

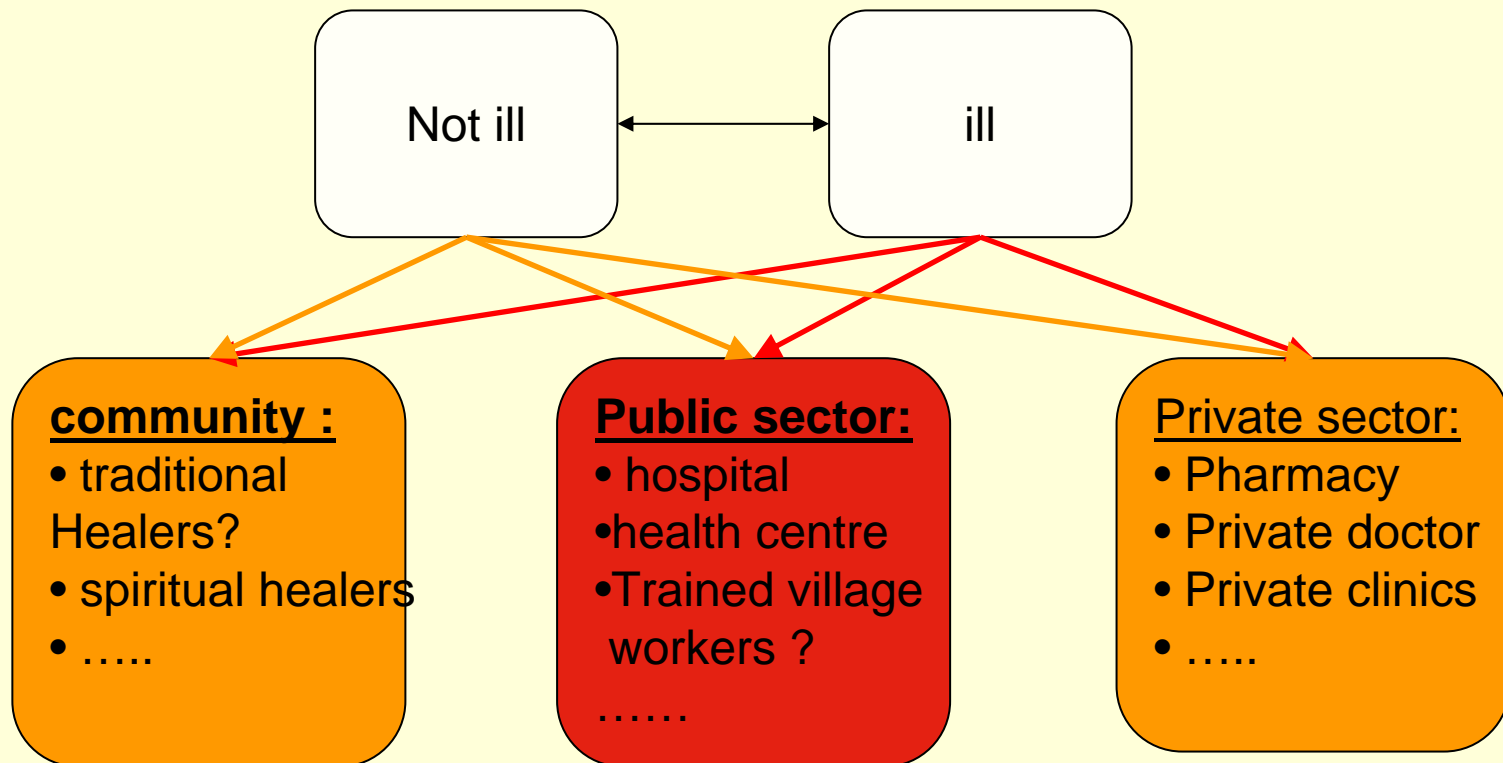
# Model for Strengthening of Local Health Systems *elements for discussion*

First GMS Regional Health Forum on Cooperation in  
Communicable Disease Control and Health Systems  
Development

Section: Regional opportunities for  
strengthening public health systems

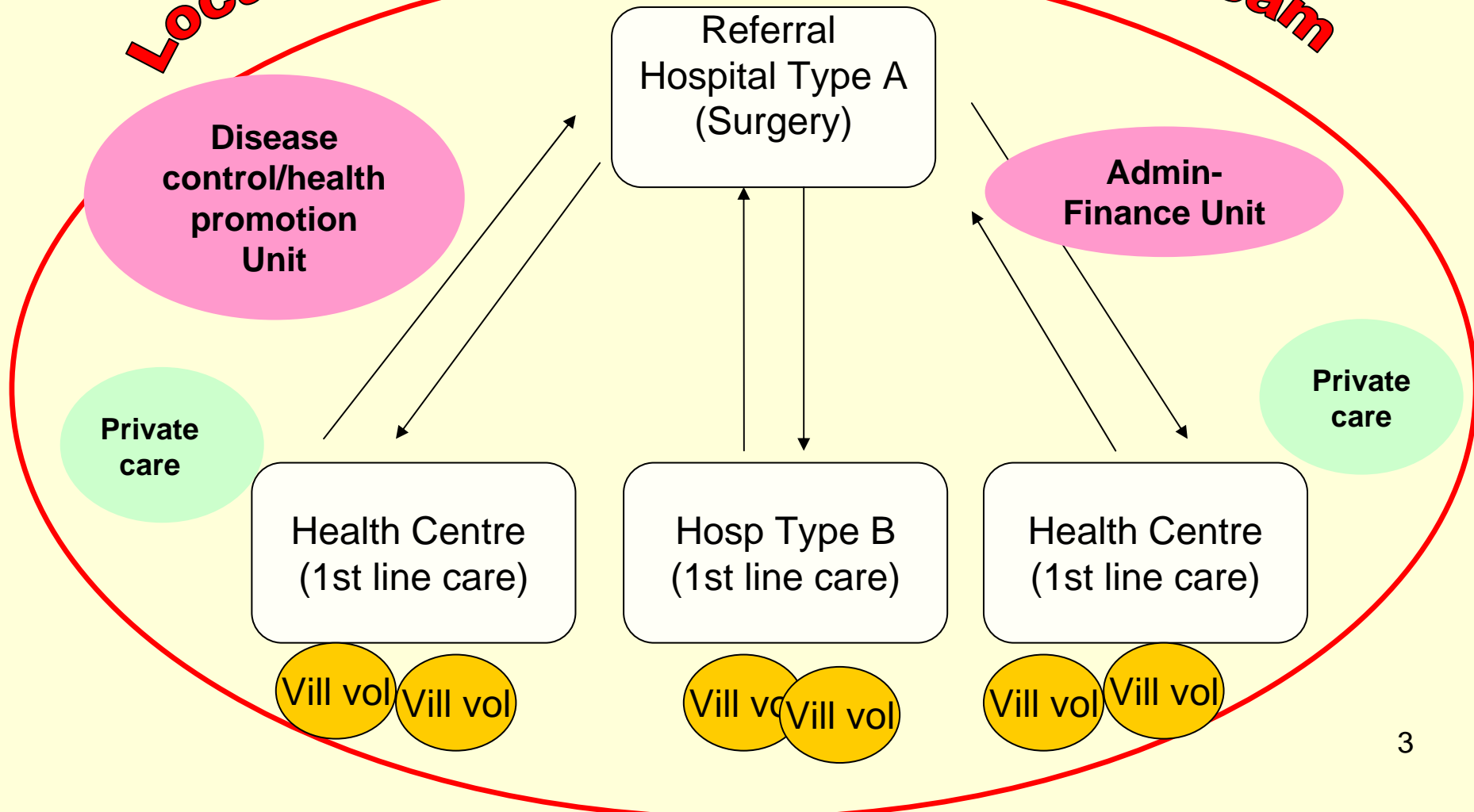
*Vientiane, Monday 5 November 2007*

# Health Demand and Offer

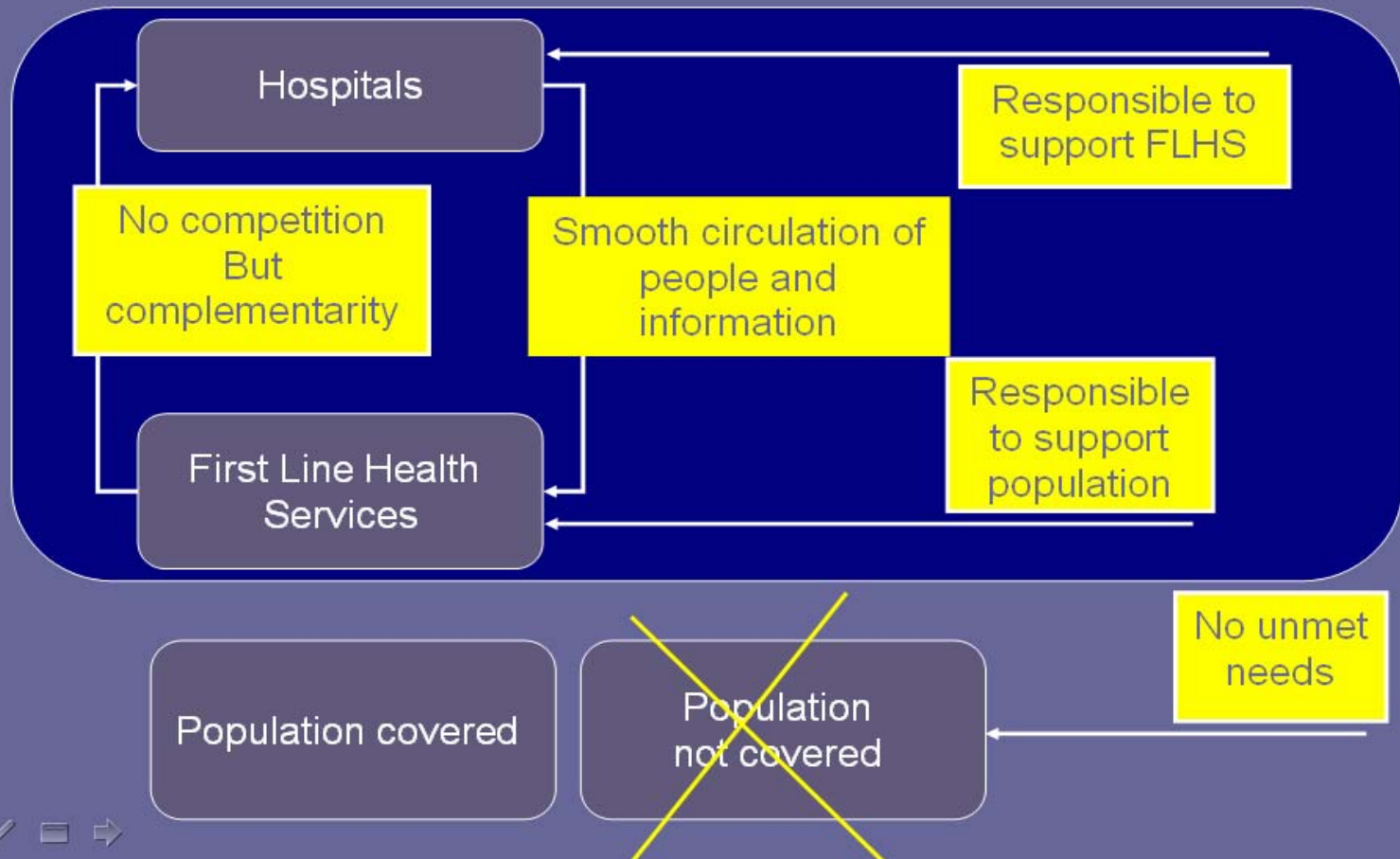


# Local Health System

**Local health system management team**



# Integrated health system within public health sector

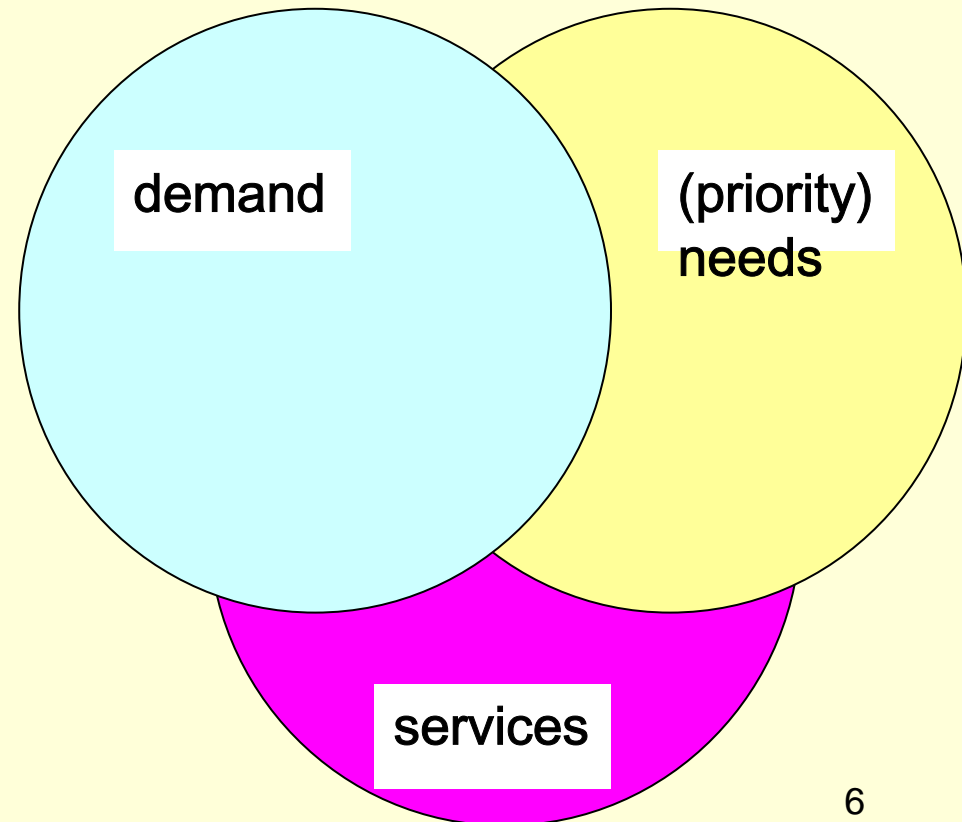


# Characteristics of Quality Care, and Health Systems

- Equitable
- Effective
- Efficient
- Accessible
- Acceptable/patient-centred
- Safe

# User-centered Rationalization of Health Services (LHS)

- Not spontaneous process, often contrary to immediate interest of staff
- Irrational patient behavior
- Pressure interest groups
- Correction imperfect market
  
- Dynamic processs
- Needs policy decision :  
*based on evidence from national experiences*



# Conditions for improving LHS

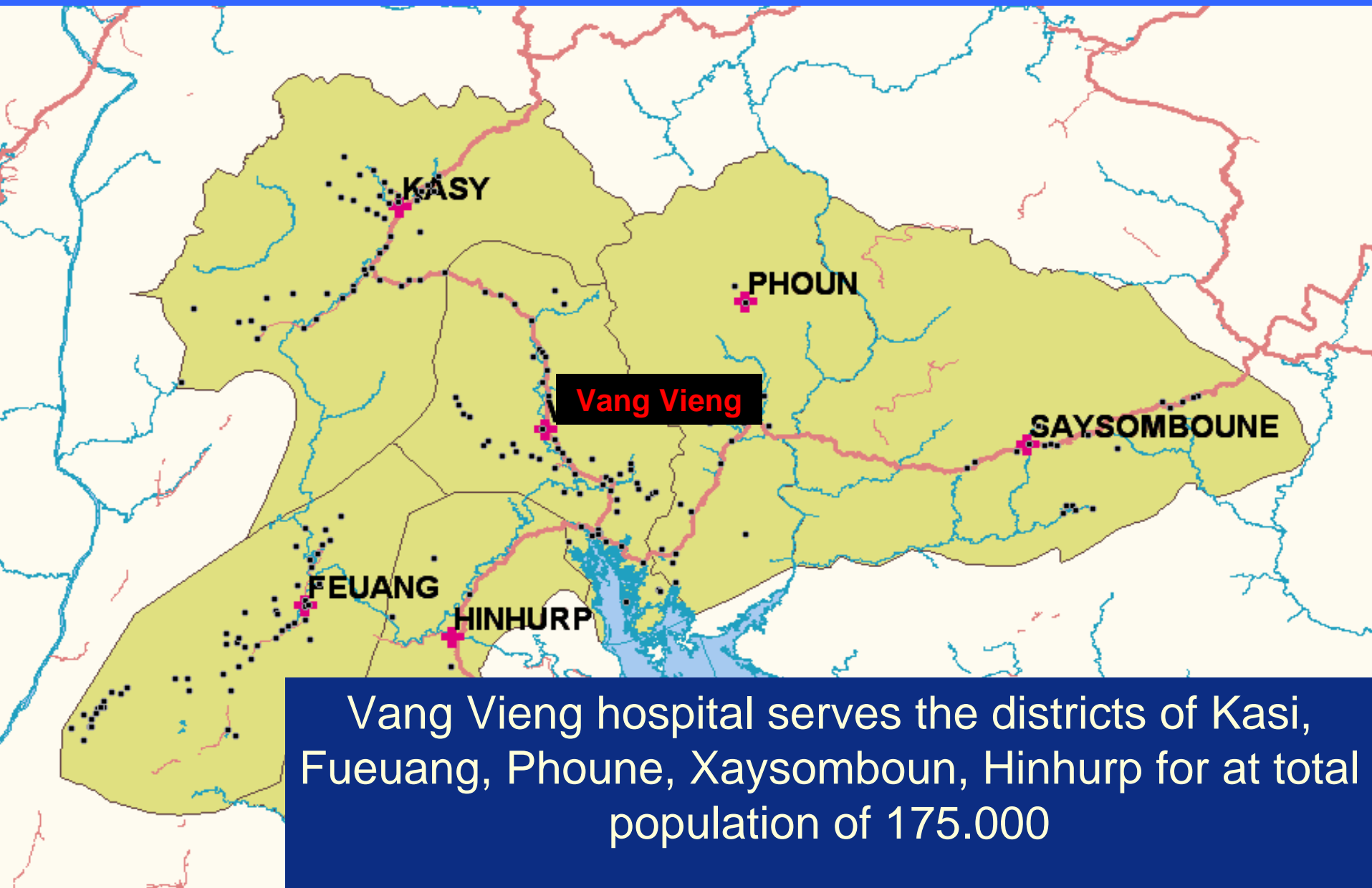
- Observation:
  - Civil works,
  - Equipment,
  - Training
  - Subsidies..... Is not enough
- Hypothesis: Reform needs
  - An external catalysator to induce re-organization
  - A scientific planning methodology

# Lao-Belgian Health project

- **Develop 2 Pilots LHS**
- 2004 – 2009
- Operational research
- Under guidance of MoH
- In collaboration with local authorities
- Providing « good practice » training sites
- **Institutional support LHS & POH & MOH**

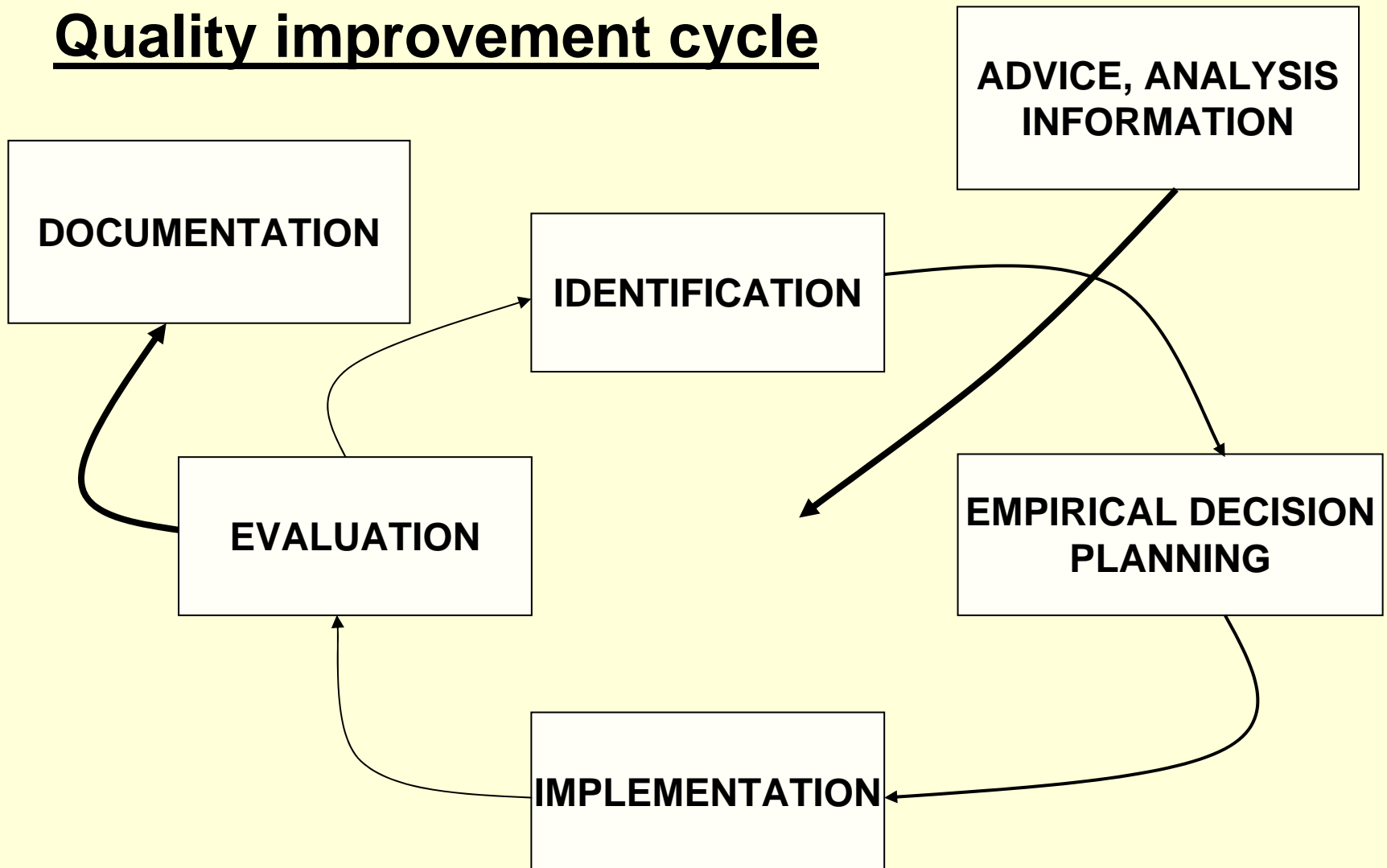


# Vang Vieng Local Health System zone



Vang Vieng hospital serves the districts of Kasi, Fueuang, Phoune, Xaysomboun, Hinhurp for at total population of 175.000

# Quality improvement cycle



= PDCA cycle, management cycle

<http://erc.msh.org/quality>

(Management Sciences for Health  
& Unicef)

- **Quality Improvement Steps**

- getting started:

- establishing a quality improvement team
    - creating the vision and mission statements

- developing a strategic plan

- identifying the problem

- describing the problem

- analyzing the problem

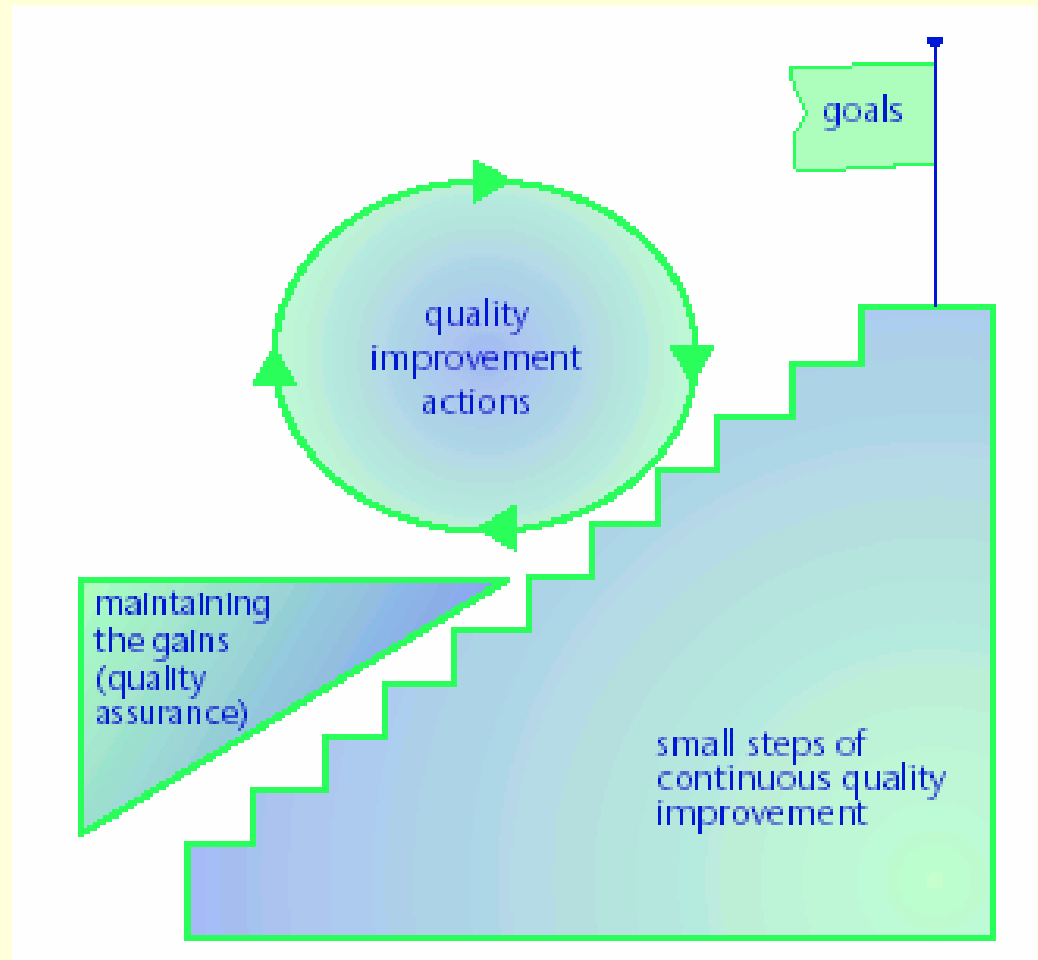
- planning the solution

- implementing the solution

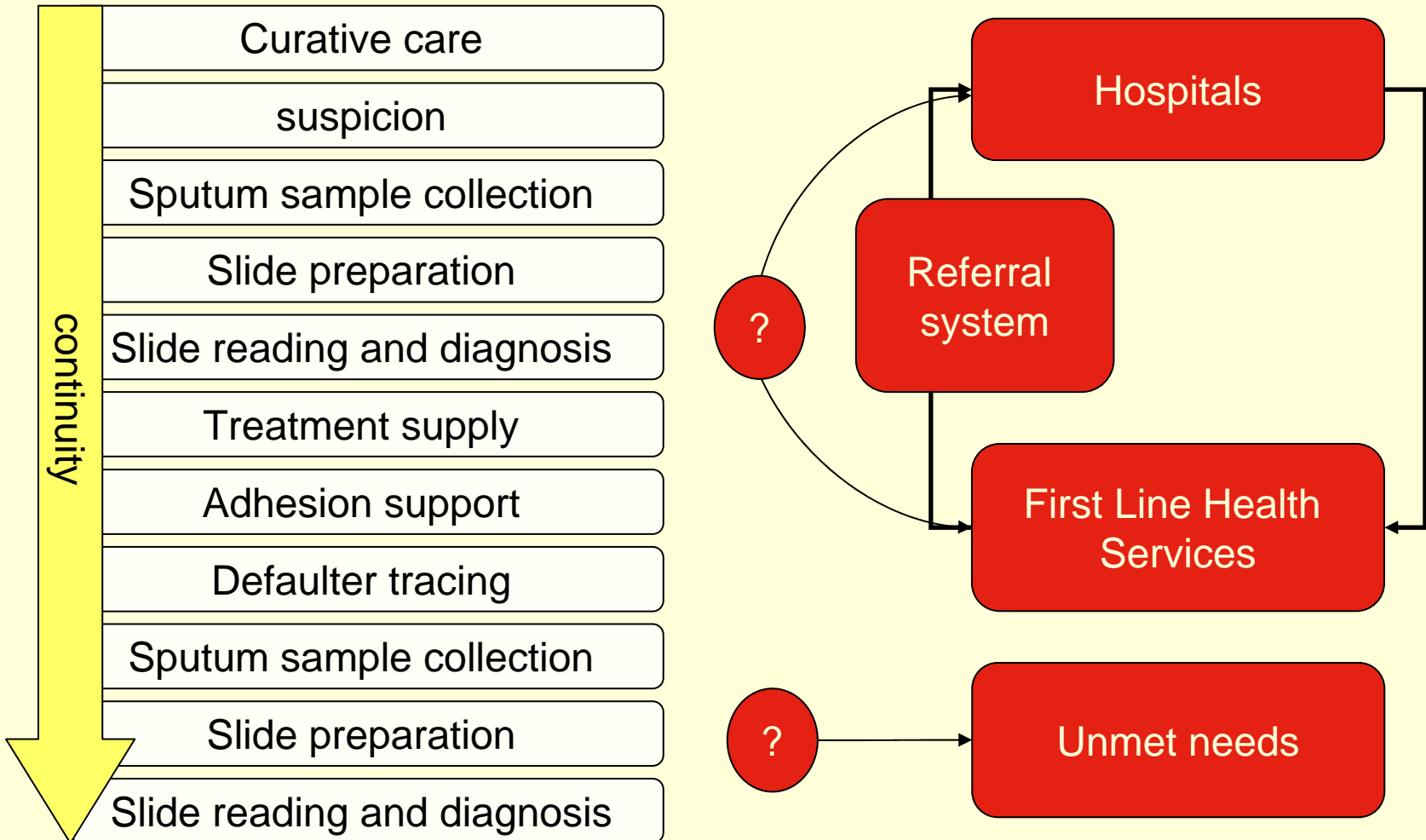
- monitoring and evaluating the solution

# Quality Improvement and Quality Assurance

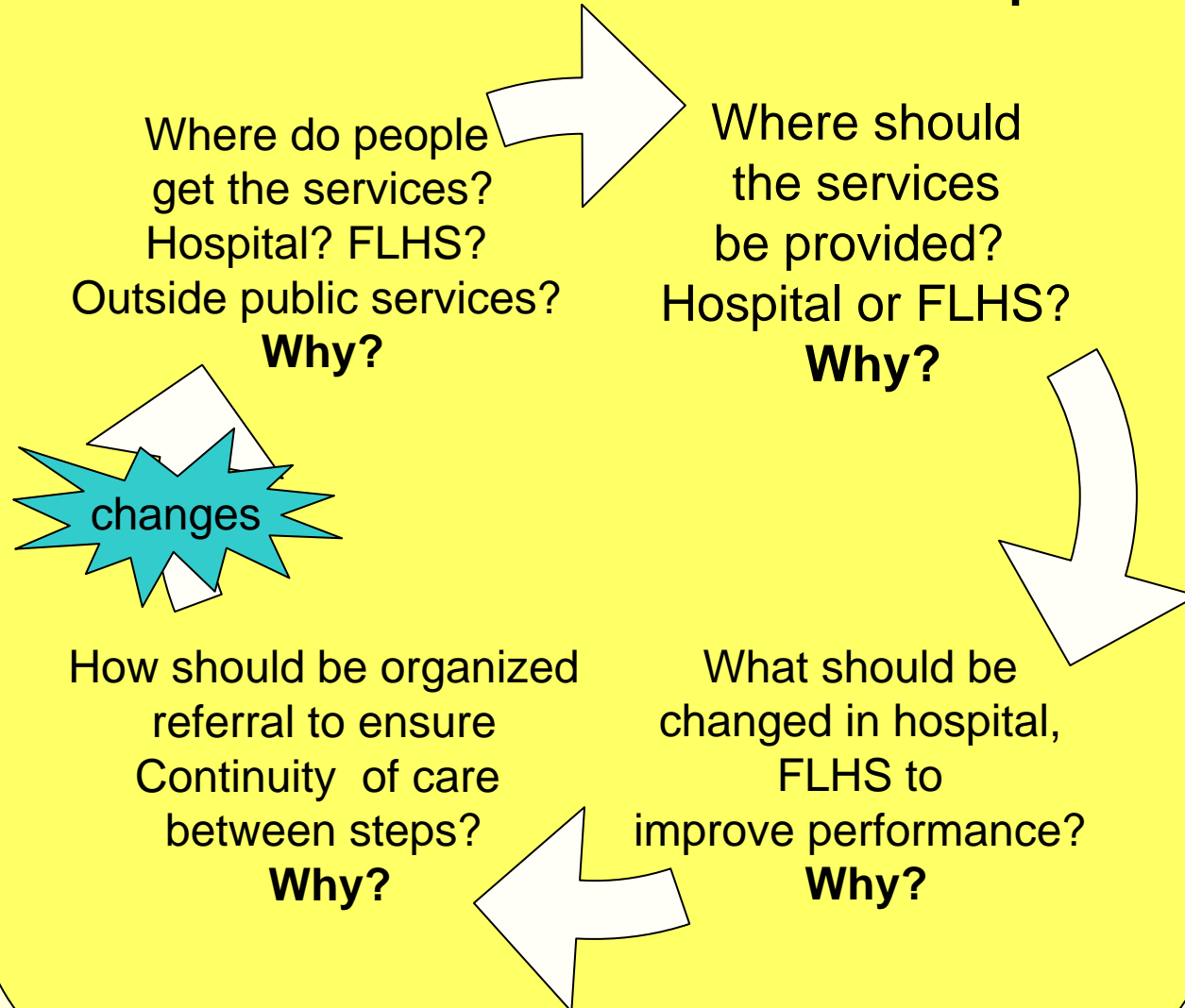
Focusing on Quality Improvement leads to better outcomes than focusing on Quality Assurance alone



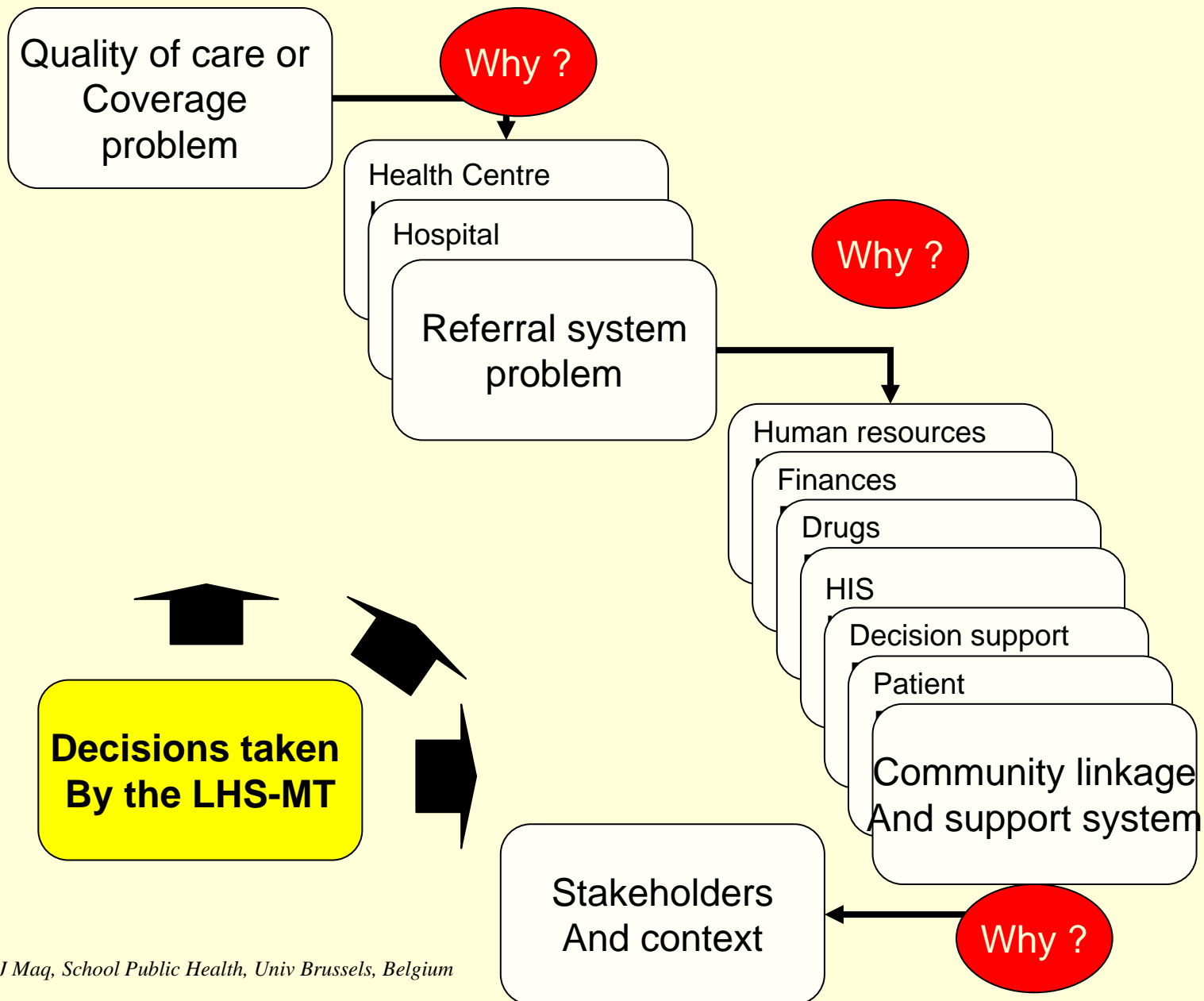
# Tuberculosis and integrated health system



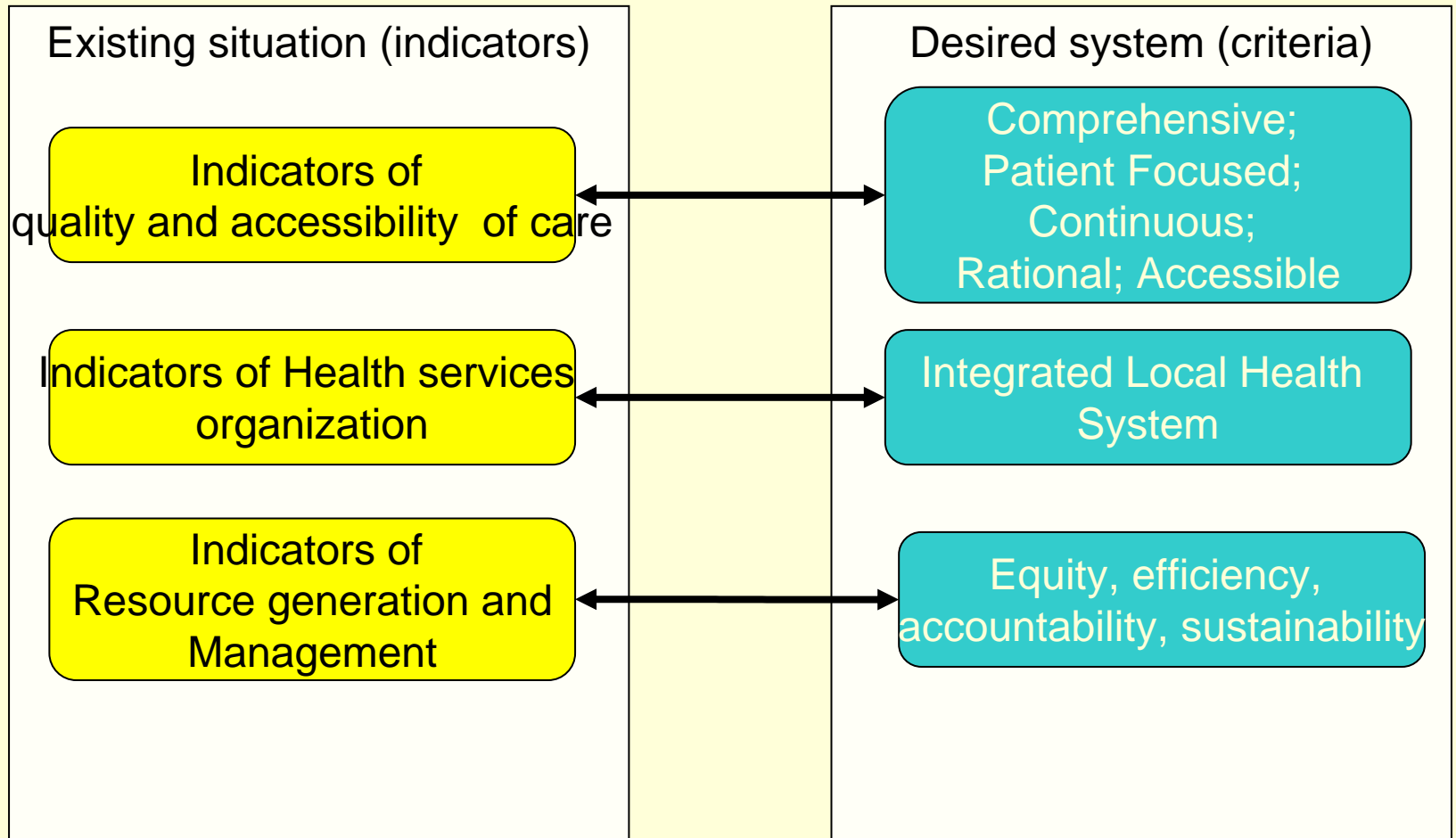
## Analyze Step by step for complementarity and smooth referral between HC and Hosp:



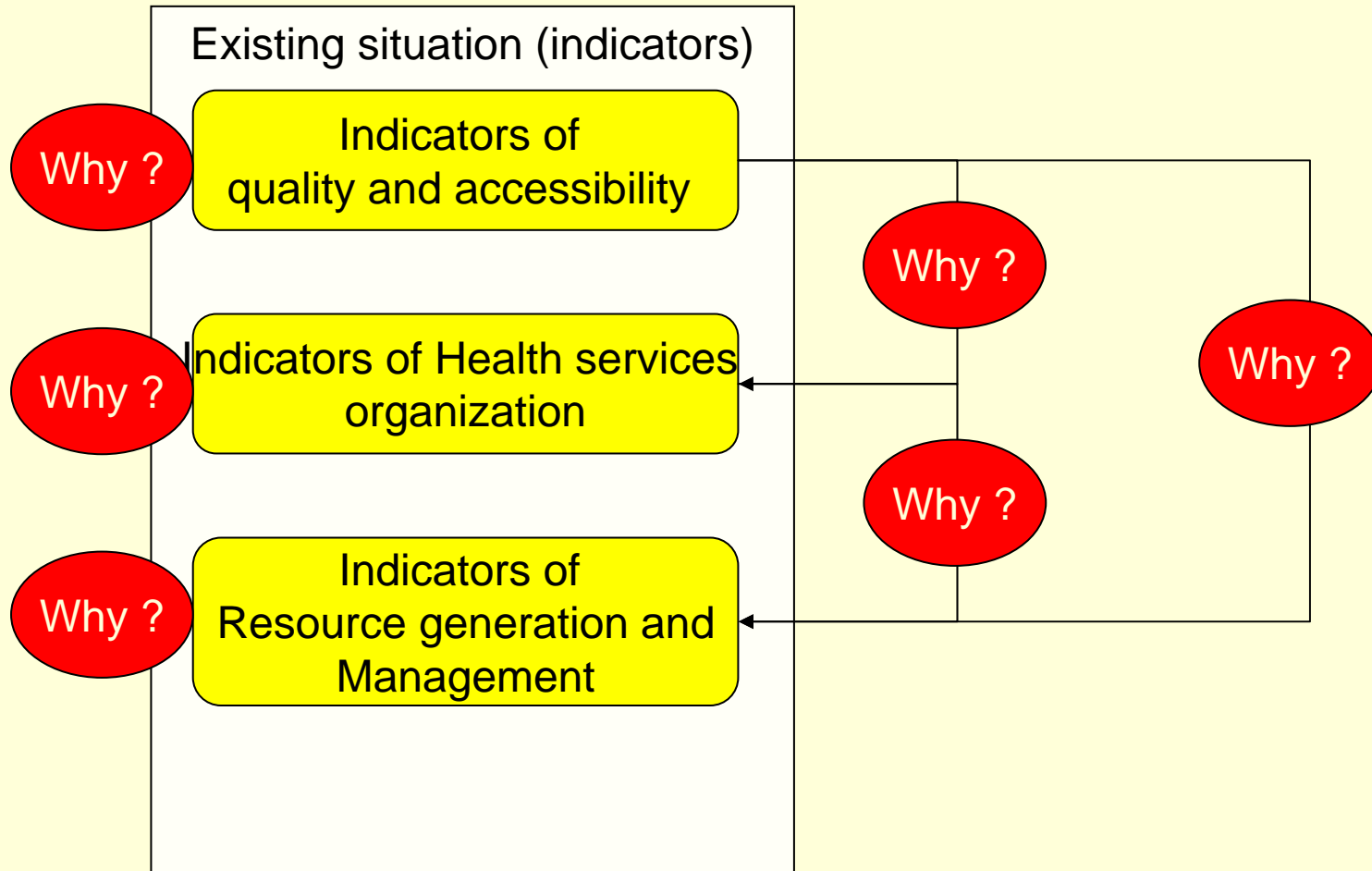
# The process of answering the WHY?



# Information needs for planning



# Information analysis: basis for change and problem solving



# Strengthening Local Health Systems:

Implementing known QI management tools to guide the reform process

1. Institutional strengthening & Capacity building
2. Introduction, first where best opportunities
3. Simultaneously : support for infrastructure, equipment & training & financial support

# LBH : Institutional support levels

## **1. Health facility development**

- Infrastructure, logistics, equipment.
- Training technical skills & management, cfr needs
- Operational and salary subsidies (performance related)
- Systemic reforms initiated & monitored by Prov, District

## **2. Support to provinces and district management**

- Technical support, coaching, subsidies
- Planning cycle: targets & activities defined during process

## **3. Support from and to central level (MOH)**

- National Steering Committee follows and guides process
- Results of field experiences are brought to MoH

## **4. Fac Med Sciences, school nurses**

# LBH : Institutional support: tools

## **1. Management support:**

- PDCA cycle – action research – decision making
- Transparent team work – financing, accounting

## **2. Introducing standars**

- Study visits to « good practice » examples; pre-accreditation mechanisms

## **3. Empowerment for reform**

- Dialogue with health and administrative authorities; and « communities »
- Peer contacts, networking

## **4. Operational subsidies & financial arrangements**

## **INPUT : Technical assistance, coaching (BTC, local, external)**

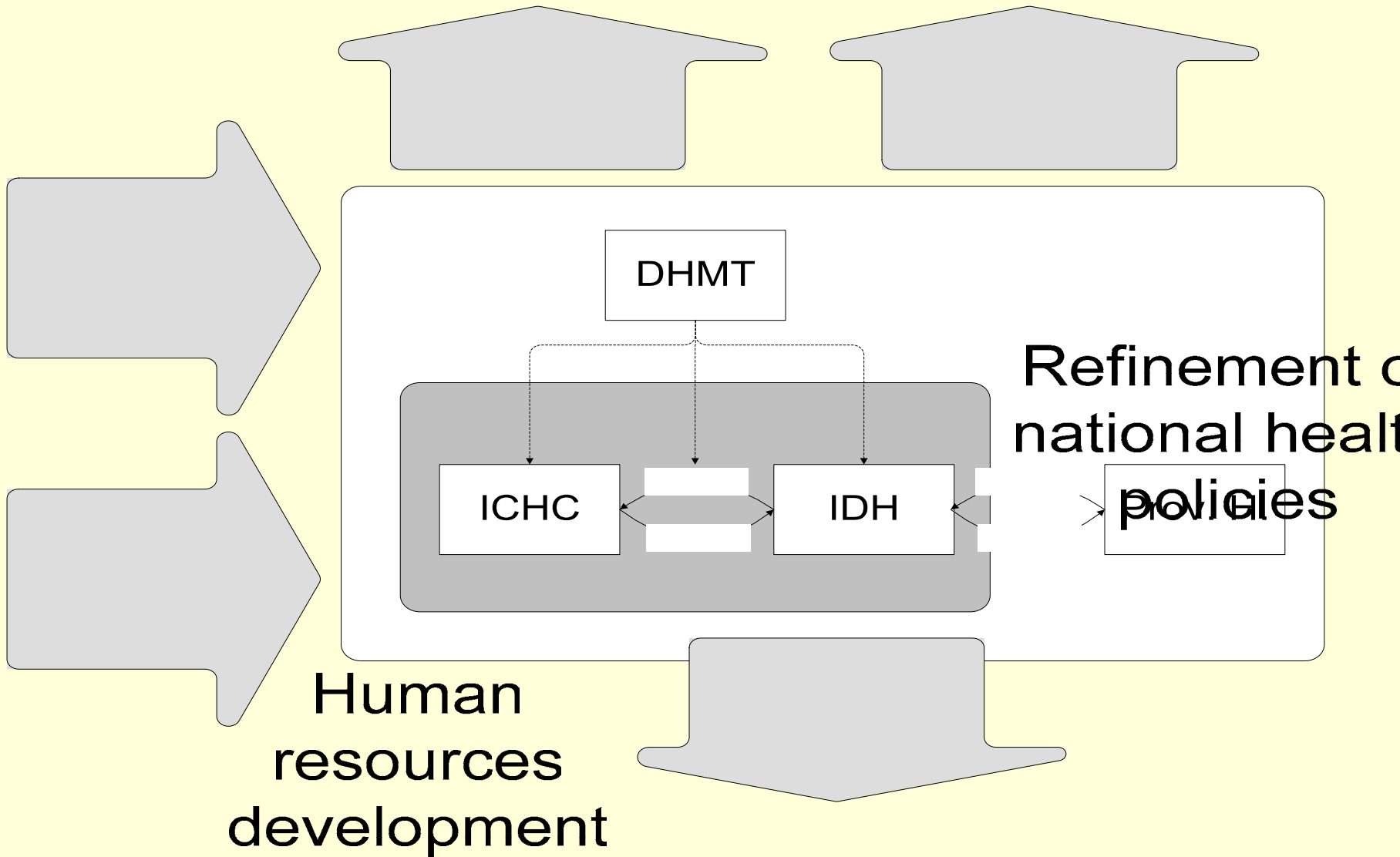
- Strategy, donor co-ordination, scientific back-up

# LBH : Major achievements

- Increased performance of project health facilities
- Improved management at provincial & district level: PDCA as management tool, transparent and results oriented decision making
- Project facilities being used as training sites for other districts' staff and students Fac Med
- Ministry of health documents the process, considering applications at larger scale: elements for policy dialogue in MoH

**But** : LHS needs sustained financing

# Pilot Impact



# Capacity building for improved quality . . .

## A package

**1. Basic professional education (theory & practice)**

**2. Training technical skills, “good practice”**

**3. Scholarships for key staff**

**4. Study tours “good examples”,  
networking, peer contacts**

**5. External technical  
support, coaching, research**

**6. Financial  
arrangements**

**7. Policy  
support**



# Summary

- LHS = model for rationalized integrated local health services
- QI = based on management cycle
- « Integrated Capacity building »
- Institutional support at all levels
- External catalysator, coach (MoH, project)
- Continuous effort – long term

# From Pilots to Expansion

- Make choices based on provided evidence; lessons shared, field visits, provincial & national meetings, research results
- Institutional strengthening, leading to capacity development for country-wide reform of LHS
- Balance between control and autonomy for LHS
- National programme of quality improvement (prior to accreditation)
- Use pilot sites as training areas
- Start small: Minimal Requirements (*Jica, Laos*)

# LHS and Disease Control ?

- **LHS** : a-priori requirement for integrated implementation of vertical disease control programs :
- Increased **efficiency** : integrating curative & preventive care, avoid duplications of programs, first line-second line complementarity, rationalization
- Increased **effectivity**: Strengthened EPI, surveillance epidemics- endemics (typhoid, leptospirosis,..) increase continuity of CDC programs
- Increased **acceptability** : long-term community involvement, referral system, etc...including cross-border

# Opportunities for regional partnerships for LHS quality improvement ?

- Policy support:
  - Support research; regional University involvement in research with policy makers, or NIPH institutes
  - Make evidence available, organize regional seminars (cfr Laos Oct 2006, Nov 2007)
  - Study tours to « good experience »; to « failures » too
  - Interactive Web-sites
  - Include health systems in cross-border issues
- Institutional support
  - Mix of Pilot projects and SWA-financial support
  - Lobby for funding of health system (Improved quality is prerequisite for sustainable financing)
  - Sufficient Technical Inputs
- **« Vientiane Declaration on CDC through Local Health Systems »**

# Thank you for your attention

