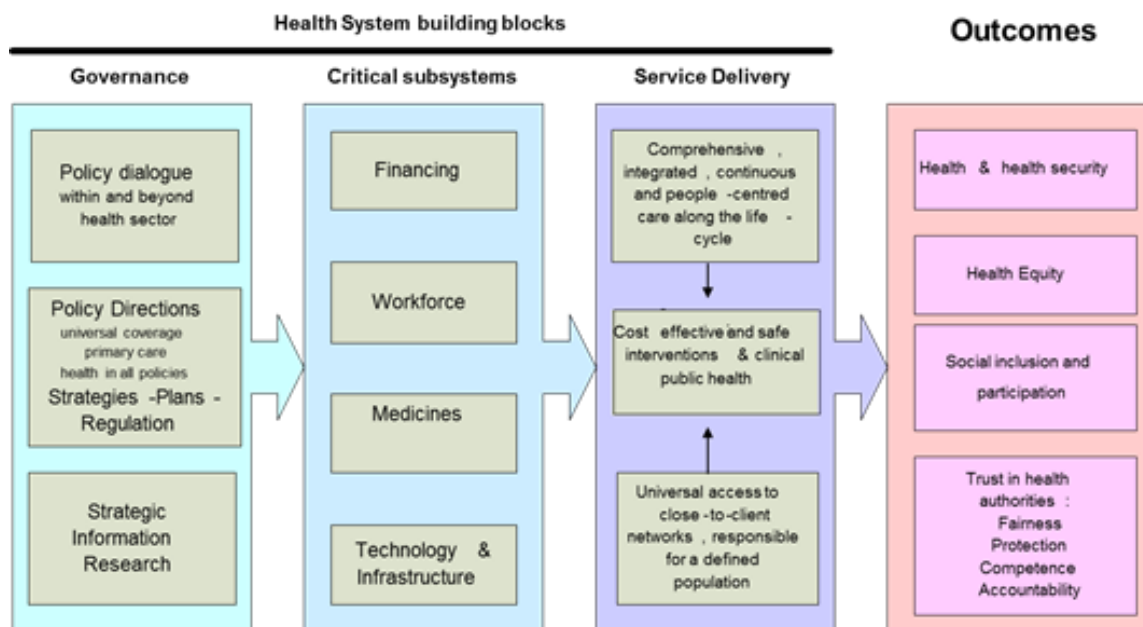


Health Systems and Policies Guidance Notes

Introduction

While evidence of effective interventions to improve reproductive, maternal, newborn, and child health (RMNCH) has been well established, coverage remains low in many settings. Programmes to address RMNCH are implemented through complex public and private organisations that rely on systems to provide medicines, to finance health services, to assure quality and efficiency of care, to manage the health workforce, and to generate information needed for effective operational decisions. Governance and leadership, expressed in clear policies, are necessary to provide strategic direction in all these areas. The development of functional health systems requires that a number of supportive policies (both within and outside the health sector) be in place to improve access to, quality of, and demand for effective interventions.

Countdown contributes to an understanding of the environment in which RMNCH services are delivered and health outcomes are produced, by assessing selected indicators of health policies and health systems. The indicators span across the six health system building blocks (leadership and governance, financing, human resources, medicines, equipment and commodities, and service delivery) and reflect the continuum of care, across the life course and levels of service delivery. These policy and system indicators are collected through special surveys or through key informants at the country level. The system indicators are globally agreed tracers of different aspects of the health systems and are derived from global, public data bases.



The Countdown [country profiles](#) contain 16 health systems and policy indicators that were selected both for their relevance in moving towards universal access and coverage of interventions among women and children, as well as their availability to be collected and monitored. At country level, additional policy and system issues can be reviewed and discussed.

Global policy and health system indicators

The Countdown Reports published in 2008, 2010, and 2012 include a brief explanation on the policies and key health system and financing indicators covered by Countdown, as well as a compilation of the global findings. The indicator list, definitions, and data sources are available in the [2012 Countdown report](#) (see in particular Annexes A and C of the report). The indicators fall into four categories summarised here:

1. Indicators obtained from global data bases

- Indicator:* Maternity protection in accordance with Convention 183
Source: International Labour Organization. Data base of Conditions of Work and Employment Laws (<http://www.ilo.org/dyn/travail/travmain.home>)
- Indicator:* Density of doctors, nurses and midwives (per 10.000 population)
Source: Global Health Atlas (<http://apps.who.int/globalatlas>)
- Indicator:* Per capita total expenditure on health
Source: Global Health Expenditure Database (<http://apps.who.int/nha/database/PreDataExplorer.aspx>)
- Indicator:* General government expenditure on health as percentage of total government expenditure
Source: Global Health Expenditure Database (<http://apps.who.int/nha/database/PreDataExplorer.aspx>)
- Indicator:* Out-of-pocket expenditure as share of total expenditure on health
Source: Global Health Expenditure Database (<http://apps.who.int/nha/database/PreDataExplorer.aspx>)
- Indicator:* Density of health workers
Source: Global Health Atlas (<http://apps.who.int/globalatlas/>)

2. Indicators obtained from routine monitoring by UN organisations

- Indicator:* Rota virus vaccine
Source: WHO Department on Immunization, Vaccines and Biologicals database on new vaccines introductions (http://www.who.int/immunization_monitoring/data/en)
- Indicator:* Pneumococcal vaccine
Source: WHO Department on Immunization, Vaccines and Biologicals database on new vaccines introductions (http://www.who.int/immunization_monitoring/data/en)

3. Indicators obtained from purposefully designed key informant surveys

The indicators in this category are derived from a questionnaire given to national government authorities and administered by the Department of Maternal, Newborn, Child

and Adolescent Health at WHO. Responses are validated by UN agencies at the country level. Questions related to these indicators can be sent to mncach@who.int.

Indicators:

- International Code of Marketing of Breast-milk Substitutes
- Specific notification of maternal deaths
- Midwifery personnel authorised to administer a core set of life-saving interventions
- Postnatal home visits in the first week of life
- Community treatment of pneumonia with antibiotics
- Low osmolarity oral rehydration salts and zinc for management of diarrhoea
- Costed national implementation plan for maternal, newborn and child health

4. Indicators calculated from country level service delivery survey

- National availability of emergency obstetric care services

A ranking system described in the indicator definitions (in Annex C of the [2012 Countdown Report](#)) is used in determining if a policy is adopted and being implemented. A “Yes” ranking is given for a policy that is both adopted and implemented. For some indicators, having formal intervention guidelines in place in addition to implementation is also considered a “Yes.” A “Partial” ranking might indicate having a policy in place but little or no implementation. Pilot projects to test a policy are not considered sufficient to state that a national policy and service is in place.

Assessing the national policy and health systems environment

Assessing the national policy and health system environment for RMNCH is a critical component of a national Countdown process. It enables policy makers, programme managers, and relevant other stakeholders to examine whether necessary measures to make the health system responsive to the needs of women and children have been initiated with high-level political commitment and support. This aspect of the Country Countdown also helps to identify gaps and remedial actions that can be addressed. Below are brief summaries on how to collect, compile and interpret data in the areas of health policy and the health workforce. Indicators on health financing are discussed in the next section.

Reviewing country health policies

The team preparing a Country Countdown can begin by looking at all of the current Countdown policy and system indicators as listed on the Countdown country profile. Definitions of these policy and health systems indicators can be found in Annex C of the [2012 Countdown Report](#); data sources are listed in Annex A of the same report.

Consider the following:

- Are the rankings and numerical records correct according to the current country situation? If not, what are the updated rankings or figures?
- If the country has a “No” or “Partial” ranking for a particular policy, what is the reason? Has there been policy dialogue on this issue? What are the barriers to adopting the policy?
- Have other countries in the region adopted the policy and is implementation proceeding in those countries? This information is available on each country profile for the 75 Countdown Countries. Can knowledge transfer with similar countries be useful?
- What is the evidence behind the policies that the country has not yet adopted? The regional offices of WHO, UNICEF, or UNFPA can assist in providing the most up-to-date evidence in regard to each policy, along with information on implementation issues.
- Is funding an issue for policy adoption and implementation? Is it useful to know how this was resolved in other countries? Can this issue be on the agenda of the Country Countdown meeting?
- Is availability of data a problem in updating these systems and policy indicators? How can this be resolved?
- What policy decisions take place at sub-national levels? Are these differences documented? Is a Country Countdown event a good time to discuss these differences?
- Are there geographic and other disparities in the adoption and implementation of policies and system improvements that should be considered?

Undertaking a Country Countdown is also an excellent opportunity to consider other policy and system issues relevant to the country but not included on the Countdown country profile. To this end, tools are being prepared that will allow for an in-depth examination of the policy environment for reproductive, maternal, newborn, child, and adolescent health more extensively, covering the six health system building block domains. Upon request, guidance can be made available to assist in preparing the policy analysis for a Country Countdown: for more information, please contact mncah@who.int.

Health financing indicators

Health systems development will directly and indirectly benefit RMNCH services and the health of women and children. The Countdown approach has focused on certain key indicators as proxies for health systems development and performance. The health financing indicators reported on by the Health Systems and Policies Working Group look at the level of national resources available to the health sector, the importance the government places on health, and the reliance on out-of-pocket payments as a source of financing for health in the country. (See [Appendix G](#) for information on external donor resource flows tracked by the Countdown's financing working group.)

The level of national resources available to the health sector is indicative of country capacity, donor engagement, and government commitment to health. An adequate level of financing is required to build health systems as well as to provide essential services to populations, such as those affecting MDGs 4 and 5. Rough global estimates from international studies, such as that of the [Taskforce on Innovative International Financing for Health Systems](#), seem to indicate insufficient spending on health. However, exactly how much a country needs to spend on health is governed by many factors, and a costing of health objectives and the national health plan can provide guidance for countries in this domain. Similarly, a costed national implementation plan for RMNCH is essential in planning service delivery as well as understanding the resource needs for these services.

The degree to which governments prioritise health determines resource allocation and health spending overall. Private expenditure on health, particularly through unpooled out-of-pocket payments, has not been as effective in improving health outcomes and making services accessible to the people most in need. Two joint indicators of health financing can help paint a useful picture of this: the percentage of total government spending that is allocated to health, and the percentage of out-of-pocket payments in total health expenditure. Once again, international guidelines, such as the [Abuja Declaration](#) — in which African Union countries pledged to increase government funding for health to at least 15% — may be relevant thresholds for monitoring progress. However, countries can also look to neighbouring as well as well-performing countries to help define realistic goals.

Out-of-pocket payments as a share of total health expenditure show the extent of financial barriers and burden faced by people seeking health services within a given country. Out-of-pocket payments are directly responsible for undermining economic development through catastrophic health expenditure and impoverishment, and they discourage poor people from accessing needed health services, an effect that is gravely detrimental to achieving desired health outcomes. Accordingly, countries should strive to reduce their reliance on out-of-pocket payments as a way of financing health care. Reducing reliance on out-of-pocket payments as much as possible, while increasing or maintaining overall funds for health and providing quality health services, is the path towards universal health coverage.

The Countdown country profile provides an estimate of specific financing indicators that should be useful for stimulating discussion at country level.

Human Resource Indicators

A review of national health human resource policies, skill levels, and authorities is an important aspect of a national Countdown. Countdown has used “density of health workers” to indicate the population’s access to a skilled health workforce. This information shows the proportion of physicians, nurses, and midwives who are available per 10,000 population. The Countdown indicator that looks at skill levels and authority to provide lifesaving services is “midwifery personnel authorised to deliver basic emergency obstetric and newborn care”. These two indicators can provide an opening for discussion on issues surrounding human resources for health using available country data.

Useful resources for additional guidance on human resource issues include:

- WHO, World Bank, USAID, 2009. *Handbook for Monitoring and Evaluation of Human Resources for Health*. Geneva: World Health Organization. Available for download at: http://whqlibdoc.who.int/publications/2009/9789241547703_eng.pdf.
- Gupta M, Maliqi B, França A, et al., 2011. “Human resources for maternal, newborn and child health: from measurement and planning to performance for improved health outcomes.” *Human Resources for Health*, 2011, 9:16. Available for download at <http://www.human-resources-health.com/content/9/1/16>.