

## Health Systems Strengthening

Weak health systems are often identified as the binding constraint to further progress. As President Obama noted in 2009 at the launch of the President's Global Health Initiative (GHI): "...we will not be successful in our efforts to end deaths from AIDS, malaria, and tuberculosis unless we do more to improve health systems around the world..." GHI has incorporated health systems strengthening (HSS) into the core set of seven GHI principles.

### Why HSS Is Important

Ultimately, for the U.S. Government, HSS is about helping countries save lives: Proven, cost-effective interventions and technologies for combating disease are more likely to be effectively delivered and sustained in the presence of high-performing health systems. Through HSS, the U.S. Government seeks to maximize and sustain its longstanding and continuing investments in the health sector, thereby adding value to its own investments and those of other actors, including country governments, other donors, and the private sector.

### U.S. Government Approach to HSS

Health systems are complex and dynamic phenomena and HSS varies from one country to another for many reasons, including historical, political, social, economic, cultural, demographic, and epidemiological. Consequently, the U.S. Government has adopted a flexible, multidimensional approach that responds to this complexity, dynamism, and variability. Through this approach the U.S. Government works to assist countries to strengthen the discrete, core functions of health systems; manage the relationships among these core functions; and link the health system with non-health system entities and actors.

### Achieving GHI Health Goals and Principle on HSS

By applying a health systems lens to their programming, U.S. Government country teams maintain a results focus while ensuring maximum value for health systems. The U.S. Government delivers results in three ways: by supporting discrete HSS activities, through joint programming and co-funding across global health accounts, and through improved collaboration across U.S. Government agencies.

### Collaboration

Neither U.S. Government resources nor technical expertise is sufficient to ensure adequate coverage of the broad range of diverse and complex health system challenges faced by any one country. The U.S. Government is working with host countries, both within and outside the health sector, to build ownership and capacity for HSS. It is also working with multilateral, bilateral, and other partners to maximize the U.S. Government return on its investment in HSS.

### Measuring Progress

A pressing challenge for the U.S. Government is to develop and apply sound metrics for measuring progress in HSS. Work is under way to establish potential measures and indicators for assessing changes in the performance of the core functions of the health system as well as more systemic health system improvements.

### Enhancing Evidence

There is still much the global community does not know about how health systems operate, or which HSS activities – alone or in combination – are associated with improved health system performance, health outcomes, and sustained impact in different settings. The U.S. Government is taking several steps to enhance new knowledge generation in this area, including articulating a research agenda.

#### **The Power of Human Resource Information in Changing Policies in Kenya**

In Kenya, the U.S. Department of Health and Human Services/U.S. Centers for Disease Control and Prevention (CDC), through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), worked with Emory University to establish the first Human Resource Information System in sub-Saharan Africa. The system collects registration and deployment data on health care workers on a quarterly basis from more than 6,000 health facilities nationwide. The data produced have been used to impact policy and program decisions by the Ministry of Health. For example, the data were used to successfully extend the retirement age across the civil service, including nurses, by 5 years; "clean" the payroll; rectify promotional backlogs for nurses; increase registration and licensing of doctors, nurses, and laboratorians; and change policy to allow health facility construction funds to be used to hire more than 1,000 new staff needed to fill those facilities, above and beyond the established ceiling. Source: CDC (2010)