



BEYOND 2015

HOW HEALTH POLICY CAN HELP COUNTRIES PREPARE FOR THE FUTURE

Brief

Suneeta Sharma and Rebecca Mbuya-Brown
Health Policy Project, Futures Group

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For the global health community, 2015 is a year to celebrate progress achieved and prepare for the future. The past two decades have seen unprecedented gains in global health: the mortality rate for children under age five has been cut almost in half, access to antiretroviral therapy (ART) for HIV-positive individuals has saved 6.6 million lives since 1995, and maternal mortality ratios have declined significantly.¹ Yet, as the deadline for achieving the Millennium Development Goals (MDGs) approaches, developing countries face a host of persistent and emerging health challenges. Unfinished business lingers in the form of unmet MDGs, particularly those related to maternal and child health (MCH); and HIV and other infectious diseases continue to take a heavy toll. In many countries, family planning (FP) and reproductive health (RH) services are still inaccessible, which undermines the health of women and children and contributes to rapid population growth. Inequity and social exclusion are affecting the health of millions, as the poor and marginalized are being left further behind.

The Changing Landscape

Even as developing countries struggle to meet the health needs of growing populations, they must also contend with emerging challenges. Global health funding has begun to level off,² so countries are taking greater ownership of health service provision. Aging populations and socioeconomic changes are driving an epidemiological shift, with non-communicable diseases (NCDs) accounting for a growing share of disease burdens. The health impacts of climate change are becoming increasingly apparent—and will only intensify—and the emergence of global pandemics is a growing source of concern, vividly illustrated by the recent Ebola outbreak.

In this context, developing countries face a series of tough questions regarding how to

- Meet the still growing needs for MCH; FP; and HIV, malaria, and tuberculosis prevention, treatment, and care
- Address growing inequities and social exclusion

- Meet increased demand for NCD prevention and treatment
- Prepare for and respond to emerging national and global epidemics
- Finance and allocate money within health systems and programs to maximize health outcomes when international support is static and national budgets are constrained

Weak health systems leave many countries poorly equipped to answer these questions. Building on decades of work,³ the USAID- and PEPFAR-funded Health Policy Project (HPP) (2010–2015) contributes to improved health by strengthening the efficiency, effectiveness, and equity of health systems. Lessons learned in the course of this project suggest that health policy work should focus on five key areas to help developing countries prepare for the future:

1. Building strong, resilient health systems
2. Promoting equity, inclusivity, and human rights
3. Supporting localization
4. Strengthening accountability
5. Ensuring sustainable financing

COUNTRY EXAMPLE: INDIA

India’s mountainous Uttarakhand State illustrates the potential of focusing on holistic, systems-level change. In 2000, Uttarakhand’s maternal mortality ratio (MMR) was above 300, and only one in five births occurred in a health facility. In 2002, Uttarakhand adopted India’s first integrated state health and population policy. Over the next decade, the state implemented a series of policy reforms and programmatic innovations that have transformed the health sector. Today, Uttarakhand’s MMR has been cut in half, and 60 percent of deliveries take place in health facilities. The introduction of holistic approaches to health reform helped strengthen Uttarakhand’s health system: transformational leadership, ongoing collaboration across disciplines and organizations, and iterative learning played key roles in achieving success.

Five Ways to Prepare for the Future

1. Build strong, resilient health systems

Strong health systems must be adaptable and resilient—able to anticipate future needs, adjust to changing circumstances, and mitigate and respond effectively to shocks. Cultivating resilient health systems requires

- Maintaining a holistic view by focusing health policy efforts on achieving systems-level change
- Fostering responsive, people-centered policies and systems
- Supporting iterative learning by enabling health system actors to continuously learn and adapt to change, including sharing data and information widely
- Applying systems-thinking approaches and understanding complex systems behavior

A holistic view is essential when designing and implementing policy interventions. Health systems are complex systems that comprise the actions and interactions of myriad interconnected individual and institutional actors and extend beyond traditionally understood boundaries of the “health sector.” Regardless of the intended target, any policy intervention inevitably affects other parts of the system and the system as a whole. Moreover, health systems are influenced by the broader social, economic, and political contexts in which they operate.

Complex adaptive systems such as health systems behave in characteristic, often unpredictable ways, with apparently straightforward policies and programs often resulting in unanticipated consequences.^{4,5} Applying systems-thinking approaches to health policy is an emerging strategy with the potential to greatly enhance health systems strengthening (HSS) efforts by making it possible to more accurately anticipate both the intended and unintended impacts of policy interventions.^{6,7,8}

2. Promote equity, inclusivity, and human rights

Increasingly, failure to address equity is recognized “as the most serious shortcoming of the MDGs.”⁹ Despite progress, recent trends show growing socioeconomic inequalities within countries, persistent gender inequity and gender-based violence, and disturbing instances

COUNTRY EXAMPLE: GHANA

In December 2013, Ghana's vice president announced the launch of a web-based system to report and monitor progress of HIV-related discrimination cases. Managed by Ghana's Commission on Human Rights and Administrative Justice, the system is designed to improve access to justice for people living with HIV and key populations at higher risk of HIV. Creation of the web-based system reflects increasing recognition that discrimination faced by people living with HIV and key populations, including men who have sex with men, sex workers, and people who inject drugs, undermines human rights and quality of life as well as the success of HIV prevention, treatment, and care programs.

of discriminatory laws against marginalized groups. International discussions regarding the post-2015 development agenda rightly focus on how to reach those left behind by previous development efforts through more equitable, inclusive, and rights-based approaches that respect the dignity of all individuals, regardless of economic status, gender, sex, age, race, ethnicity, disability, religion, sexual orientation, or other status.^{10, 11}

Equitable, inclusive policies are crucial for ensuring that program efforts and scarce resources are targeted to reach those most in need. Strong policies that safeguard human rights can enable disadvantaged populations—especially women, the poor, key populations, young people, indigenous groups, and others—to demand and gain equal access to high-quality health services. But this will not happen automatically. Deliberate steps must be taken to integrate equity concerns into policy goals, action plans, budgets, and monitoring frameworks, to include citizens' voices throughout the process, and to establish transparent mechanisms that will foster accountability. Doing so will be critical to the success of the Sustainable Development Goals and other initiatives, such as achieving universal health coverage, ending preventable maternal and child deaths, and achieving an AIDS-free generation.

3. Support localization

With decentralization reforms ongoing in many countries, local-level actors are assuming new roles and responsibilities in health financing, governance, and service delivery. At the same time, there is growing recognition of the need for better local data—both to improve policies and programs at the local level and to feed local information and experiences into national decision-making processes.



GEOHEALTH MAPPING is a powerful tool for visualizing local-level data to increase the impact of local health policies and programs. For example, in South Africa's Mpumalanga Province, maps of service delivery points and HIV prevalence are enabling local AIDS councils to visually identify service gaps and allocate scarce resources more effectively and efficiently to better meet local populations' needs. Gathering location data on key populations, such as sex workers and men who have sex with men, risks exposing them to discrimination or harm. To avoid this, geomapping should be carried out in close consultation with affected communities.¹²

Photo by Health Policy Project

Localizing health governance and generating detailed subnational health data can maximize the impact of scarce resources; improve equitable access to health services; make services more responsive to local needs; and promote greater accountability. Yet, the extent to which localization delivers on its potential depends on the overall quality of local governance, the inclusivity of decision-making processes, and the capacity of local-level actors, including civil society organizations.

4. Strengthen accountability

Accountability is central to building strong health systems. Strong accountability mechanisms and transparent decision-making processes help civil society hold government institutions, public officials, and health service providers responsible for meeting health-related obligations and following through on policy commitments. As countries continue to pursue decentralization reforms, there is a need to focus on fostering greater accountability at the local level. Successful approaches include strengthening the advocacy capacity of civil society groups, increasing the transparency and inclusiveness of local decision-making processes, and supporting user-friendly mechanisms for publicly sharing information on budgeting, resource use, and service quality.

The public sector also plays a role in accountability: government officials and institutions can hold other government actors and the nongovernmental sector responsible for effective resource use, policy implementation, and compliance with regulations. In Afghanistan, HSS efforts have included enhancing the Ministry of Public Health’s stewardship and oversight capacity to ensure that nongovernmental organizations and private sector providers meet quality standards.

5. Ensure sustainable health financing

Since the global financial crisis, funding streams for global health have become increasingly precarious. Development assistance for health “has not radically contracted,”¹³ as originally feared. However, funding from many bilateral donors and development banks has declined, and donors are increasingly focused on transition and graduation. Countries are being asked to assume greater responsibility for their own health expenditures. Securing sustainable health financing in this restricted funding environment requires policy action on three fronts:

- Maximizing efficiency and effectiveness (doing more with less)
- Exploring creative alternative financing mechanisms
- Mobilizing continued investment in health systems, research, and services

COUNTRY EXAMPLE: GUATEMALA

Regardless of who is being held accountable, information is essential to strengthening accountability. In Guatemala, the web-based National Social Information System is being used to hold authorities accountable for improvements in health and education by highlighting service gaps. Members of the public can use the system to access and analyze current health and education data through user-friendly interfaces. Health officials and social service agencies can use the system to generate evidence that supports efforts to advocate for resources to provide health and education services to underserved populations.



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COUNTRY EXAMPLE: KENYA

Universal health coverage (UHC), if designed appropriately, can help ensure that individuals—particularly the poorest and most vulnerable—are not responsible for covering shortfalls in health budgets. In Kenya, modeling and economic analyses have provided vital inputs as the country charts a path toward UHC. For example, the 2013 Kenya Household Health Expenditure and Utilization Survey (KHHEUS) highlighted persistent socioeconomic disparities in accessing inpatient care—disparities that must be addressed if UHC is to improve health equity; the 2012 Public Expenditure Tracking Survey identified enormous supply-side constraints as a barrier to UHC; and application of the OneHealth Tool estimated the resources needed to finance the scale-up of reproductive, maternal, neonatal, and child health services.



Photo by Health Policy Project

This work must take place at all levels, from global to local, and should involve a combination of approaches: improving tax policies, establishing health insurance schemes that support equitable access to services, building stronger partnerships with the private sector, and devising innovative financing mechanisms to mobilize funds.

As a starting point for sustainable health financing, countries need a strong understanding of their resource needs, gaps, and potential domestic sources of funds. This information can help decisionmakers set realistic goals and advocate for the resources needed to achieve them. The ImpactNow model—which demonstrates the near-term benefits associated with increased FP use—is helping stakeholders in Kenya, Zimbabwe, and Ethiopia's Amhara region establish achievable goals and secure the funding needed to expand access to high-quality FP/RH services. Elsewhere, costed implementation plans (CIPs) for FP are driving the creation of consensus-driven strategies, road maps, and budgets for achieving national FP2020 commitments.

Conclusion

Significant global changes are afoot: social and economic transitions, climate change, shifting patterns of disease, and evolving funding landscapes are altering the global health landscape—presenting new challenges and unforeseen opportunities. Urgent action is required to help low- and middle-income countries prepare for the future.

The era of the MDGs has demonstrated what is possible when the world unites behind a shared vision of health and development. Consolidating the gains of the past two decades and ensuring that progress is carried forward in the decades to come will require taking a long-term, holistic view: investing in stronger, more resilient health systems and ensuring sustainable health financing.

Future success will depend on placing people at the center of health policy: promoting equity, inclusivity, and human rights; supporting localization to bring health systems closer to the people they serve; and strengthening accountability so citizens can hold governments and service providers responsible for meeting their needs.

Endnotes

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Contact Us

Health Policy Project
1331 Pennsylvania Ave NW, Suite 600
Washington, DC 20004

www.healthpolicyproject.com
policyinfo@futuresgroup.com

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HPP is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

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