidence and the key recommendation

Current situation

- Opportunistic delivery system
 - Integrated Mass distribution campaigns: NIDs, CHDs
 - Routine PHC contacts: EPI, HEP, GMP....
- Funding mainly from partners
- VAS not embedded into government accountability system
- VAS poorly integrated into HMIS
- Parallel supply system +-
- Questionable quality data reporting

WHY INTEGRATE VAS WITHIN THE HEALTH SYSTEM?

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Definition of the Health system: “Organizations, people and activities whose primary purpose is to promote, restore and/or maintain health”

“A good health system delivers quality services to all people, when and where they need them” (http://www.who.int/topics/health_systems/en/)

WHO's Conceptual framework for Health System

BUILDING BLOCKS

SERVICE DELIVERY

HEALTH WORKFORCE

HEALTH INFORMATION

ESSENTIAL MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE



GOALS / OUTCOMES

ACCESS

COVERAGE



QUALITY

SAFETY

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

Opportunities for integration of VAS in the PHC System – Health system strengthening approach

Stewardship & Governance	Financing	Service delivery	Health workforce	Essential medical products, vaccines and technologies	Health information
<ul style="list-style-type: none"> - Ensuring strategic policy frameworks exist - Effective oversight - Appropriate regulations and incentives, Accountability 	<ul style="list-style-type: none"> - Adequate funds for health, to ensure people can use needed services, and are protected from financial catastrophe 	<ul style="list-style-type: none"> - Deliver effective, safe, quality health interventions to those who need them, when and where needed, with minimum waste of resources 	<ul style="list-style-type: none"> - Health workers that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances 	<ul style="list-style-type: none"> - Equitable access to essential medical products , vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use 	<ul style="list-style-type: none"> - Production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status

WHY INTEGRATE VAS WITHIN PRIMARY HEALTH CARE DELIVERY SYSTEM?

Ensure universal coverage by VAS (6-59 months) is sustained at a low cost, so countries can afford and sustain this highly cost effective child survival intervention.



WHAT ABOUT INTEGRATION OF VAS IN HEALTH SYSTEM

Level of integration of VAS into routine PHC system

Health Systems' Building Block	1 = Not Integrated	2 = Partially Integrated	3 = Fully integrated <i>(intervention institutionalized)</i>
Stewardship & Governance	Interventions not aligned to either government policy or strategy	Intervention aligned to policy but not strategies <i>(e.g. Partners support CHDs but strategy is to use routine contacts)</i>	Intervention aligned to both policy and strategies
	Planning for the intervention done independently (not by government staff)	Government with development partner staff jointly plan for the intervention	Government staff develop plans, to which development partners then provide support

Level of integration of VAS into routine PHC system

Health Systems' Building Block	1 = Not Integrated	2 = Partially Integrated	3 = Fully integrated <i>(intervention institutionalized)</i>
Financing	Finances for delivering the intervention are provided solely from development partners' budgets	Finances for delivering the intervention are shared between Government and development partners' budgets	Finances for delivering the intervention are borne fully from Government budgets
	Finances for delivering the intervention are spent by development partners but the value of contributions are <u>not</u> known to government	Finances for delivering the intervention are spent by development partners, but the value of contributions <u>are</u> known to government	Finances for delivering the intervention are channeled by development partners through government budgets

Level of integration of VAS into routine PHC system

Health Systems' Building Block	1 = Not Integrated	2 = Partially Integrated	3 = Fully integrated (<i>intervention institutionalized</i>)
Service delivery	Vertical = Delivery of preventive service is unique or specific to the intervention	Diagonal = Delivery of preventive service is integrated with the delivery of complementary health and nutrition interventions in specifically funded events (e.g. Polio NID + VAS..)	Horizontal = Delivery of preventive service is conducted through routine health contacts funded by health system plans
	Separate training conducted for the intervention with per diems	Intervention-specific training added to other training sessions (no intervention specific per diems)	Training for the intervention is an integral part of routine pre-service and in-service training (no specific per diems)

Level of integration of VAS into routine PHC system

Health Systems' Building Block	1 = Not Integrated	2 = Partially Integrated	3 = Fully integrated (<i>intervention institutionalized</i>)
Health workforce	Health workers are paid per diems to carry out the activities of a specific intervention (at the expense of their regular duties)	Health workers carry out the activities of a specific intervention (at the expense of their regular duties) but without being paid per diems	Health workers deliver the intervention as part of their regular duties
	Development partners workers carry out the activities of a specific intervention without any government awareness or involvement	Development partners' workers carry out the activities of a specific intervention in consultation with government	Development partners' workers carry out the activities of a specific intervention under government supervision (e.g. NGOs contracted by government to be service providers)

Level of integration of VAS into routine PHC system

Health Systems' Building Block	1 = Not Integrated	2 = Partially Integrated	3 = Fully integrated (<i>intervention institutionalized</i>)
Essential medical products, vaccines and technologies	The specific intervention has its own unique procurement, management and distribution system for supplies	Procurement is separate from, but management and distribution of supplies are integrated within, the local supply chain	The procurement, management and distribution of supplies for the specific intervention are fully integrated into the local chain (i.e. essential drugs supply chain)

Level of integration of VAS into routine PHC system

Health Systems' Building Block	1 = Not Integrated	2 = Partially Integrated	3 = Fully integrated (<i>intervention institutionalized</i>)
Health information	Data collection, recording, reporting, and analysis is handled by development partners without any government awareness or involvement.	Development partners' workers carry out data collection, recording, reporting, and analysis in consultation with government	Data collection, recording, reporting, and analysis is integrated within HMIS
	Independent coverage assessments is carried out by development partners without anywhere governmental awareness	Independent coverage assessments are carried out by development partners in consultation with government	Coverage assessments are carried out by government

PROPOSED STEPS FOR INTEGRATION OF VAS IN THE HEALTH SYSTEM

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- Situation analysis
- Assessing the readiness of the Health delivery system
- Landscape analysis of VAS and other child survival services
- Opportunities for support

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Landscaping for VAS

- Enabling environment
 - Policy,
 - Guidelines,
 - Funding,
 - Accountability
- Provision of services
 - Skills, commitment of personnel
 - Availability, accessibility
 - Monitoring, reporting
- Demands and utilization
 - Knowledge,
 - Accessibility,
 - Coverage

Assessing readiness for integrating VAS into the Health system

WHO Health System Blocks	Factors to consider for readiness
Service delivery	<p>Adequate delivery channels and platforms</p> <p>High and consistent coverage</p>
Health workforce	<p>Awareness and Responsiveness to child health needs</p> <p>Affordable work load and commitment</p> <p>Perception of VAS as part of other routine tasks</p>
Health information	<p>Comprehensive and integrated HMIS at each level</p> <p>Use of data for corrective decision making process set</p>
Essential medicals & products	<p>National procurement system allow quality VAC procurement</p> <p>Effective health commodity supply system</p> <p>National resources dedicated /eligible to VACs</p>
Financing	<p>Decentralized funding exist (Results based funding, program budget allocation, basket funds...)</p>
Leadership & Governance	<p>Political commitment and ownership</p> <p>VAS coordination functions within levels</p> <p>Child Health performance review process</p>

Opportunities for support

- Opportunities for VAS to benefit from the Health system
 - Performance based financing
 - GFF, Global Funds and other Health system strengthening initiatives
 - Child Health programs
- Opportunities for the health system to benefit from VAS
 - Child Health programs (GMP, community based screenings)
 - Child survival agenda and accountability framework
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CONCLUSIONS

- Opportunities for achieving and sustaining high VAS coverage exist within the country specific Health system
- Integrating VAS into the health system, provide opportunity for the nutrition programs to add value and synergy to health system strengthening efforts
- Integration in Health system provides opportunities for increased resources – more funding opportunities
- In line with the Paris Principles, Partners are committed to support countries technically and financially on integrate VAS into health systems/PHC

MERCI

