Stories From The Field

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Powered by the Joint working team for UHC

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About the Universal Health Coverage Partnership

The Universal Health Coverage Partnership (UHC-P) promotes universal health coverage (UHC) by fostering policy dialogue on strategic planning and health systems governance, developing health financing strategies and supporting their implementation, and enabling effective development cooperation in countries.

The UHC Partnership's aim is to build country capacity and reinforce the leadership of the Ministry of Health to build resilient, effective and sustainable health systems in order to make progress towards UHC. We aim to bridge the gap between global commitments and country implementation and are part of the UHC2030 global movement to build stronger health systems for UHC.

The UHC Partnership is in its ninth year of operation. Since it started in 2011, it has evolved into a significant and influential global partnership working in 115 countries in all 6 WHO regions, with the support of 7 significant donors. There are 34 health policy advisors operating on the ground with support from WHO advisors in Head Quarters and Regional Offices and over 900 million people benefiting from interventions that increasingly relate to community-level, people-centred, integrated primary health care.

The UHC Partnership is supported by the European Union, the Grand Duchy of Luxembourg, Japan, Ireland, France and United Kingdom.

Welcome to 'Stories From The Field'

The WHO magazine about how countries all around the world are working to achieve universal health coverage (UHC).

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The Joint Working Team for UHC at WHO has collaborated with colleagues in Regional and Country Offices to bring you these inspiring stories of change.

The stories demonstrate how health systems are getting stronger and providing better quality services, how care at the primary level is expanding and becoming more effective and accessible, and how communities and citizens are engaging with governments in meaningful ways to influence health policy and practice.

All this contributes greatly to make progress towards UHC; the goal that we are all striving for to ensure that everyone around the world has access to the health care they need, without being driven into poverty because of the cost.

Of course, the impact that we are seeing is not achieved by WHO alone. We work in close association with governments and other national health stakeholders in their endeavours to achieve better health outcomes for the population. We hope these articles give a flavour of how we work and what we can all achieve when we work strategically together.

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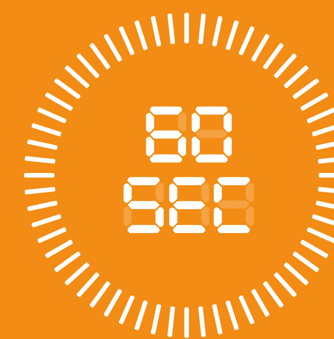


If you don't have time to read every word, you might like our 60-second summary at the end of each article!

Brazil Sharing knowledge for stronger primary health care

In Brazil, 70% of the population has access to the Government's primary health care (PHC) flagship initiative, the Family Health Strategy (Estratégia de Saúde da Família or ESF). What can we learn about the success and relevance of the Family Health Strategy so that services can be improved, sustained and expanded to the whole population? PAHO/WHO in Brazil is capturing a range of valuable experiences and lessons about PHC interventions and sharing these with a community of practice, which includes policy makers and health practitioners.

Brazil's health system

Brazil's Public Health System (Sistema Único de Saúde - SUS) has become stronger over recent decades with 70% of the population now covered by the Family Health Strategy. This means 150 million people can access comprehensive health care services without sinking into financial hardship as a result. The country is well on its way to achieving health coverage of 100% of the population with ESF (or Universal Health as it is known in the Americas).

Despite abundant scientific research showing that SUS and ESF have made substantial contribution to reducing social inequalities and improving health outcomes, opinion surveys show that some segments of the population have voiced their difficulties in accessing health services. This perception is fuelled by biased media coverage focusing on problems and advocating privatized health care instead.

PAHO/WHO Brazil aims to raise awareness of the relevance and achievements of SUS and ESF, and to disseminate successful practices to both key opinion leaders and the general population. PAHO/WHO works with the 'APS Forte' Award and the Health Innovation Laboratory to capture innovative experiences that respond to problems in PHC service provision.

Health stakeholders across Brazil can share knowledge and learn from a range of experiences. This encourages them to apply new or different approaches that have worked in other parts of the country.

Brazilian man taking medicine. © WHO / Eduardo Martino.

Doctor with patient in Brazil. Photo: PAHO/WHO.

Sharing knowledge

Brazil has a strong health system and high success in delivering PHC services. Therefore, the role of PAHO/WHO is slightly different here than in other countries which need stronger technical support. In Brazil, a new model of cooperation is required. With a large range of stakeholders engaged with this thriving public health sector, PAHO/WHO has taken on a strong knowledge management function. It works with a team of researchers and health professionals, to gather and analyse information about successful practice at PHC level and to share lessons more widely.

It disseminates best practices and lessons learned to a large community of practice and health stakeholders at the federal, state and municipal levels. This means that health stakeholders across Brazil can learn from a range of experiences and apply new or different approaches. It is also a way for the health sector to share positive stories and encourage the exchange of knowledge between health professionals and managers who experience the same challenges every day.

The community of practice includes people from the Ministry of Health, state and municipal health secretariats,researchers and SUS professionals. This community trusts the information they receive from PAHO/WHO as it is developed in a rigorous scientific manner. PHC experiences and lessons learned from all parts of Brazil are shared on a specifically developed Innovation Portal in SUS Management, through the websites of other organizations involved in the experiences studied by PAHO, and on social media platforms such as FaceBook and Twitter. The group also has an informal way of communicating with each other through WhatsApp groups.

Doctor with patients at a diabetes assistance centre in Brazil. Photo: WHO / Eduardo Martino.

Health Innovation Laboratory

The Health Innovation Laboratory aims to produce evidence about innovative practices developed in SUS. Knowledge is organized to provide concrete elements to health managers in their daily task of building their own management solutions and tools.

The strategy was developed by PAHO/WHO in Brazil in 2008, to support technical cooperation activities carried out initially with the Ministry of Health. Over the past 12 years, the tool has been adopted by several other SUS actors, such as the National Council of Secretaries (CONASS), the National Health Council (CNS) and the National Supplementary Health Agency (ANS).

By 2019, 164 innovative experiences were identified, analyzed, systematized, published and disseminated.

All the information is available at the Innovation Portal in SUS Management https://apsredes.org

> The Health Innovation Laboratory is a progressive model of technical cooperation for PAHO as it goes beyond merely disseminating knowledge from top to bottom. It allows WHO to learn from local experiences and identify islands of incredible excellence, the lessons from which can be disseminated widely to others. Without such horizontal cooperation, the valuable knowledge and experience would remain in the local context in which it was developed.
>
> Renato Tasca, Health System and Services, Coordinator PAHO/WHO Brazil

Mother and child at a health care centre in Brazil.
Photo: Ana Lucia Kist.

Award: Strong PHC for SUS or APS Forte para o SUS

The Award for Strong PHC was launched in April 2019 on World Health Day. PAHO/WHO received 1,300 applications for the award and at the first stage selected for consideration around 100 evaluators, technicians from the Ministry of health, academic institutions and PAHO consultants. They were chosen for their specific competence on the different issues involved such as chronic diseases, mental health, use of technology and working in remote and vulnerable areas. In the final phase, PAHO and a panel of opinion makers in the Brazilian media (SMS Abaetetuba / Pará; SMS Jaraguá do Sul; and ESF from the Salgueiro community / SMS RJ) selected eleven experiences and recognized three as the winners.

High quality PHC is about acting on the social determinants of health and not only providing clinical assistance. The winning experiences therefore reflect the people's need for PHC which looks not only look at the individual or disease, but which takes care of the community as a whole, paying attention to the context in which people live, work and fall ill. Another key message from the winning cases is the need for interdisciplinary care that goes beyond the role of the doctor and values the action of other professionals who make up the Family Health Team, such as nurses and community agents.

The award ceremony reverberated in the country's national and regional media. It also gained strong support from the Brazilian Communication Company of the federal government, which strengthened the dissemination of results. In February 2020, the winners and finalists took part in a study trip in Spain at the Andaluz School of Public Health, Granada.

Here are some examples of the final PHC experiences, which so captured the attention of the judges:

Salgueiro, Rio de Janeiro

The community of Salgueiro has high levels of social and economic deprivation. The Family Health Team observed significant numbers of school children being referred as a result of antisocial behavior at school. The team worked with the Reference Center for Social Assistance and with teachers to identify and promotion action to support an integrated approach for children's health and education. Local traders and institutions supported the work.

A 'Children's Group' was created, where health professionals played with children using games, music, miming, dancing and rhythm and encouraged communication and dialogue. The objective was to provide care with a welcoming and warm attitude. Parents, at the same time, were invited to another group called 'Peace and children' to develop the culture of health and peace and to discuss any problems they had.

The Family Health Team was able to diagnose a high prevalence of mistreatment and violence against children, which generates stress. It is therefore important for doctors to correctly diagnose this, rather than medicalise and pathologise childhood experiences. This comprehensive understanding was a milestone in the care process. As a result of this work, children are happier and more attentive at home and in school. The Family Health Team also became better connected with families in the community.

“We first identify children in vulnerable situations, and through work involving the family, we made interventions in behaviour. The work proved to be more efficient than diagnoses, which end up stigmatizing and, in some cases, improperly medicating children,” explained Daniel Trindade, family doctor in the community of the pilot project (Brazil News Agency).

Abaetetuba- Pará municipality

Abaetetuba-PA has 156,000 residents and only 53% of them are covered with family health care. The health issues people face are challenging: high mortality rates for women of childbearing age and high numbers of teenage pregnancy and cases of syphilis, HIV and viral hepatitis. It was clear that the population needed better sexual and reproductive health care services. The project involved health interventions with adolescents, adults and elderly people addressing sexuality, appreciation and respect. For example, young people and adolescents took part in art workshops, personal and social education activities, theatre and dance and addressed issues such as sexual diversity, bullying, homophobia, citizenship and culture of peace.
In addition, all health services in the municipality worked in partnership to focus on care and providing effective services.

In a short amount of time, there was noticeable improvement with 7,028 prenatal care visits in 2018 compared with 2,862 in 2016; 4,161 sexual and reproductive health service visits compared with 2,507 visits in 2016; 1,291 rapid tests for Hepatitis B, Syphilis and HIV in 2017 compared with 432 tests in 2016; and 1,880 cervical cancer screenings in 2018 compared with 143 in 2016.

“We found that many adolescents were having early pregnancies, causing a series of disorders due to a lack of guidance and monitoring. This was a result of no integration among the areas of health, education and social assistance. Basically, what we did was to optimize our resources between different sectors. The result was a preventive policy that is more effective and cheaper,” said the mayor of Abaetetuba, Alcides Negrão, after participating in the award for Agência Brasil de Notícias (Brazil News Agency).

Patient at a diabetes assistance centre in Brazil.
Photo: WHO / Eduardo Martino.

Jaraguá do Sul municipality

Jaraguá do Sul is a city with almost 175,000 inhabitants. In November 2018, data showed that only 15,500 consultations per month were taking place across 25 PHC units. People were dissatisfied with the waiting lists and inadequate services and were complaining. What could be done?

Florianópolis, the Health Secretariat of Jaraguá do Sul, drew up a Nursing Protocol, which improves the performance of nurses in the municipal network and reduces the waiting list for PHC. Nurses began to work more effectively in the PHC units. They were able to undertake consultations and write prescriptions for tests and essential medicines.

There was political support for the Nursing Protocol from the City Council and the Municipal Health Council, and media support in the press and other social networks.

This was fundamental to persuade the population to use and benefit from the new PHC model. The Ministry of Health also directed PHC units to aim to meet users' spontaneous demands at 70% and scheduled demands at 30%. The experience of Jaraguá do Sul was very positive, and the update of the Nursing Protocol by health secretariats with the support of regional Nursing councils, is expanding the access of users in PHC units right across Brazil.

“The queue for appointments used to be huge. Basically, we implemented actions that valued nurses. We left behind the culture that only the doctor has the solution, in order to make the population accept nurses for some types of examinations and medications,” said Alceu Moretti, health secretary of Jaraguá do Sul (Brazil News Agency).

BRAZIL

FACT

PAHO/WHO in Brazil is capturing a range of valuable experiences and lessons about PHC interventions and sharing these with a large community of policy makers and health practitioners.

WHY IT MATTERS

Brazil has a strong health system and high success in delivering PHC services. With a large range of stakeholders engaged with this thriving public health sector, strong knowledge management is required.

EXPECTED IMPACT

Health stakeholders across Brazil can share knowledge and learn from a range of experiences. This encourages them to apply new or different approaches that have worked in other parts of the country.

IN PRACTICE

PAHO/WHO works with the 'APS Forte' Award and the Health Innovation Laboratory to capture innovative experiences that respond to problems in PHC service provision.

Colombia Building healthy communities – learning from Caldas

In Colombia, a Social Primary Health Care Strategy in Caldas District has reached out to populations most at risk of ill health. This embraces a social approach tailored to community needs to both tackle the causes of ill health and provide appropriate health services. Caldas is now the healthiest District in Colombia.

A community in Caldas District, Colombia. Photo: PAHO/WHO.

> In Villamaria, the Social Primary Health Care Strategy allowed us to identify, for the first time, the main causes of disease among our people, and to take effective action to avoid them.
>
> Ramon Ramirez, President of Junta de Acción Comunal de la Vereda La Floresta (Community Action Board).

In Villamaria, a town of 67 000 inhabitants in Caldas District, Colombia, people's health was suffering as a result of physical inactivity, unhealthy diets and the consumption of hallucinogens. In 2013, when the government implemented its Social Primary Health Care Strategy things began to change.

Today, the towns-people enjoy a healthier diet by eating vegetables and fruit grown in communal gardens. They have learnt to exercise twice a week, and encourage young people to take part in activities like music, acting and art so that they no longer take hallucinogens for recreation.

Villamaria is just one example among many of the success of the Social Primary Health Care Strategy implemented across the District of Caldas in the middle of Colombia, which has a population of about one million. The Social Primary Health Care Strategy focuses on improving people's health through both identifying the causes of potential ill health and providing comprehensive health services.

The approach encompasses important social issues such as entertainment, sport, education, cultural actions, home improvements, basic sanitation and road infrastructure as well as providing the health services that people need in their communities. It treats health as a societal and community issue, not just a medical issue.

Since 2013, the district government of Caldas has focused their efforts on municipalities that were struggling the most with health and welfare issues. A team of researchers from the Department of Public Health of the School of Science for Health, Caldas University carried out analysis of 72% of families in the municipalities to identify how social determinants of health – such as culture, sanitation, education, infrastructure - affect them.

They then identified the health and welfare priorities of families and communities who are most in need in order to implement the Social Primary Health Care Strategy. This targeted approach ensured a more equal distribution of health opportunities and benefits than before, encouraged a multi-sectoral approach to tackle health issues and sought genuine community participation in finding solutions.

> Thanks to the implementation of social actions tailored to people's needs, their health and welfare have improved.
>
> Ramon Ramirez, Community Action Board, Villamaria

A communal garden in Caldas District. Photo: PAHO/WHO

Social Heath Care Centres in Caldas District

Implementing a primary health care approach is fundamental for achieving Universal Health Coverage (or Universal Health as it is known in the Americas). In Caldas District, the implementation of this strategy since 2013 has meant that communities experiencing the biggest inequities in health are receiving the most attention. In the spirit of the Sustainable Development Goals to leave no one behind, this is a laudable effort.

Since 2013, 54 Social Health Care Centres have been introduced to bring local and national efforts together in one place to improve people's quality of life. The Social Health Care Centres prioritise different interventions according to the health risks and needs of the community.

This includes educational activities such as Cuídate-Cuídame or 'Take Care of Yourself and Myself', entertainment and sports, cultural events, specific health promotion and disease prevention activities, and educational workshops focused on lifestyle. In addition, there is rehabilitation, home-based care, health care in social programmes in local administrations, and other health services. All these activities are led by and receive support from the municipalities to encourage the greatest participation of local actors and sectors.

This model can also be called a 'welfare generation' model as it takes the family as the core from which to intervene, analyses risk and opportunities for health protection, and encourages community participation in finding solutions to their own health problems.

Ensuring a strong focus on community and society puts priority on the settings giving the most appropriate and effective forms of care. It allows for interventions to focus on the most vulnerable people in the community, who have historically been overlooked in social and health care.

According to the think-tank Así Vamos en Salud, Caldas District now enjoys the best health indicators of the whole country which include user perception, health financing, institutional performance, citizen participation and governance. Juan Pablo Uribe Restrepo, former Minister of Health and Social Protection called the strategy, "An effective intervention which brings welfare to the citizens" and said that this model should be rolled out nationwide.

Learning from Caldas

The experience of the communities in Caldas to improve their health through this social primary health care model is of great interest to the government, who are keen to spread the impact to other parts of the country.

Since 2018 the Pan-American Health Organization (PAHO), a regional office of WHO, has been working with the Ministry of Health in Colombia to capture the knowledge and learning of the Caldas experience. The project takes into account different stakeholders involved in the implementation of the strategy to develop new collective knowledge, build learning processes and document ideas from experiences, data and other information.

This systematic approach to identifying and analyzing the Caldas experience will support implementation of Social Primary Health Care successfully in other districts of Colombia. Some improvements are due to changes in the comprehensive health care model; others are as a result of cultural, social, financial and environmental shifts. There is also new learning to be found in the different educational and training processes that took place.

> The important thing about every initiative is to be able to give it continuity. PAHO supports the process of documentation and systematization, which helps Caldas advance this initiative at national and international levels.
>
> Gina Tambini, PAHO / WHO representative in Colombia.

Community intervention in Caldas District. Photo: PAHO/WHO.

Community intervention in Caldas District. Photo: PAHO/WHO

World Health Organization

COLOMBIA

FACT
In Caldas District, Colombia a Social Primary Health Care approach has been very successful in supporting communities to lead healthier lives and access the health services they need. Since 2013, Caldas has introduced 54 Social Care Centres.

WHY IT MATTERS
Primary health care is fundamental to achieve universal health coverage. This community-centred model gives priority to strengthening the local environment, which provides protection and care to everyone.

EXPECTED IMPACT
Caldas District now has the best health indicators for the whole country, and the Social Primary Health Care approach will now be rolled out across Colombia as a whole.

IN PRACTICE
PAHO WHO has worked closely with the Ministry of Health in Colombia to document and analyse the positive changes in Caldas District in order to inform a nationwide strategy.

> We will continue to support a second phase, with the systematization of programmes to prevent domestic violence and the use of psychoactive substances and suicide, implemented in the framework of the Department of Public Health's Mental Health Policy.
>
> Gina Tambini, PAHO / WHO representative in Colombia.

Better health in Neira Municipality

A great example of how people's lives have changed for the better can be found in Neira Municipality. Researchers and the Social Observatory gathered and analysed socio-economic data of 90% of households, which allowed interventions to target those most at risk of ill-health. The main challenges were untreated water consumption, the main cause of acute diarrhoeal and skin diseases; poor regular housing and basic sanitation; lack of vaccination of animals; diseases caused by physical inactivity; lack of healthy habits; and poor self-care by women.

As a starting point, the municipality build a water pipe system in Cuba town, a water treatment plant in Tapias town, and a garbage storage box to avoid the spread of Aedes aegypti, the mosquito which can cause dengue fever, chikungunya, Zika fever, Mayaro and yellow fever viruses, and other diseases.

Community Councils for Inclusion and Progress were introduced in 90% of towns, which allowed the government to get closer to the community and broker support from other stakeholders such Bienestar Familiar, Profamilia, Corpocaldas and the National Army, among others.

“In 2016 we started to organize and implement the Social Primary Health Care Strategy, which meant coordinating health efforts with other sectors. Therefore, together with the support of the Planning Secretariat, we were able to combine entertainment, sport, education and cultural actions, as well as home improvement, basic sanitation and road infrastructure, among others, and tailor them to health promotion and disease prevention.

In Neira we could show evidence that when there is political will, when all the sectors intervene and when the community is responsive, Social Primary Health Care is an excellent strategy to minimize the disease burden. That's why it is important to continue to implement this strategy," said Martha Ines Henao Osorio, Health Operations Director of Neira Municipality.

The experience of implementing Social Primary Health Care in Caldas for six years shows that a society-centered perspective is the building block of a sustainable health system to achieve universal health and the Sustainable Development Goals. It gives priority to the settings that provide protection and health care, with special emphasis on vulnerable populations and historically ignored groups in terms of promotion, prevention, recovery, rehabilitation and palliative care.

The community-based interventions and social participation leave a good legacy in Caldas, as they enabled health workers and social agents to step outside their singular approach to health and carry out health care actions adapted to broader needs and health rights.

Haiti Improving maternal health through primary health care

In Haiti, efforts to strengthen the health system has seen communities, local health authorities and the national government work hand-in-hand to improve care for pregnant women and babies. As a result, more pregnant women deliver safely at the hospital, saving the lives of mothers and babies. It is part of a national community health strategy, which strengthens access to universal health and universal health coverage.

Haiti is prone to natural disasters, such as earthquakes and hurricanes and has become one of the poorest countries in the world with 72% of the population living below the poverty line. The country is still not fully recovered from a catastrophic earthquake, which occurred near the capital, Port-au-Prince, in 2010. The health system is not strong enough to meet the health needs of Haiti's population. The country has only 25 physicians and 11 nurses per 100,000 population and only 39% of births occur at health facilities. Few people living in rural areas have access to primary health care services.

To address the challenges of meeting people's health needs in these circumstances, Haiti is implementing a community health model that emphasizes maternal, neonatal and child health. This model, currently being implemented in several communities, consists of three elements.

- An integrated network of health services with coordination and referrals
- A community health committee for intersectoral collaboration and social participation
- A Family Health Team of one doctor, two nurses, four nursing assistants and 60 community health workers, to ensure coverage of services for 1000 people.

This model was applied initially in the community of Carrefour, located near the capital Port au Prince, during 2011-2015 just after the earthquake had occurred. The results of the model were very promising with an increase of vaccination coverage among children under one year, an increase in use of modern family planning methods and growing numbers of institutionalized deliveries. The Ministry of Ministry of Public Health and Population (MSPP) decided to expand the model to other communities.

Traditionnal Birth Attendant accompanying a pregnant woman at l'Asile Hospital. Photo: PAHO/WHO Haiti.

Nurse performing physical examination on pregant woman at l'Asile Hospital. Photo: PAHO/WHO Haiti.

Saving mothers and babies in Nippes

Nippes is one of ten geographical departments in Haiti. It has three district health systems with a rural population of nearly 400 000 people in ten communities. Maternal mortality is very high in Nippes and the MSPP has focused its efforts on improving maternal health services by collaborating with PAHO/WHO and the Government of Canada's Department of Global Affairs Canada (GAC). This is part of a project called Integrated Health Systems for Latin America and the Caribbean (IHSLAC) implemented in 11 countries.

> This project was something we were waiting for, not only is the office of the deputy majors happy, but the entire community. People come not only from our community to seek care, but also from different municipalities. I hope it becomes a legacy.
>
> Gerardin Martinor, Deputy mayor of Asile

To support maternal health services at community level, a range of activities took place at different levels of the health system. At the national level the MSPP developed new guidelines and protocols for managing obstetric complications and guidelines for perinatal care. At the subnational level, the Nippes Health Department strengthened its governance, including surveillance and information management and supervision. The Department took dedicated ownership over the interventions, ultimately providing the enabling environment needed to make critical changes in health institutions.

"We had many interventions, training of health workers, institutional strengthening and collaboration with the communities.," said Marie-Karline Lamour, coordinator Reproductive and Family Health programme at the Health department of the Nippes.

In Nippes itself, the Department implemented the national training tool for Emergency Obstetric and Neo-natal Care services, which integrated respectful care from the perspective of women's needs and rights. All members of the family health team, including nearly 200 community health workers, received training in the general principles of primary health care approaches, specifically around maternal health care. Community health committees were engaged in the transformation towards a primary health care approach, and the collaboration between traditional birth attendants, Voodoo priests, community members and formal health staff has improved as a result.

"On Saturdays they [the health staff] held meetings with us in the hospital. We talked about pregnancies and deliveries. If now a woman has a problem, I go with her to the hospital." Female TBA

"I go to all meetings. The only way for me to miss a meeting is to be not invited. On the meetings we discuss the way a delivery takes place, how to care for the woman and the baby if it happens on the way to the hospital." Male TBA

Training in mother and child comprehensive health care was delivered to 185 community health workers and 12 supervisor nurses. The community health workers also received appropriate materials in the local language, Kreol, which provide practical guidelines and strengthen their competencies in maternal and child health.

Following the development of the national guideline for breastfeeding, 37 health workers from government and civil society received breastfeeding training.

Over 100 leaders and representatives from different sectors - education, water and sanitation, environment, housing, agriculture, labor, religious organizations, traditional birth practitioners, voodoo priests and civil society representatives – were trained in mother and child health, health institutions networking and other health priorities. This also strengthened collaboration between local government, communities and civil society organizations. All this contributed to strengthening the Haiti Community Health Care Model that is part of the PAHO/WHO primary health care approach for universal health.

Data from 2018 to 2019 shows that in one year, the number of pregnant women with at least four prenatal visits to Asile Community Referral Hospital increased by nearly 32%. In addition, institutionalized deliveries have increased from 355 childbirths in the whole of 2018 to 463 deliveries in seven months of 2019 (January to July). No maternal deaths were registered.

Mother and child at l'Asile Hospital. Photo: PAHO/WHO Haiti.

The training of the family health teams was a key factor, especially that of the CHWs. Through home visits and maintaining the linkages with TBAs and other traditional healers the CHWs contribute to tracking of women from the time of pregnancy, contribute to education and motivation, and to referral to the health facilities,

PAHO/WHO community health trainer

Improving Asile hospital

As part of the project, Asile Community Referral Community Hospital was rehabilitated to adequately care for the increasing numbers of mothers and newborns who use its services and to provide better care with respect to women's dignity.

Unfortunately, despite its importance for the community, the maternity ward used to be a small space that contained both labour and post-partum patients' beds next to the delivery room without any separating wall. WHO recommends that all women and newborns have privacy around the time of labour and childbirth, and that their confidentiality and dignity is respected.

However, at Asile Hospital, the delivery room had space for only two beds and some women were forced to deliver in the labour room. Therefore, women in labour could not benefit from full privacy and dignified care, and post-partum and post-operative patients could not get proper rest before returning home.

The hospitals infrastructure also posed a challenge, as the power generator did not work 24 hours a day, and at night the electricity was cut off throughout the hospital. One midwife said that they often have to deliver in the dark with a cellphone light because there was no power.

The department health director and Asile's providers decided to move the maternity ward to another location in the hospital where deliveries could be conducted in privacy, dignity and safety. The ward was improved with construction work to the floor, walls, doors and windows with delivery beds and storage for patients. Importantly, the maternity ward now has a solar panel system that provides electricity at all times when the generator is turned off.

" I am so happy with the changes. We now have better equipment to work with and electricity in the night through the solar panels. In the past we used our cellphone light for deliveries in the dark," said Assistant director Asile Community Hospital.

Progress for primary health care

For Haiti, as a fragile state, these steps to strengthen the health system based on PHC approaches are very valuable. This initiative has shown that comprehensive approaches including strengthening district health governance, providing training to health teams, improving infrastructure and building partnerships with key people in the communities creates strong community health networks. This increases the acceptance and utilization of services and can improve maternal-perinatal outcomes. With this level of success in hand, Haiti continues to implement the same strategies in other departments and communities with support of PAHO/WHO.

World Health Organization

HAITI

FACT

Haiti is implementing a community health model that emphasizes maternal, neonatal and child health. The approach strengthens district health governance, trains local health teams, improves infrastructure and builds key partnerships in the community.

WHY IT MATTERS

Haiti has only 25 physicians and 11 nurses per 100,000 population and only 39% of births occur at health facilities. Creating strong community health networks increases the acceptance and use of services and can save the lives of mothers and babies.

EXPECTED IMPACT

Initial results are very promising with an increase of vaccination coverage among children under one year, an increase in the use of modern family planning methods and growing numbers of institutionalized deliveries.

IN PRACTICE

The Haiti Ministry of Public Health and Population is expanding this approach to in other departments and communities with support from PAHO/WHO.

Jordan Investing in family doctors to boost primary health care

Jordan's Ministry of Health is striving to strengthen its primary healthcare system through supporting family doctors at primary healthcare facilities. As a result, these doctors are providing more effective patient-centred care, communicate better with their patients, and prescribe fewer antibiotics. This community-centred approach to strengthening the health system will increasing Jordan's ability to achieve universal health coverage (UHC).

General physicians during face-to-face training as part of the online programme at Naour Health Center. Photo Credit: WHO/Banan Kharabsheh.

Jordan has been committed to achieving UHC for over thirty years. As the cornerstone of UHC, Primary Health Care (PHC) should be the first level of contact that people have with the health system. This is where individuals, families, and communities receive most of their health care including promotion, prevention, treatment, rehabilitation and palliative care as close as possible to where they live and work. At its heart, PHC is about caring for people and helping them improve their health or maintain their well-being, rather than just treating a single disease or condition. It is for this reason that the Ministry of Health in Jordan decided to strengthen the role of family doctors.

Challenges facing Jordan's health sector

A 2015 census revealed that 55% of the whole population is covered by health insurance, rising to 68% among Jordanian citizens. However, public expenditure on primary health care is only 16% of total public expenditure on health.

Jordan's health system faces increasing pressure as a result of the conflict in neighbouring Syria and an influx of displaced persons. The already limited resources are severely strained; health facilities are overloaded; health workers are insufficient in number; and the health sector infrastructure cannot cope with increasing demand.

Family doctors, or general practitioners GPs) are fundamental to deliver primary health care to communities to promote healthy lifestyles and provide treatment. Yet the number of doctors per 10,000 people has fallen from 28.5 before the Syrian crisis, to 22.6 in 2017. Another significant burden on the health system is the increasing rate of non-communicable diseases within the population.

At its heart, PHC is about caring for people and helping them improve their health or maintain their well-being, rather than just treating a single disease or condition.

General physicians during face-to-face training as part of the online programme at Naour Health Center. Photo Credit: WHO/Banan Kharabsheh.

General physicians during face-to-face training as part of the online programme at Naour Health Center. Photo Credit: WHO/Banan Kharabsheh.

Family Medicine Online Diploma
In order to achieve UHC by 2030, Jordan needs to invest in a good number of family doctors that will delivery quality and safe services to communities and take primary health care to a higher level. In April 2019, the Ministry of Health (MoH) in Jordan, in cooperation with WHO, launched the Family Medicine Online Diploma which aims to train GPs to deliver better primary health care services.

“Training GPs is very important to provide quality, evidence-based updated services. It will resolve many of the health issues that the MoH faces like overcrowded clinics, shortage of preventive services, overcrowded secondary and tertiary care clinics. Also the training will improve health awareness of community members through increasing their knowledge about GPs,” said a Family Medicine programme coordinator at Jordan's MOH.

“One of the major health issues that MOH face is the increasing burden of non-communicable diseases, which needs the cooperation of all parties to manage and prevent them. Having GPs equipped with evidence-based knowledge will also add a lot to the NCD programme,” said a Family Medicine programme coordinator at Jordan's MoH.

A national multi-stakeholder team comprising experts from the Ministry of Health, academia and the private sector initially developed a six-month course and following a review, decided to extend the course to 12 months. The programme consists of a hybrid of online and face-to-face training to improve the knowledge, attitudes and practice of GPs. The GPs have two face-to-face on-the-job trainings per month, four online skype meetings per month, and one quarterly meeting. The GPs must also read about two topics each week. A key part of the training is to support GPs to establish a family health team including nurses to provide a coherent approach to primary health care delivery.

Impact of training
Several evaluation tools were developed to monitor the training's impact over time and to evaluate the changes in GPs' knowledge, attitude and practice. Preliminary data analyses showed positive changes in all these areas, and in many health indicators. For example, the percentage of referrals has fallen and antibiotic prescriptions have declined. A test to assess GPs' knowledge showed an 85% success rate, compared with about 45% in the initial baseline evaluation. The assessment of on-the-job training for the development of communication and counselling skills showed a 20% improvement. GP attendance rate of online sessions reached 95%, showing the extent of their commitment to the training.

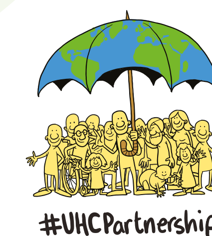
“The diploma training has changed a lot in our outlook to the patients and disease. We have become more patient-centred and are more capable of prescribing drugs and offer counselling to patients. I feel more confident to make a follow-up of chronic diseases, and I know more about psychological disease and psychosomatic disorders,” said a General Practitioner in Jordan.

“Doctors look more confident and have more precision in decision making. They are more patient-centred in their practice, instead of disease-centred,” said Dr. Amjad AlShdaifat, Assistant Professor College of Medicine, Hashemite University, Jordan

Through supporting GPs to improve their practice at primary healthcare facilities, the Ministry of Health is taking steps to achieve UHC. Although much more needs to be done, it is an indication of the MoH's commitment to health for all, and to solidarity and action for UHC.

The programme will help Jordan establish a new generation of GPs who will be able to deliver patient-centered services, hopefully paving the way for a fairer, more equitable health system

Dr Maria Cristina Profili, WHO Representative in Jordan.



JORDAN

FACT
Jordan's Ministry of Health is strengthening its primary healthcare system through training family doctors at primary healthcare facilities to provide more patient-centred care.

WHY IT MATTERS
Family doctors, or general practitioners (GPs) are fundamental to deliver primary health care to communities to promote healthy lifestyles and provide treatment.

EXPECTED IMPACT
GPs are providing more effective patient-centred care, communicate better with their patients, and prescribe fewer antibiotics. This community-centred approach will increase Jordan's ability to achieve universal health coverage.

IN PRACTICE
The Ministry of Health in Jordan, in cooperation with WHO, launched the Family Medicine Online Diploma which trains GPs to deliver better primary health care services.

Morocco Improving quality of care through better hospital management

Hospitals across Morocco are transforming with better performance and increased patient satisfaction. A team of colleagues from each of the Regional Hospitals nationwide has received a one-year training on strategic planning and management to implement real change.

A hospital in Casablanca, Morocco © 2012 Andy Rocchelli / Cesura, Courtesy of Photoshare.

> The MBA in hospital management has made it possible to carry out a managerial transformation within Fès Hospital.
> It is the birth of a new dynamic, very participatory, with a change in behaviours and reinforced motivation among health personnel. This responds much better to the real needs of our patients.

Morocco is committed to universal health coverage (UHC) having recently pledged to expand health care to 90% of the population, especially to the poorest people. A key aspect of achieving UHC is strengthening the health system at all levels. A recent project, undertaken by the Ministry of Health and supported by WHO and Mohammed VI University of Health Sciences, has trained teams hospital staff to implement a shared vision for strategic management. The training has taken place in all Regional Hospitals and will gradually expand to all hospitals nationwide.

Why is hospital management training needed? Hospitals in Morocco face a number of challenges. They generally lack autonomy and find it hard to plan and manage human resources. This is compounded by a health workforce shortage nationwide, with a poor distribution of workers between hospitals. As with elsewhere in the world, health workers can suffer from low motivation, which affects their performance. In the absence of clear strategic plans for hospital management quality assurance or accreditation programmes and an integrated information system, there was low capacity for developing and implementing any improvements.

“The training of hospital managers in Morocco responds to a need expressed by health authorities in partnership with WHO and in the context of health policy and hospital reform. This training aims to solve the many problems of hospitals such as weak strategic planning and governance, performance-related issues, human resources planning and management, financial management, information systems quality and patient safety,” said Dr Belouali Redouane, Director, International Public Health School of Mohammed VI University of Health Sciences

During the past few decades, Morocco has conducted several hospital-level reforms focusing on organizational aspects and management tools in an attempt to address these issues. Yet there was limited training for managers to implement these tools. The Ministry of Health realized that the reforms were not reaching their potential, and that real change needed to be supported by strong leadership at the local level.

The training brought together a leadership team in each Regional hospital comprising the Hospital Director, the Head of Nursing and the Administration Manager. This team took part in a one-year programme with 20 modules from University Mohammed VI, with coaching and supervision supported by the Ministry of Health and WHO. WHO Regional and Country Offices were involved in the development of the training programme, identifying specific training needs for hospitals managers.

As well as funding the programme, WHO is also involved in the monitoring and evaluation of the training programme. On completion, each hospital team member receives a Master's degree from the University Mohammed VI in business administration, which is focused and adapted to public hospital management. The WHO Regional Office (EMRO) has signed a Memorandum of Understanding with University Mohammed VI, which aims to become a health science center of excellence in education, research and innovation especially in the area of governance and hospital management.

“This practical MBA in Hospital Management targets competencies related to strategic thinking and organizational transformation in health facilities. It aims to improve the quality of services to citizens while also driving hospital performance and strengthening health system governance overall. We are documenting its innovative design and assessing its impact to further bring it to scale to other regional and provincial public hospitals in Morocco. We hope it can also benefit other countries in the region and in the world,” said Dr Maryam Bigdeli, WHO Morocco Office WHO Representative and Dr Hafid Hachri, WHO Morocco Office, Health System Manager.

Hospital team graduates from the Masters programme, University Mohammed VI. Photo: WHO.

Hospital team graduates receiving their certificates. Photo: WHO .

> The MBA course in hospital management has enabled the team in Moulay Youssef Hospital to improve the school's governance, boost staff dedication and involvement, and improve performance and productivity.

Making the best use of tools

The programme focused on practical ways to tackle current hospital challenges, and provided solutions on how to initiate change and reform using the managerial tools available. These included tools for defining and implementing the strategy, organizational strategy development, improving services, driving performance, improving quality of care and stress management. The training took place while the leadership team continued with their everyday activities, giving them the chance to put the tools into practice. The team also informed the rest of the hospital staff about the transformation process underway.

As a result of the training, each hospital aimed to deliver in five areas:

- A hospital strategy document
- New organization and governance involving all hospital professions
- Improved hospital performance
- Self-assessment of quality based on WHO and MOH guidelines
- Improved patient satisfaction

All of the Regional Hospitals achieved these five areas and some experienced other additional outcomes. The leadership teams from all the hospitals involved also had opportunities to share their experiences of transformation together during the training.

As hospital management and quality of care improves, Morocco will make solid progress towards achieving UHC.

World Health Organization

MOROCCO

FACT

Across Morocco, teams of regional hospital management staff received a one-year training on strategic planning and management in order to transform their hospitals.

WHY IT MATTERS

Achieving UHC means strengthening the health system at all levels. Hospitals in Morocco face a number of challenges including a lack of capacity for developing and implementing improvements.

EXPECTED IMPACT

All regional hospitals now have a new hospital strategy document, new governance processes and undertake self-assessment. Every hospital has improved performance and better patient satisfaction.

IN PRACTICE

The Ministry of Health, with support from WHO and the Mohammed VI University of Health Sciences, undertook the programme, which will now be expanded to all hospitals nationwide.

Nigeria Health workforce strategic planning and management for UHC

A strategic approach to health workforce planning is crucial for service delivery and making progress towards universal health coverage (UHC). In Nigeria, at federal and State levels, human resources for health (HRH) policies are now evidence-based, health managers are better equipped to deploy, manage and retain health workers, and HRH stakeholders share information and collaborate to manage the health workforce. What led to this change?

Since 2014, WHO has worked closely with the Nigerian Federal Ministry of Health and other partners to transform how the health workforce is able to respond to the health needs of the population and make genuine progress towards universal health coverage (UHC).

In 2014 a project began called 'Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria' and was funded by the Government of Canada through Global Affairs Canada (GAC). The project has an overall goal of improving the health of infants, children, women, and men in Bauchi and Cross River States by strengthening the capacities of frontline health workers to deliver maternal, neonatal and child health care services at the primary care level.

The project was implemented by World Health Organization (WHO), the Population Council (PC) and the Global Health Workforce Alliance (GHWA) and partnerships formed with the Federal Ministry of Health, Bauchi State Ministry of Health and its Departments, Agencies and Parastatals and the Cross River State Ministry of Health and its Departments, Agencies and Parastatals.

> We now have these policies that are helping us to strengthen and improve human resources for health and thereby provide quality health services.
>
> Dr Zuwaira Hassan Ibrahim, Honourable Commissioner for Health, Bauchi State

Transformative results

- At federal and State levels, officials now have better skills to formulate, implement and manage evidence-based human resources for health policies and programmes that respond to the population's needs.
- Health managers at State and local levels are now much better able to deploy, manage and retain health workers to ensure a good mix of skills and distribution across Bauchi and Cross River States.
- Federal and State ministries of health,professional associations and regulatory bodies share information and collaboratively managed the frontline health workforce.
- State-level managers and decision-makers hold frequent informal policy dialogues about health workforce matters with a range of stakeholders, improving partnerships and coordination for mobilizing resources.

Dr Zuwaira Hassan Ibrahim, Honourable Commissioner of Health, Bauchi State. Photo: WHO.

Coordinated health planning

Coordination among intervening partners in human resources for health is of vital importance. At national level, the Nigerian National HRH Partners Forum has been revitalized with WHO's support. All partners who implement HRH interventions are able to come together, plan together, provide updates on activities, and share knowledge and best practices. This is all coordinated by the government and one of the key outcomes of this Forum is the ability to perform annual operational planning.

The Annual Operational planning has transformed approaches to ensuring that the health workforce exists in adequate numbers with the right skillsets. Based on situational analyses and policies adapted to the context of each federal State, the Federal Ministry of Health is able to coordinate with partners who are implementing health workforce projects. In each State, the government and all partners and stakeholders develop joint annual operational plans and conduct joint annual reviews and reports on how the work is going. For the past five years, WHO has provided technical assistance to the Federal Ministry of Health in this area to ensure the smooth running of this approach.

"The joint annual operational planning and reviews have improved the health leadership and governance pillar in the HRH sub-sector and also raised consciousness in progress being made in achieving Nigeria health workforce goals." Dr Moses Ongom, Health Systems Advisor, WHO Nigeria.

"In all that we do, we support government. Our core function is to support government by providing technical support and ensuring that the governance platforms are working properly. We know that once the leadership and governance platforms are working well, with technical expertise you can maximize impact." Dr. Sunny Okoroafor, NPO HSS/HRH, WHO Nigeria.

In Bauchi and Cross River States, WHO also supported the government to establish a Health Partners Forum, which brings together all partners supporting the health sector with a clear goal of coordinating and managing health sector interventions. This means that all partners come together every quarter to plan together, hear about the government's priorities, synchronize activities and support the government to achieve their priorities. It also helped health workforce issues to be mainstreamed into all health activities. For the government, it is immensely beneficial to be able to align its programmes and trainings, and understand the different areas of partner specializations. For partners it means that their pooled resources are being maximized to the fullest extent.

"Partnership coordination is helping us to align partners to the priorities of government." Dr Joseph Bassey, Permanent Secretary, Cross River State Ministry of Health

Women at a clinic in Bauchi State. Photo: WHO.

Partner coordination supported by WHO has helped us pull all partners together and know the areas of specialization of those partners, and also has improved coordination of trainings conducted by partners in the State.

Mr Patrick Rekpene, Director Planning Research and Statistics, Cross River State Ministry of Health.

Planning and retaining the health workforce

The retention of health workers, particularly in rural areas, is a big issue to overcome. WHO worked with the government to set up Human Resources for Health Desks and put in place health workforce planning officers. WHO mentored them and piloted the Health Workforce Registry, which is a database of all health workers in the Bauchi and Cross River States. The Registry links their names, age, gender and cadre to a specific service delivery point and helps identify the volume and skill mix of health workers in facilities. This is important in knowing the strengths of each facility and where there are gaps that need to be filled.

WHO conducted a WISN study in 519 ward level primary health care facilities and identified the staffing needs for those facilities. It triangulated data from the District Health Information system (a national service delivery information system) with data from the WHO Workload Indicators of Staffing Need (WISN) tool. For the government, it was eye-opening to have this kind information. They discovered that their workforce had been depleted, and that the workload was surpassing the capacity of staff. WHO presented findings on the pressures on health facilities, and this led the Cross River State Government to recruit 1000 additional health workers for primary level of care. Cross River State also used the data to inform the review of the HRH needs in the State minimum service package for primary care. In Bauchi, the WISN has led to employment and deployment of freshly graduated community midwives based on workloads and the current plans to recruit additional frontline health workers where there were shortages.

"With the coming of WISN… we can do the calculations and deploy health workers… and it will be covered by law that you must go where you have been posted. Deployment and redistribution of health workers is much easier with the registry and using WISN…" Dr Dayyabu Mohammed Hassan, Director Planning, Research and Statistics, Bauchi State Ministry of Health"

"The registry will tell me how many staff will retire next year, so I can plan and say this is the number of staff that the government will employ to fill this gap. With a click of a button, it will tell me how many midwives we have across the state." Adamu Ibrahim Gamawa, Executive Chairman, Bauchi State Primary Healthcare Development Agency.

The Health Workforce Registry piloted in Bauchi and Cross River States has now been adopted by the Government of Nigeria and WHO is providing technical assistance to the Federal Ministry of Health to roll it in select States with funding from some donors.

WHO wanted to generate context-specific information on the factors influencing the retention of frontline health workers in rural and remote areas. It conducted a study to explore what factors influence both the motivation and losses of frontline health workers in Bauchi and Cross River States. This generated contemporary data for developing evidence-based guidelines for attracting and retaining frontline health workers in remote and rural areas. WHO is currently supporting both States in this regard.

Happy health workers in Bauchi State. Photo: WHO.

Health workforce projection and planning

The WHO tool HRH Planning and Projection, as the name suggests, supports long-term planning and projection of health workforce and service delivery needs. For the first time, this tool was applied in Nigeria so that the States can identify the numbers and skill-sets of health workers required to provide quality services for the next ten years, and how that matches with the number of health facilities. The information gathered through this tool is being used to inform the review of the government's HRH policy and strategic plan currently being reviewed.

Improving the health workforce in Bauchi State

Prior to the project, Bauchi State had no policy or strategy to direct its human resources for health approach. Nor were there any human resources for health units at State or local government levels, or any kind of information platform. So the distribution of health workers was random, and some facilities were over-staffed while others suffered shortages. This of course had a negative impact on the population and access to services.

Now, things are looking up. The project helped Bauchi State to conduct a robust analysis of its health workforce, and develop a policy and strategic plan to address the needs of the State. The project also supported setting up HRH and gender units at the State Ministry of Health and supported the designation of focal persons with clear job descriptions, who were trained and mentored on health workforce planning and gender mainstreaming in health.

"We know the gaps to fill in terms of health workers, we are able to advocate to the State government to recruit to fill areas where there are gaps."
Amina Mahdi, Gender Desk Officer, Bauchi State Ministry of Health, Bauchi.

The project supported the development of Bauchi State Task Shifting/Sharing Policy for Essential Service which helps various cadres of health workers to do their work properly and addresses current gaps in skillsets. Implementation of the Health Workforce Registry meant that focal persons received training on how to collect health workforce information, conduct audits, update the registry and use it to develop profiles for human resources for health planning. Now policy makers and health managers can access real-time information on the health workforce situation in the State.

Conclusion

"This project has demonstrated that it is possible, through concerted effort by the States themselves with support from the federal level and in partnership with agencies, to achieve remarkable results. Could this be replicated in other States? Absolutely!"
Dr Wondimagegnehu Alemu, WHO Representative in Nigeria (2016-2018).

These results indeed demonstrate that planning, management and coordination to strengthen the health workforce is critical for Nigeria right now. With the right tools and strategically engaged health partners who are willing to coordinate their work on HRH, the government of Nigeria will make good progress to take those all important steps on the path to UHC.

Health personnel at community level in Cross River State. Photo: WHO.

NIGERIA

FACT

Since 2014 a project called 'Enhancing the Ability of Frontline Health Workers to Improve Health in Nigeria' has transformed how federal and state officials plan and manage human resources for health in Bauchi and Cross River States.

WHY IT MATTERS

Planning, management and coordination to strengthen the health workforce is crucial for service delivery and making progress towards universal health coverage.

EXPECTED IMPACT

In Nigeria, at federal and State levels, HRH policies are now evidence-based, health managers are better equipped to deploy, manage and retain health workers, and HRH stakeholders share information and collaborate to manage the health workforce.

IN PRACTICE

The project was implemented by World Health Organization, the Population Council and the Global Health Workforce Alliance and partnerships formed with the Federal Ministry of Health, Bauchi State Ministry of Health and its Departments, Agencies and Parastatals and the Cross River State Ministry of Health and its Departments, Agencies and Parastatals.

> Good quality data available in good time are essential in improving policies and practices related to medicines access
>
> Larisa Amer, Pharmacist, University pharmacy.

Republic of Moldova Improving access to medicines for UHC

The Government of Moldova is committed to making progress towards universal health coverage (UHC). Access to affordable medicines and other health products is a good indicator of progress towards this goal. It is vital to be able to measure and monitor the population's access to medicines, and the Government has worked with WHO in order to do so.

The Republic of Moldova is working towards achieving UHC: making quality health services accessible to the whole population without financial hardship. But how will Moldova measure progress towards UHC? A new mobile application developed by WHO helps countries to collect and analyse data on medicine prices and availability. This information enables policymakers to identify strategies to improve availability and reduce prices and to assess the impact of health reforms.

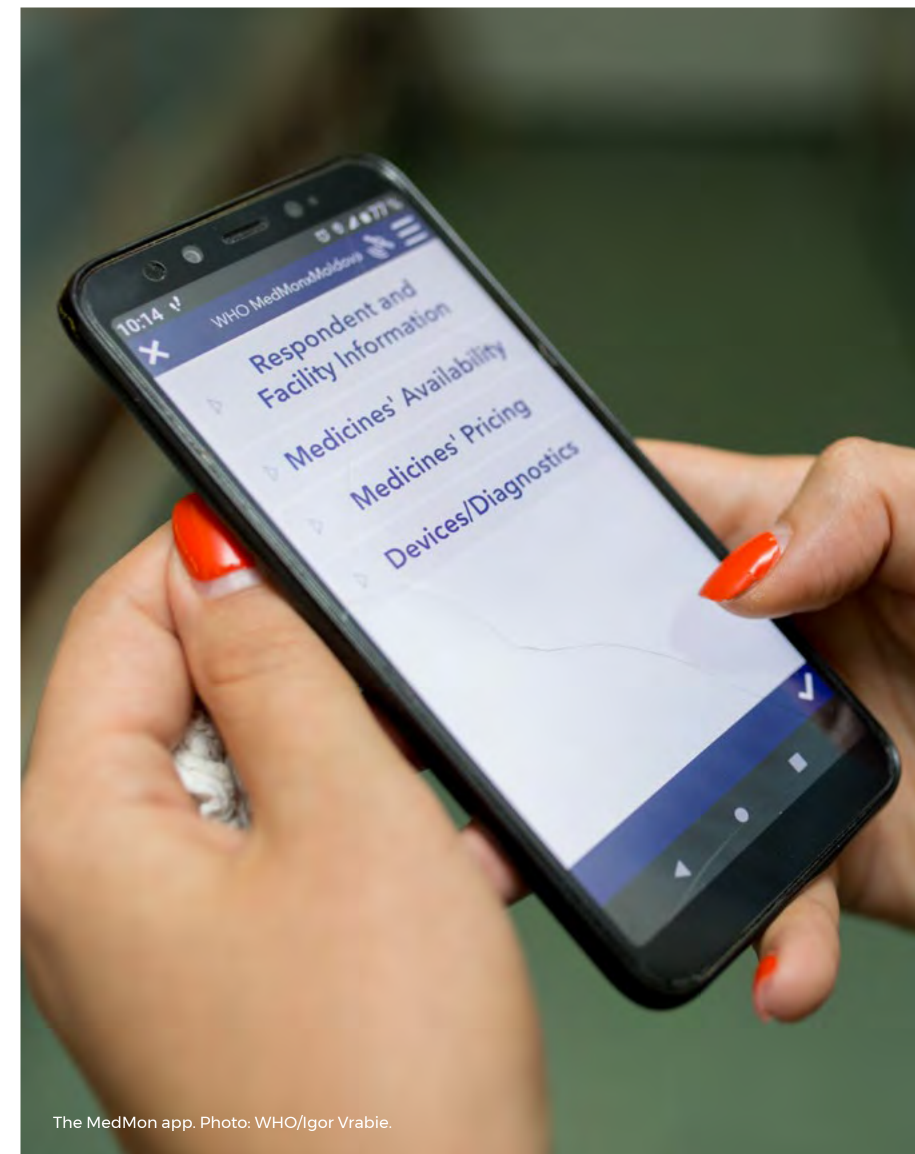
Ensuring affordable access to medicines and health products for everyone is central to UHC. One of the biggest barriers to affordable access to medicines and health products is that people have to pay for them out-of-pocket. New evidence from the WHO Regional Office for Europe shows how out-of-pocket payments lead to financial hardship for over 15% of households in Moldova – especially the poorest households – and that financial hardship is largely driven by out-of-pocket payments for outpatient medicines. This level of financial hardship reflects Moldova's heavy reliance on out-of-pocket payments to finance the health system – out-of-pocket payments accounted for 46% of current spending on health in 2016 – as well as coverage policy and other factors.

Financial hardship and unmet need are particularly problematic for people in rural areas. A WHO study on financial protection in the Republic of Moldova finds that over 70% of households with catastrophic health spending live in rural areas. Rural populations also face geographical barriers to access due to a lack of services in their locality.

> “When I or my family is ill, I have to go to the district center and buy medicines in a pharmacy. Sometimes, I get a special prescription from family doctor and then I pay very little for medicines. But usually, I do not have this prescription and I have to cover the full cost of medicines. As I am the only working member of my family, the cost of medication is a high burden for our household.” Said Alexandru Zaporojan, farmer, Zaicana village, Criuleni district.

Using the MedMon app in a pharmacy in Moldova. Photo: WHO/Igor Vrabie.

Pharmacists enter data in the MedMon app in Moldova. Photo: WHO/Igor Vrabie.



The MedMon app. Photo: WHO/Igor Vrabie.

New WHO application

A new WHO application makes monitoring the availability and price of medicines easier and cheaper.

Moldova is among the first countries in the European Region to pilot this new mobile application – MedMon – designed by WHO to help countries monitor the availability and price of medicines in the context of the SDGs (specifically, SDG 3.b.3).

Previously, paper-based data collection was a cumbersome process. The new MedMon app makes data collection and analysis easier, faster, and significantly less expensive. In Moldova, it has reduced data collection time by up to 1.5 hours per pharmacy, reduced the number of data collectors from 20 to 4 and allowed for access to data in real time, improving the data validation process.

> “The medicines policy evaluation process takes on another dimension when the data is available in this way, allowing faster decision-making and opportunities for focused interventions.” Said Gheorghe Gorceag, head of Medicines and Medical Devices unit, Ministry of Health, Labor and Social Protection.

With this new tool, four data collectors were able to survey 60 settings in community, private and public pharmacies and primary health care centers, in rural and urban areas, in two weeks. They collected data on the price and availability of 50 medicines with a total of 297 brand names. The medicines were selected based on national and international priorities through the SDG core tracer list.

> “I am happy that I could take part in the pilot project and contribute to the better monitoring of medicines availability and prices in my country. This is very important from the perspective of patients' access to treatment and essential medicines. The mobile tool was user friendly and allowed us to collect a lot of data in a short time.” Said Cristina Tverdohleb, Data Collector.

The data collected is now under analysis by local experts with support from all levels of WHO: Country Office, Regional Office and Head Quarters. Findings will provide evidence for a national report on access to essential medicines in the Republic of Moldova, which will evaluate the impact of policy interventions in pricing and reimbursement implemented from 2011-2018 and will inform further policy development in this area.

As Moldova works hard to make progress towards UHC, this new data collection and analysis tool increases efficiency. The information MedMon generates enables policymakers to identify strategies to improve medicine availability and reduce prices, to assess the impact of health reforms and – alongside indicators of financial protection and unmet need – to demonstrate progress towards UHC.

> “It was very exciting to work on this project. I found this process beneficial for the national system. I hope that Moldovan health authorities will continue to use this tool for regular price monitoring at different levels of the health system.” Said Dr Zinaida Bezverhni, Health systems officer, WHO Country Office, Republic of Moldova.

REPUBLIC OF MOLDOVA

FACT

Moldova is among the first countries in the European Region to pilot a new mobile application – MedMon – designed by WHO to help countries monitor the availability and price of medicines.

WHY IT MATTERS

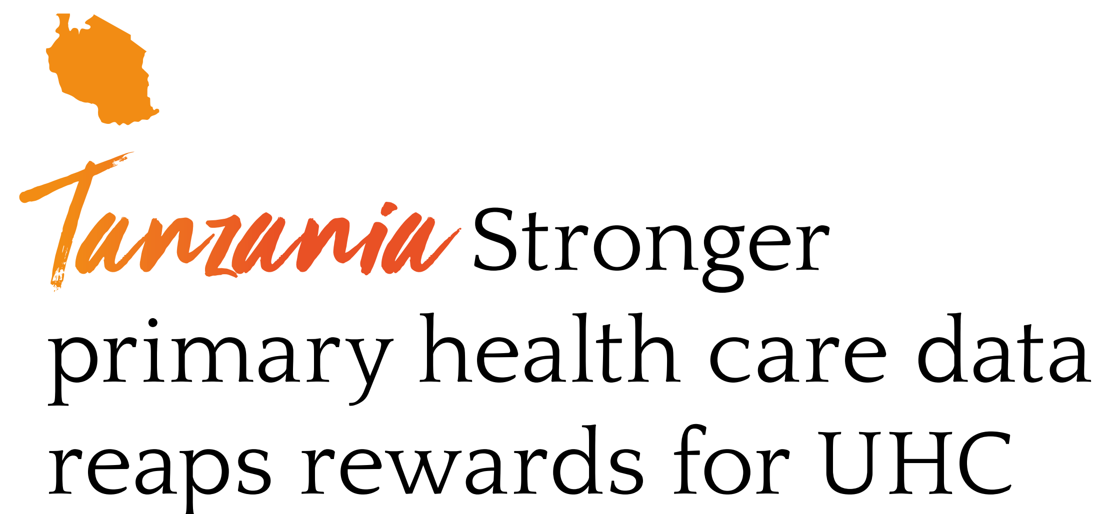
Access to affordable medicines and other health products is a good indicator of progress towards UHC. It is vital to be able to measure and monitor the population's access to medicines.

EXPECTED IMPACT

Good quality data available in good time will improve policies, practices and focused interventions related to medicines access and health products, and support progress towards UHC.

IN PRACTICE

The Government of Moldova is applying the new WHO MedMon application in 60 settings. Local experts with support from all levels of WHO analyse the data to provide evidence for future policy development.



Tanzania Stronger primary health care data reaps rewards for UHC

In Tanzania, for the first time, the government and a range of stakeholders including WHO are collaborating to coordinate a national approach to collecting and analyzing health data, especially at primary health care (PHC) levels.

Nurse recording vaccination details in Tanzania © 2016 Riccardo Gangale/USAID, Courtesy of Photoshare.

> Data represent what we do, and with data we are being held accountable, meaning we have to give weight to the way it is processed and reported.
>
> Dr Ulisubisya Mpoki, Permanent Secretary, Ministry of Health, Community Development, Gender, Elderly and Children, Tanzania.

Why does this matter?

Primary health care (PHC) is a core strategy for attaining universal health coverage (UHC) and data from primary care facilities plays a critical role. It's a simple fact that without accurate data gathered and analysed from primary care facilities, governments are unable to make informed decisions about their health systems and make progress towards universal health coverage (UHC).

Important questions therefore need to be answered. How many people are visiting primary care facilities? What sort of health problems do they have? How are they being treated? How many are not seeking care? How many health workers with what skills are working in each clinic? How many medicines are available? Information about all these questions and more provide vital evidence to policy makers and managers so they can take the right decisions to improve primary health care, front line and hospital services and reach the ultimate goal UHC.

Everyone knows that data matters. The demand for data is growing, as countries are required to demonstrate their progress towards the Sustainable Development Goals (SDGs) or be accountable to development partners for specific programmes such as TB, malaria, vaccinations or maternal health. But this is where the data landscape gets very complex.

Multiple actors with overlapping activities in the health sector put huge demands for data on countries and health facilities. They require separate monitoring and evaluation plans, single-topic data collection systems and individual reports. Often, primary care facilities have to juggle the introduction of simultaneous but varied multiple digital innovations to collect and manage data, and struggle to harmonize disparate databases. Health sector data systems are buckling under the pressure. This piecemeal approach to PHC data, so crucial for decision-making to improve the population's health, is ultimately failing the countries that donors are trying to support. Multiple and inharmonious efforts are never going to support a health system to grow stronger or help a country achieve UHC.

Tanzania's data effort

The Government of Tanzania is committed to improving the quality of health data for evidence-based decision-making and wants to strengthen its capacity to track progress towards the health-related SDGs and UHC. Tanzania has taken major steps and made significant progress towards improving the availability, access, analysis and use of primary care data, but now it also recognizes the need for more coordinated and collaborative efforts of all stakeholders to unleash the full potential of its health information system. This will reduce fragmentation and duplication of efforts, improve the efficiency of investments and build confidence in the national health data system.

Although Tanzania has faced multiple data challenges, the government through the Ministry of Health, has been consistent in showing leadership to coordinate with partners to improve the situation. On 11 September 2017, the Government launched the Tanzania Health Data Collaborative where partners and government can now hold joint discussions and make common investments in data systems. This is a collaboration of the Ministry of Health, Ministry of Community Development, Gender, Elderly and Children, the President's Office Regional Administration and Local Government, health sector stakeholders, and global partners such as WHO.

"The Tanzania Health Data Collaborative will accelerate a series of joint priority actions to address gaps in our data and health information systems. Through our collaborative effort, we will have ONE platform that will allow us to collect all the information we need, be it information on what we do for HIV/AIDS interventions, for tuberculosis, for malaria, for reproductive and child health, or for maternal health." said Dr Mpoki Ulisubisya,

The approach

Developing standards for PHC facility data systems that reflect current health service delivery and programmatic standards is crucial. This includes core indicators with standardized definitions (metadata), data quality assessment methods and best practice analytical methods and dashboards that can be applied systematically.

Standards are a foundation of quality as better data leads to better decisions, more effective actions and improved efficiencies; this is what drives better health systems and ultimately, UHC. WHO has published standards for PHC facility data analysis and use in the form of a toolkit with modules on mortality and morbidity, health services management, and programme-specific modules such as HIV, TB, malaria, maternal and child health, and immunization. Linked to each guidance module is a free downloadable digital package, that includes the core indicators and enables automated production of standard dashboards. The digital packages can be used through any software platform.

There are four main areas to improve systematic data collection, analysis and use in PHC performance assessment and monitoring as part of progress towards UHC.

1. Address the gaps in analysis and use of data

Countries can refer to WHO modules to ensure that their existing PHC facility indicator sets, analysis methods and ways of displaying and communicating data are in line with international standards and best practices. In practical terms, each programme needs to conduct a review exercise; and national and district planners and managers can use the relevant module to review or develop a crosscutting view of tracer indicators from multiple programmes. After review, the country's electronic facility data system (for example the DHIS2) can be updated to reflect any changes.

To facilitate this, the country can install WHO's electronic configuration packages. The installation process requires collaboration between programme data experts and information technology experts. Once installed, the packages enable automated production of a key set of standard dashboards. This means that data users such as analysts, managers and policy makers across multiple levels and administrative areas of the country are able to view the data in a standard recommended way. (In the absence of such standardization, there is often a multiplicity of different charts and tables that may not reflect adequately the data needed for decision-making.) In addition, automation enables production of key analyses and visuals even in settings where data analysis capacity is limited; this also serves as a capacity-building mechanism for both data managers and health service managers.

2. Promote systematic integrated approaches

All routine health facility data (from all programmes and all facility levels, especially PHC) should be available within a common, integrated electronic data system to allow decision-makers easy access to comprehensive health facility data and to enable use of relevant data across multiple programmes. Where this is not the case (for example where some programmes use independent systems), the various systems should be interoperable. This means the various systems use standard data definitions (metadata) and data in one system can be accessed through another system. It is important for both ministries of health and donors or development partners to recognize the importance of this integrated approach to minimize the creation of multiple parallel systems that cannot "talk to each other".

3. Support strong health information systems governance

All the components of a health information system – such as indicator selection, data collection tools and processes, reporting, data quality assurance, analysis, communication and use - rely on clear, standardized processes that are documented, endorsed and implemented. Staff members at all levels, especially primary care level, need to know their responsibilities and should have the capacities to carry them out. Non-existent or poorly implemented standard operational procedures have a negative impact on the availability of data and are frequently at the root of data quality problems.

4. Build networks of technical expertise

Well-functioning routine facility information systems need the combined efforts of several skill sets: clinical health care, public health, monitoring and evaluation, health management information systems and information technology. The WHO package of standards and best practices provides a foundation for common understanding and capacity building and it is important to develop country networks of data management practitioners and experts to share knowledge and lessons learned. Importantly, this includes those working at primary care level.

Nurse recording patient details in Tanzania. © 2016 Riccardo Gangale/USAID, Courtesy of Photoshare.

© 2017 Magali Rochat/VectorWorks, Courtesy of Photoshare

Health data system

The government of Tanzania is now a pioneer in promoting common agreements among national and international partners and finding a common agenda to improve the PHC health data system. Tanzania wants to have more streamlined data governance, compatibility among all health data systems, capacity to use these systems properly, ability to use the data collected and common investments in digital innovations.

Particularly concerned with multiple data systems, the Ministry of Health drew up a concept note to introduce a national multi-programme health facility data system. In January 2019, the Ministry of Health invited country and external partners to its own multi-programme data workshop with over 70 national data specialists and programme specialists from TB, malaria, HIV, immunization and maternal and child health. The idea was to ensure that everyone was addressing common issues using common methods to promote integrated data approaches across in the health system.

Over three days, participants learned about the WHO standard data analysis package, and teams working in their specific programme areas looked into their own data sets and dashboards. Each team was able to identify challenges and successes and critique the standard databases developed by WHO. They highlighted recommendations that would help the health system move forward in areas of data, evidence generation and decision-making. The workshop facilitated mutual learning and ideas around how to share resources across programmes.

“When we convened to listen to all the challenges and successes that each programme team faced, a surprising factor is that most of the challenges were common; we had just never had a forum to discuss them. This is one of the successes that we can proudly say: Tanzania has been able to bring together programmes to discuss common challenges so that we make the health system stronger together,” said Irene Mwoga, Strategic Information Systems Officer, WHO.

Following the multi-programme data workshop, some of the programmes are already working towards the recommendations made. In Human Resources for Health (HRH) experts in health systems, HRH and programmes are now coming together to find a common way forward to generate data that can inform policy decisions.

As Tanzania takes this health data system forward, the benefits are clear: improved data at PHC level will lead to better decision-making, improved evidence-based policies, enhanced collaboration, and standardized methods towards data analysis. All this makes a vital contribution to ensuring that the population has access to quality primary health care services, and therefore that Tanzania makes meaningful progress to UHC.

> This is one of the successes that we can proudly say: Tanzania has been able to bring together programmes to discuss common challenges so that we make the health system stronger together
>
> Irene Mwoga, Strategic Information Systems Officer, WHO

World Health Organization

TANZANIA

FACT

In Tanzania, the government and a range of stakeholders are collaborating to coordinate a national approach to collecting and analyzing data from health care facilities.

WHY IT MATTERS

Without accurate data from health facilities, the government is unable to make informed decisions about how to improve the health system. A national coordinated approach is needed to reduce duplication and inefficiencies.

EXPECTED IMPACT

Improved data will lead to better decision-making, improved evidence-based policies, enhanced collaboration and standardized methods towards data analysis. This vitally contributes to progress towards UHC.

IN PRACTICE

The government is collaborating with WHO and other stakeholders to strengthen data governance. It is creating a national multi-programme health facility data system, applying the WHO standard data analysis package to explore further.

Timor-Leste Building a strong finance system for UHC

For a country to achieve UHC, it must have a strong finance system in place to collect, manage, and allocate resources for the health sector. Timor-Leste has just launched its Health Financing Strategy 2019 – 2023 with support from WHO and other partners.

Timor-Leste is strongly committed to achieving UHC. Recently, the health status of its citizens has improved, with more health services available and better financial protection for its population. However, services coverage is still low. For example, about 73.5% of children are fully vaccinated by the end of 1st year and only 57% of births are attended by skilled personnel. The government faces challenges in maintaining current levels of health funding and securing additional funds for new emerging health challenges such as the rise of non-communicable diseases. Also, there are variations in access to health services between urban and rural, rich and poor, and educated and uneducated populations. The distribution of resources such as personnel, funds, and drugs is closely linked to the distribution of health facilities and not to the population or use of services. These are not small things to overcome, but Timor-Leste is determined to apply a thoughtful and determined approach.

Timor-Leste's National Health Sector Strategic Plan 2011-2030 is progressing well and orients the country's health sector in the direction of UHC through better access to health services and financial protection. The plan aims to rebuild health facilities, expand community-based health services, increase the number of medical graduates and launch the health financing strategy and family health service delivery model.

> The overriding mission of the health system in Timor-Leste is to ensure accessible and affordable health services for all Timorese people. We stand firmly committed to the goals and principles of universal health coverage.
>
> Vitor Soares Martins, SKM Director General of Corporate Services, Ministry of Health.

A mother with her child visiting a community health centre for vaccination. Photo Credit: WHO/SHOBHAN.

A child with her parents at a community health centre in Becora, Dili to receive doses of routine immunization. Photo Credit: WHO/SHOBHAN.

A community health workers delivers vaccination to a child during the 2018 national immunization campaign. Photo Credit: WHO/SHOBHAN.

Health finance

While many of the activities in the health sector plan are currently underway, Timor-Leste is proud to have now launched its health finance strategy. WHO and Ministry of Health organized the Timor-Leste Health Financing Forum on 8th November 2019. The Health Financing Strategy 2019-2023 was launched during this event along with Health Financing Diagnostic Report, National Health Accounts 2013-2017 Summary Report, and a Health Financing Brief (also published in the local language tetun).

A health finance strategy is important for a country to achieve UHC in three main ways. Firstly, it helps a country to mobilize resources through domestic financing and manage any external funds. Then, the pooling of funds - or the accumulation and management of advance payments across households - can provide people with protection from the catastrophic consequences of ill health. Finally, with a good financing strategy, a government can strategically purchase health services through direct provision or contracting. The principle of UHC, to leave no one behind, also means requires targeting resources to remove any financial barriers facing the poorest and most vulnerable people when they need to access priority health services. No one should have to pay for their health care and become poorer as a result.

“The key strength of our health financing system is the large and predominant government participation in health care; with services provided free at the point of delivery and low private expenditure,” said Marcelo Amaral, National Director for Planning and Financial Management, Ministry of Health.

“A strategic approach to sustainable health financing is necessary; not just to secure increased financial resources for health, but to strengthen mechanisms for revenue generation, pooling resources and strategic purchasing in the health sector,” said HE Bonifacio Mau Coli des Reis, Lic. SP, Vice-Minister for Health Strategic Development, Ministry of Health.

Timor-Leste's health finance strategy has four main objectives:

- Ensure financial protection for the population;
- Increase health funding to cover unmet needs such as coverage of essential services, strengthening of hospital care or investments to tackle financial needs associated with non-communicable diseases and others;
- Reduce inequities in resource availability and service utilization across territories and population groups; and
- Improve system allocative and technical efficiency.

The WHO Country Office in Timor-Leste, through the UHC Partnership, has provided support to develop the plan in various ways. In 2017, WHO supported the Ministry of Health to carry out a health financing diagnostic study, which was followed by analytical work on options for the health financing policy. This provided crucial input to the development of the strategy. WHO also supported a series of consultations and workshops to finalize the health financing strategy. The WHO Regional Office provided support throughout the process with visit by a Regional Adviser, technical support and review of materials.

“The development of the health financing strategy for Timor-Leste has been an extremely engaging and rigorous process. Prior to the development of the strategy, a comprehensive diagnostic of the health financing system was undertaken and key health financing analytics like the National Health Accounts study were conducted. Based on these and numerous consultations among the government agencies, partners and other stakeholders, the health financing strategy was developed. We appreciate the support of the EU WHO UHC Partnership to develop this health financing strategy,” said Dr. Rajesh Pandav, WHO Representative to Timor-Leste.

I sincerely hope that this health financing strategy will ensure that Government health budgeting and expenditures remain compatible with the delivery of health services, both in quantity and quality, to the Timorese population. It is internationally recognised that a strong and resilient health system needs efficient and sustainable health financing.

Mr Simon Le Grand Head of Cooperation for the European Union in Timor-Leste.

A team of health care workers comprising doctors, a midwife, a nurse and a pharmacist visit a family in Special Administrative Region of Oecusse. Photo Credit: WHO/SHOBHAN.

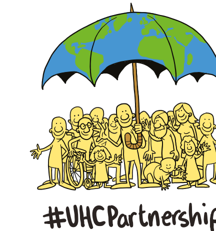
Multi-stakeholder engagement

No health sector plan or health financing plan can be developed and implemented alone. Timor-Leste's finance plan was developed through engaging with a range of stakeholders including development partners and other Ministries and sectors.

Going forward, the Ministry of Health invites many different stakeholders to engage with the plan, and its implementation. The strategy calls for critical linkages and collaboration between the Ministry of Health and Ministry of Finance to strengthen the public financial management system. Strengthening health planning, and budgeting and implementing the essential service package will also require the capacity and commitment of health professionals and managers. Development partners play a critical role in supporting the government to ensure that health finance is adequate and sustainable. Importantly, civil society can complement the government's efforts to address the needs of the poorest and most vulnerable parts of the population.

Summary

The Ministry of Health in Timor-Leste is working hard to ensure that its whole population has access to health services without becoming poorer as a result. A strategic approach to sustainable health financing is necessary not just to secure increased financial resources for health, but to strengthen mechanisms for revenue generation, pooling resources and strategic purchasing in the health sector. As Timor-Leste takes precious steps towards UHC, how this plan is now implemented will make all the difference to the populations' health.



> I hope this document will provide the framework and mobilize all efforts of the government, development partners, private sector, stakeholders and communities in contributing towards a sustainable health financing system in Timor-Leste. I invite you all to engage in this process to fulfill our common vision of Healthy Timorese citizens living healthy Timor-Leste.

HE Bonifacio Mau Coli des Reis, Lic. SP, Vice-Minister for Health Strategic Development, Ministry of Health.

World Health Organization

TIMOR-LESTE

FACT

Timor-Leste has just launched its Health Financing Strategy 2019 – 2023, an essential element of progress towards universal health coverage (UHC).

WHY IT MATTERS

For a country to achieve UHC, it must have a strong finance system in place to collect, manage, and allocate resources for the health sector.

EXPECTED IMPACT

The Health Financing Strategy will ensure financial protection for the population; increase health funding to cover unmet needs such as coverage of essential services; reduce inequities in availability and use of health services; and improve system efficiency.

IN PRACTICE

The Government of Timor-Leste launched the Health Financing Strategy with support from the WHO Country Office in Timor-Leste, through the UHC Partnership and by engaging with a range of stakeholders.

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We would like to thank all those people in Country and Regional Offices who have supported the process of producing and writing these stories on top of their own very busy schedules; your efforts are much appreciated. We would also like to thank our donors and partners who have made this work at country level possible, and to all the technical staff of WHO who have worked hard in association with our partners on these projects.

If you have comments or feedback please contact jwt@who.int

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"It is possible for all countries to achieve universal health coverage. It's a matter of mainly political commitment."

Dr Tedros, Director-General, WHO

Contact: jwt@who.int

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