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**FRAMEWORK FOR HEALTH SYSTEMS DEVELOPMENT TOWARDS UNIVERSAL  
HEALTH COVERAGE IN THE CONTEXT OF THE SUSTAINABLE DEVELOPMENT  
GOALS IN THE AFRICAN REGION**

**Report of the Secretariat**

**EXECUTIVE SUMMARY**

1. The 2030 Agenda for Sustainable Development was adopted to guide global development, with health embodied in the third Sustainable Development Goal. Universal Health Coverage underpins the achievement of the health and related SDG targets. Health systems strengthening for universal health coverage was identified by WHO as one of the key instruments for the change offered by the 2030 Agenda.
2. Member States have made substantial improvements in population health outcomes over the past 25 years. These improvements are reflected in better availability and utilization of services targeted at addressing the priority disease burdens, matched by an increase in total health expenditure and general government expenditure on health. However, this masks large variations within and across Member States, with implications for health delivery. In addition, national health systems in the Region are not well aligned with the changing needs and expectations in facilitating health in sustainable development.
3. The Region is experiencing demographic, economic, social, security and environmental changes that place unique demands on health and related service delivery systems. New/re-emerging health threats are diverting significant human and financial resources away from routine services. The devastating Ebola outbreak in West Africa underscored the need for effective and resilient health systems in low-income countries.
4. This action framework presents the approach Member States need to consider in order to strengthen and re-align their health systems to ensure that they are able to achieve their health development goals. It represents a foundational plan for Member States to ensure that health is playing its role in facilitating movement towards sustainable development.
5. The proposed priority actions emphasize the need to ensure the availability and coverage of health and related services, increase the population protected from financial risk, enhance health security, improve client satisfaction and address interventions targeted at other SDGs that impact on health. Key measures for monitoring health system performance such as health system resilience, effective demand for health services, equitable and efficient access and quality of care are defined. A scope of investments in health systems across health governance, service delivery systems, health workforce, access to medicines and health technologies, health infrastructure, sustainable financing for health and health information systems is also outlined.
6. The Regional Committee examined and adopted the actions proposed in this framework.

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## **ABBREVIATIONS**

HRH	Human resources for health
MDGs	Millennium Development Goals
NCDs	Noncommunicable diseases
OOP	Out-of-pocket payments
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
WHO	World Health Organization

## INTRODUCTION

1. In September 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development with its 17 Sustainable Development Goals (SDGs), to guide global development.<sup>1</sup> Health is addressed in the third goal<sup>2</sup> with targets in other goals. Universal Health Coverage (UHC), the eighth target in Goal 3, is defined as all people receiving the quality promotive, preventive, curative, rehabilitative and palliative services they need without suffering financial hardship in so doing.<sup>3</sup> This target underpins the achievement of all the other health and related SDG targets.
2. The attainment of UHC and sustenance of essential health and related services needed by a population can only be provided within a functional health system. Therefore, health systems strengthening for UHC has been identified by WHO as one of the key instruments for the change offered by the 2030 Agenda.<sup>4</sup> This entails integration of good stewardship, adequate financing, qualified and motivated health workforce, access to quality medicines and health products, functional health information systems and people-centred service delivery systems.
3. Strong health systems are also essential to ensure public health security and the resilience of the systems. This was clearly illustrated during recent health emergencies such as the Ebola virus disease outbreak in West Africa.
4. This action framework is intended to guide Member States to strengthen their health systems to ensure the achievement of UHC, thereby contributing to sustainable development. The conceptual framework is presented in Annex 1.

## CURRENT SITUATION

5. Member States have made substantial improvements in population health outcomes over the past 25 years. Life expectancy at birth improved from 50 years in 1990 to 60 years by 2015.<sup>5</sup> In the same period, the adult mortality rate per 100 000 population reduced from 361 to 300; and maternal mortality ratio from 965 to 542 deaths per 100 000 live births.<sup>6</sup> Childhood mortality rates also reduced significantly, with under-five mortality rate falling from 177 to 81 deaths per 1000 live births, infant mortality from 107 to 55 deaths per 1000 live births and neonatal mortality from 55 to 28 deaths per 1000 live births.<sup>7</sup> These improvements have been achieved due to concerted efforts by governments and partners to reduce the unnecessary ill-health and death that the populations were facing, through the focus on the MDGs.
6. The improvements in overall health are reflected in better availability and utilization of services needed to address the burden of disease. The proportion of women having at least four antenatal visits in sub-Saharan Africa rose from 41% in 2000 to 53% in 2013, while coverage of skilled birth attendance rose from 41% to 51% in the same period.<sup>8</sup> The

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<sup>1</sup> The future we want. Resolution adopted by the General Assembly on 27 July 2012. A/RES/66/288. United Nations General Assembly, Sixty-sixth session, agenda item 19

([http://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/66/288](http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/66/288), accessed 9 April 2017.

<sup>2</sup> Ensuring healthy lives and promoting well-being for all at all ages.

<sup>3</sup> [http://www.who.int/healthsystems/universal\\_health\\_coverage/en/](http://www.who.int/healthsystems/universal_health_coverage/en/) accessed 13 April 2017.

<sup>4</sup> Executive Board report. EB140/32. [http://apps.who.int/gb/ebwha/pdf\\_files/EB140/B140\\_32-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_32-en.pdf). Accessed 30 April 2017.

<sup>5</sup> WHO Global Health Observatory data. <http://apps.who.int/gho/data/view.main.SDG2016LEXREGv?lang=en> accessed 23 May 2017.

<sup>6</sup> WHO, Atlas of African health statistics 2016. Brazzaville. World Health Organization 2016.

<sup>7</sup> UNICEF/WHO/WB/UNPD. Levels and trends in child mortality. Report 2015. Estimates developed by the United Nations Inter-agency Group for child mortality estimation. New York. UNICEF

<sup>8</sup> WHO/WB. Tracking universal coverage: first global monitoring report. Geneva, World Health Organization, 2015.

proportion of children receiving at least three doses of DTP vaccine increased from 52% in 2000 to 78% in 2015. The coverage of insecticide-treated bednets for children increased on average by about 15 % annually between 2006 and 2014.<sup>6</sup> Between 2000 and 2014, there was a significant scale up of HIV-targeted interventions, leading to a 57% reduction in new HIV infections.<sup>6</sup> Over 7.7 million HIV-infected patients were receiving antiretroviral treatment in 2013 from zero in 1990, and the case detection rate for tuberculosis increased across the Region from 34% to 48% between 2000 and 2014.<sup>6</sup>

7. These improvements were matched by an increase in financing for health. Between 1995 and 2014, total health expenditure per capita in the Region increased from <sup>9</sup>Intl\$ 101 to Intl\$ 228, and general government expenditure on health per capita rose from Intl\$ 43 to Intl\$ 111. However, government expenditure on health as a proportion of total government expenditure increased marginally from 9.7% to 10%.<sup>10</sup> Over the same period, there was a reduction in out-of-pocket expenditure as a proportion of total health expenditure from 40% to 32%.<sup>6</sup>
8. The overall picture shows a Region that is on a positive trend. However, there are inherent issues that limit the sustainability of the improvements in line with the changing needs of the population.

## ISSUES AND CHALLENGES

9. The relative improvements in the availability and coverage of health services are not uniform across and within Member States. There is limited focus on interventions that affect health, but are out of the control of the ministries of health, such as those targeting the social and environmental determinants of health. Clients' needs and expectations are rarely fully accounted for in service provision, making sustainability of interventions difficult.
10. The burden of communicable diseases is still high and is further complicated by the rising burden of noncommunicable conditions. Most Member States are struggling to scale up the coverage of services targeting rising causes of morbidity and mortality such as NCDs, while maintaining or increasing existing service coverage for the high-burden communicable diseases.
11. The Region is facing demographic, economic, social, security and environmental changes that are impacting on health and related services. There are more youths and elderly persons with unique health needs. There are widening economic inequities and changes in societal make-up and cultures that place increased demands on health systems for greater responsiveness and client focus. Human conflicts within and across Member States raise the burden of conditions particularly associated with violence and injuries, while climate change has been affecting the epidemiology of diseases.
12. The health systems in the Region are not well aligned with changing needs and many Member States are still unable to adequately invest in them, resulting in:
  - (a) inadequate numbers and quality of human resources, infrastructure, essential medical products and health technologies needed to ensure provision of essential services;
  - (b) ineffective governance systems, limiting the role of private sector, accountability mechanisms, community participation, and coordination of development partners in

<sup>9</sup> The international dollar is a currency unit that would buy in a given country a comparable amount of goods and services as a US dollar in the United States. Source: World Bank.

<sup>10</sup> WHO Global Health Observatory data. <http://apps.who.int/gho/data/node.main.HEALTHEXPCAPBYREGION?lang=en> accessed 23 May 2017.

- supporting health stewardship;
- (c) weaknesses in the organization and management of health services particularly at the subnational level, hindering effective implementation of identified priorities;
  - (d) inefficient financing and financial management systems and processes that limit the effective use of available resources and undermine the achievement of value for money;
  - (e) inadequate capacity to prevent, detect and respond to emergencies.
13. Poor linkages between health systems and programme investments persist, due to lack of integration. Most disease programme investments are focused on direct health system actions such as medicines and training, with little focus on the wider, indirect actions needed to sustain the interventions that are introduced. On the other hand, many health system investments are made without consideration for the needs of the disease programmes.
14. The role of empowered active communities as co-producers of health has not been adequately encouraged. Community involvement in health remains low, partly due to insufficient attention to and resources for community-based initiatives.
15. The increases in health financing hide wide disparities across Member States in the Region, with per capita total health expenditure in 2013 ranging from Int\$ 24 to Int\$ 1170.<sup>9</sup> Since 2002, only 18 Member States<sup>11</sup> have ever achieved the target of allocating 15% of their annual budget for health.

## THE REGIONAL FRAMEWORK FOR ACTION

### Vision, goal, objectives, targets and milestones

16. **Vision:** A Region with the highest possible levels of health and well-being of its population.
17. **Goal:** To guide Member States' efforts towards re-aligning their health systems in a manner that facilitates movement towards universal health coverage, and attainment of their aspirations for health in sustainable development.
18. **Objectives:**
- (i) To provide guidance on a comprehensive menu of health and related services which Member States need to consider to facilitate attainment of population health and well-being.
  - (ii) To provide a comprehensive scope of health system investments that Member States can consider in line with the Sustainable Development Goals.
  - (iii) To define measures for monitoring the performance of health systems towards better alignment with health needs.

### 19. Targets and Milestones:

#### Targets

- (a) By 2030, at least 80% of Member States have health systems that are performing optimally<sup>12</sup> for effective delivery of essential package of health and related services.

<sup>11</sup> Burkina Faso, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Gambia, Ghana, Liberia, Madagascar, Malawi, Mozambique, Niger, Rwanda, Swaziland, Tanzania, Togo, Uganda and Zambia.

<sup>12</sup> An optimally performing health system is one that guarantees equitable access to a desired quality of services, with effective community demand for services and inbuilt resilience.

- (b) By 2030, all Member States have at least 80% of their populations utilizing the identified essential package of health and related services.
- (c) By 2030, all Member States have in place and are implementing the investment plans needed to align their health systems with the SDGs.

### **Milestones**

By 2021,

- (a) 50% of all Member States show evidence of improving population coverage of agreed standards and assessments;
- (b) 50% of Member States have evidence of improving health system performance as measured by the framework;
- (c) 80% of Member States will have started implementing the health system investment plans required for optimal performance;

By 2025,

- (a) 80% of Member States show evidence of improving population coverage of agreed standards and assessments;
- (b) 80% of Member States show evidence of improving health system performance;
- (c) All Member States will have started implementing the health system investment plans required for optimal performance.

### **Guiding principles**

20. **Country leadership and ownership:** Governments are responsible for coordinating and ensuring that all interventions are in line with country priorities and enable involvement of all relevant stakeholders at all stages from policy, planning and investment making through implementation to monitoring and evaluation.
21. **Equity:** Ensuring that no one is left behind and that all age cohorts, vulnerable and marginalized groups receive adequate focus, using a human rights and gender sensitive approach.
22. **Partnership and collaboration:** Strengthening partnerships with actors from the health and other sectors for developing and sustaining resilient health systems with improved harmonization and alignment of support.
23. **Integrated approach:** A holistic and integrated approach should be used at all levels to implement the framework.
24. **Community engagement and participation:** There should be an emphasis on engaging with communities to ensure their voice is heard in policy-making and the organization of service delivery.
25. **Innovation and use of technology:** In the context of resource constraints, using information and communication technology to improve coverage especially in hard-to-reach areas.

## **PRIORITY INTERVENTIONS AND ACTIONS**

### **A comprehensive menu of options for health and related services**

26. **Improve availability of essential services.** Make available a set of priority services needed to sustain health for all at all ages. These should be defined across the life course to ensure planning for the unique health needs for each age. Life cohorts are defined to cover pregnancy/childbirth, childhood, adolescence, adulthood and old age.
27. **Scale up coverage with essential health interventions.** Ensure that the populations are utilizing the essential health interventions they need. These are prioritized based on country income, health profile and other needs, and targeted to ensure that both person- and community-centred services are available and utilized by those most in need. Priority actions should include health promotion, communicable and noncommunicable disease prevention and control, and routine and emergency medical, rehabilitation and palliative services.
28. **Protect populations from catastrophic health expenditure.** The proportion of populations that are protected from catastrophic expenditures arising from accessing and using health services should be increased through greater public financing such as increments in government budget, and prepayment schemes. Vulnerable populations should be identified based on income, disability, gender, age and social status, and their health expenditures monitored to ensure financial barriers to accessing services are minimized.
29. **Ensure effective health security.** The health systems and services of Member States should be redesigned for better preparedness and response to epidemics and other disasters. Actions should be defined across the prevention, detection and response areas in line with the International Health Regulations (2005) core capacity needs. In addition, transition and recovery needs should be planned for and addressed following response to an emergency/disaster.
30. **Promote client satisfaction and health system responsiveness.** Ensure that health services are responsive to the needs of targeted individuals and communities and encourage the role of communities as co-producers of health. This will improve the potential for better community engagement and sustainability. Provide avenues for clients to express their level of satisfaction with health services.
31. **Expand coverage with essential health interventions in other SDGs.** Identify targets in other SDGs that influence attainment of health and well-being (SDG 3). These targets encompass the social, economic, environmental and/or governance domains. Member States should proactively map required interventions and stakeholder actions, and leverage multisectoral mechanisms and platforms to ensure their implementation.

### **Measures for monitoring the performance of health systems**

32. **Health system resilience.** Increase the proportion of populations that are protected from emergencies and disasters, avoidable and preventable disability and loss of life. Regular assessments should identify vulnerabilities and propose mitigating actions to be implemented. There should be inbuilt flexibility in the system to allow deployment of resources where needed with adequate communication across actors as and when required.
33. **Equitable and efficient access.** Monitor and plan for interventions to reduce physical, financial and/or cultural barriers to accessing services. Establish and monitor strategies to deliver essential services to populations in hard-to-reach areas. Policies and practices should aim to reduce social and cultural barriers to health services that are due to age, gender, ethnicity, sexual orientation, disability or other sources of discrimination.
34. **Quality of care.** The quality of care of services should be regularly monitored and the

identified gaps addressed to build trust and confidence of communities. Mechanisms should be put in place to ensure positive client experiences.

35. **Effective demand for health services.** Ensure that communities and households are able to use services that are essential to their needs. Encourage households and communities to have the required awareness of, and knowledge on, available services, and to practise healthy lifestyles and positive health-seeking behaviours.

### **A comprehensive scope of health system investments (detailed list is in Annex 2)**

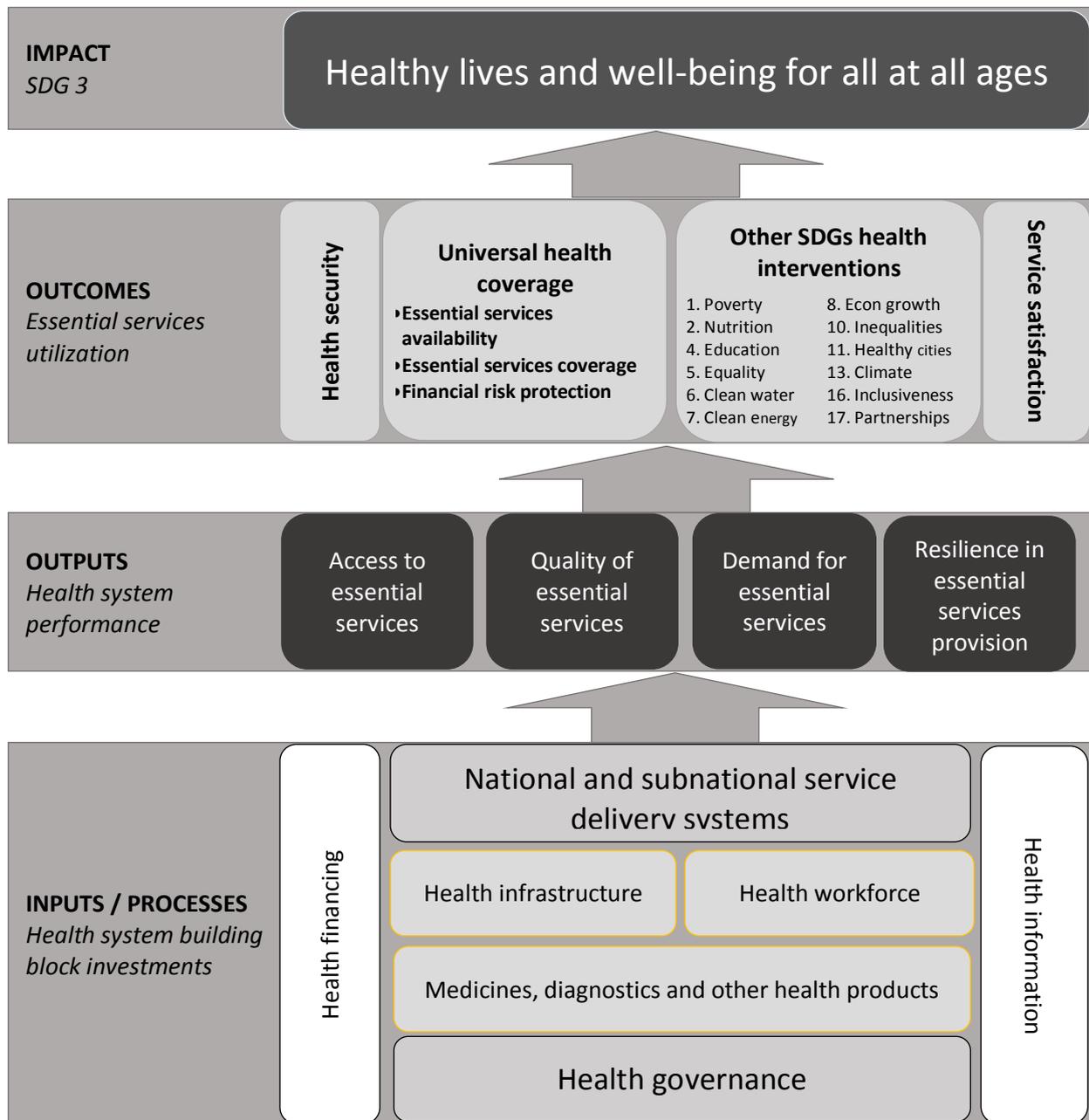
36. **Promote holistic approach to health governance.** Health policies, strategic planning, budgeting and operational processes as well as their legal frameworks should be aligned to attaining the SDGs. Capacity for coordinating SDG implementation as well as managerial, technical, and regulatory capacity should be identified and strengthened. Mechanisms for strengthening accountability and engagement with stakeholders, including other sectors, external partners, academia, civil society, communities and private sector actors, should be established.
37. **Build efficient integrated person-centred service delivery systems.** The service delivery systems should be reorganized at all levels to reflect the SDG targets. Integrated service delivery should be emphasized and facilitated at all levels of care. Ensure linkages to communities for better responsiveness to peoples' needs.
38. **Provide adequate, competent and well distributed health workforce.** Investments need to be made in both pre-service and in-service training programmes to ensure the workforce reflects both current and future health needs. Staff cadres should be rationalized according to the needs for essential services and this should be reflected in staffing needs, norms, standards and accreditation. Training programmes and curricula should also respond to new and emerging priorities.
39. **Provide good quality affordable essential medicines, diagnostics and other health products.** This should be done through a well regulated estimation, procurement and supply system. Policies and regulations should be updated to promote local production and to build capacity for rational use of medicines and other health products, including during emergencies. Surveillance systems for monitoring adverse effects, medicines quality and antimicrobial resistance should be strengthened.
40. **Provide adequate infrastructure and equipment.** Establish standards and management operational procedures for fixed, movable, transport and ICT infrastructure. Long-term master plans for expansion of fixed infrastructure should be developed. Medium-term plans for investment in equipment, transport and ICT infrastructure should be developed. Maintenance and disposal of infrastructure assets should be pro-actively planned to reflect SDG 3 targets.
41. **Provide sustainable financing for health.** Establish mechanisms to mobilize more domestic sustainable resources, while ensuring improved coordination platforms for alignment of external resources for health. Member States should strengthen financing policy, public financial management, accountability systems and institutional arrangements, including strategic purchasing of health services.
42. **Strengthen health information systems and surveillance platforms at all levels.** Establish data coordination mechanisms to interlink information systems for routine facility data, vital statistics, surveillance, surveys and research to foster integration and reduce fragmentation. Prioritise capacity for analysis and use of data particularly at the subnational level. Scale up

innovative approaches to collection and use of data – such as eHealth and mHealth technologies. Member States should prioritize engagement of the research community to maximize the generation and use of research evidence for decision-making and facilitate knowledge translation platforms.

**Actions proposed**

43. The Regional Committee examined and adopted the proposed regional framework.

**ANNEX 1: Framework for aligning health systems to facilitate attainment of health in sustainable development aspirations**



## ANNEX 2: Scope of health system investments for improved performance

The tables below represent a sample of potential actions categorized by the scope of action and by area of investment. Each table outlines actions for each health systems domain and are to be selected based on country specific needs.

### Health workforce

Scope of action	Actions by investment area			
	<i>Community workforce</i>	<i>Clinical/facility-based workforce (medical, paramedical, nursing, midwifery)</i>	<i>Management workforce</i>	<i>Administrative &amp; support workforce</i>
<b>Standards and norms</b>	Develop and implement up-to-date norms & standards for community workforce	Develop and implement up-to-date norms & standards for skilled health workforce for routine, and emergency response needs	Develop and implement up-to-date standards for management workforce; guidelines and mechanisms for performance standards	Develop and implement up-to-date norms & standards for administrative workforce
<b>Policy and regulations</b>	Community workforce that is appropriately regulated and incorporated into comprehensive HRH policy and strategy	Skilled health workforce that is appropriately regulated and incorporated into comprehensive HRH policy and strategy	Professional management workforce that is appropriately incorporated into HRH comprehensive policy and strategy	Administrative workforce that is appropriately incorporated into comprehensive HRH policy and strategy
<b>Planning</b>	Carry out short-term and long-term community workforce planning and projection	Carry out short-term and long-term public health workforce planning and projection for routine, and emergency response needs	Carry out short-term and long-term management workforce planning and projection	Carry out short-term and long-term administrative workforce planning and projection
<b>Production</b>	Update the curricula of community health workforce to align training to needs	Update the curricula and scale up numbers of skilled health workforce to align training to needs for routine and emergency services	Provide continuing education and training of management workforce to align with health sector needs	Update the curriculum of administrative workforce to align training to needs
		Ensure regular accreditation of health training institutions and training programmes	Update the curricula of management workforce to align training to needs	Provide continuing education and training to align with health sector needs
<b>Attraction, recruitment, deployment and retention</b>	Ensure equitable recruitment & deployment of community health workforce	Ensure equitable recruitment & deployment of public health workforce in routine and emergency events Develop retention strategies and labour market analysis	Ensure equitable recruitment & deployment of management workforce	Ensure equitable recruitment & deployment of administrative workforce
	Common metrics for measuring and monitoring community workforce availability and distribution	Common metrics for measuring and monitoring public health workforce availability and distribution by using National Health workforce accounts; develop comprehensive HRIS, HWF registries	Common metrics for measuring and monitoring management workforce availability and distribution (performance indicators, HRIS)	Common metrics for measuring and monitoring administrative workforce availability and distribution (performance indicators, HRIS)
<b>Leadership &amp; Governance</b>	Supportive supervision and adequate support to the community health workforce within country context	Promote accountability, functional results oriented, enabling team work and communication	Building capacity, accountability and fostering intersectoral policy dialogue; and HWF observatories	Ensure adequate administrative support to health workforce
	Include all community health workforce in HRIS	Complete HRIS to cover all health workforce in whole health sector	Scale up of HRIS to cover all management health workforce	Scale up of HRIS to cover all administrative health workforce

**Health infrastructure**

Scope of action	Actions by investment area			
	<i>Physical infrastructure (facilities, hospitals)</i>	<i>Medical equipment</i>	<i>Transport</i>	<i>Information &amp; Communication Technology</i>
<b>Standards and norms</b>	Develop norms and standards for establishment and management of infrastructure	Develop norms and standards for medical equipment investments	Develop norms and standards for transport infrastructure	Develop norms and standards for ICT infrastructure
<b>Policy and regulations</b>	Establish regulations and standard operating procedures to guide establishment and/or use of infrastructure	Establish regulations and SOPs for management and use of medical equipment	Develop regulations and SOPs for management and use of transport infrastructure	Develop regulations and SOPs for management and use of ICT infrastructure
<b>Planning</b>	Develop long-term master plans for establishment/expansion of physical infrastructure	Annual and medium-term planning for medical equipment needs	Develop medium-term transport investment plan in collaboration with transport and roads ministries	Develop medium-term ICT investment plan
	Develop annual/medium-term plans for infrastructure investment			
<b>Maintenance</b>	Develop and finance facility-specific infrastructure maintenance plans	Develop and finance facility-specific maintenance plans for equipment	Develop and finance facility-specific maintenance plans for transport	Develop and finance facility-specific maintenance plans for ICT infrastructure

**Medical products and health technologies**

Scope of action	Actions by investment area					
	<i>Medical laboratory technologies</i>	<i>Diagnostic and imaging technologies</i>	<i>Medicines &amp; medical supplies</i>	<i>Vaccines</i>	<i>Blood, blood products and other MPH0</i>	<i>Traditional medicine products</i>
<b>Standards and norms</b>	Update and complement norms and standards for medical laboratory technologies including point of care tests (POCT)	Update and complement norms and standards for diagnostic and imaging technologies	Update and complement norms and standards for medicines and supplies	Update and complement norms and standards for vaccines	Update and complement norms and standards for blood, blood products and other MPH0	Update and complement norms and standards for traditional medical products, practitioners and practices
<b>Policy and regulations</b>	Develop/ update and complement policy, plan and legislation on laboratory technologies	Develop/ update and complement policy, plan and legislation on diagnostic and imaging technologies	Update and implement policy, plan and legislation on medicines and medical supplies	Update and implement policy, plan and legislation on vaccines	Develop policy, plan and legislation on blood safety and other MPH0	Develop policy, plan and legislation on traditional medical products and practices
	Establish national regulatory framework for medical laboratory technologies	Establish national regulatory framework for diagnostic and imaging technologies	Establish national regulatory framework for medicines and supplies	Establish national regulatory systems for vaccines	Establish national regulatory systems for blood, blood products and other MPH0	Include traditional medicines and products into national medicines regulatory systems
<b>Planning</b>	Develop investment plan for medical laboratory technologies, aligned to a national health strategic plan	Develop investment plan for diagnostic and imaging technologies, aligned to a national health strategic plan		Develop long term plan for new vaccines, aligned to a national health priorities	Conduct regular surveys for data collection and management on blood and other MPH0	
	Develop and update list of essential medical laboratory technologies	Develop and update list of essential diagnostic and imaging technologies	Develop and update list of essential medicines and supplies	Develop and update list of essential vaccines and supplies	Develop and update list of essential blood and blood products	Develop and update list of essential traditional medicines as part of the national essential medicines list
<b>Local Production</b>	Scale up local manufacturing capacity for medical laboratory technologies that are cost efficient to produce	Scale up local manufacturing capacity for diagnostic and imaging technologies that are cost efficient to produce	Scale up local manufacturing capacity for medicines and supplies that are cost efficient to produce	Scale up local manufacturing capacity for vaccines that are cost efficient to produce	Scale up collection and preparation capacity of blood and blood products	Scale up local manufacturing capacity for traditional medical products that are cost efficient to produce
<b>Procurement and supply chain management</b>	Develop annual and medium-term procurement plans for medical laboratory technologies	Develop annual and medium-term procurement plans for diagnostic and imaging technologies	Develop annual and medium-term procurement plans for medicines and medical supplies	Develop annual and medium-term procurement plans for vaccines	Scale up capacity for voluntary and donor blood collection in line with needs	Develop annual and medium-term procurement plans for traditional medical products
	Procure and distribute medical laboratory technologies in line with procurement plan	Procure and distribute diagnostic and imaging technologies in line with procurement plan	Procure and distribute medicines & supplies in line with procurement plan	Procure and distribute vaccines in line with procurement plan	Ensure donation and distribution of blood products in line with needs	Procure and distribute traditional medicines in the EML in line with procurement plan
<b>Maintenance</b>	Put in place maintenance and replacement plans for medical laboratory technologies	Put in place maintenance and replacement plans for diagnostic and imaging technologies	Put in place maintenance plans for the supply system to ensure availability of medicines and supplies at the point of care	Put in place maintenance plans for the supply system to ensure availability of medicines and supplies at the point of care	Align existing capacities of blood transfusion schemes and organ transplant services with need	
<b>Rational use</b>	Put in place a functional system to implement and	Put in place a functional system to implement and	Put in place a functional system to implement and	Put in place a functional system to implement and	Put in place a functional system for the rational use of	Put in place a functional system to implement and

	monitor rational use of medical laboratory technologies	monitor rational use of diagnostic and imaging technologies	monitor rational use of medicines & supplies	monitor rational use of vaccines	blood, blood products and organ donations	monitor rational use of traditional medicines
	Monitor pricing of medical laboratory technologies	Monitor pricing of diagnostic and imaging technologies	Monitor quality, pricing and availability of medicines & supplies	Monitor the quality, prices and availability of vaccines	Reinforce quality management programmes, including improvement of screening strategies for TTIs in blood and organ donations	Monitor the quality, prices and availability of traditional medicine products with scientific evidence on the safety, efficacy and quality

### Service delivery

Scope of action	Actions by investment area				
	Subnational service delivery system				Tertiary facility service delivery system
	Community service delivery system	Primary facility service delivery system	Secondary facility service delivery system	Management system	
<b>Standards and norms</b>		Use of accreditation standards and process for primary care services	Use of accreditation standards and process for secondary care services	Support and monitor accreditation of facilities in the subnational unit (district)	Use of accreditation standards and process for tertiary care services
<b>Essential package of services</b>	Define / refine a community essential service package	Define / refine a primary care essential service package	Define / refine a secondary care essential service package	Coordinate planning, and monitoring application of essential service packages in the subnational unit (district)	Define / refine a tertiary care essential service package
<b>Supervision mechanisms</b>		Clinical supervision for community service provision	Clinical supervision for primary care service provision	Review outputs from clinical supervision in the subnational unit (district)	Clinical supervision for secondary care service provision
		Co-supervision process with communities	Managerial and public health supervision process at subnational level	Plan, organize and undertake managerial and public health supervision in the subnational unit (district)	Managerial supervision process at national level
<b>Organization of health services</b>	Review and update the organization of services at the community level	Review and update the organization of services within primary facilities	Review and update the organization of services within secondary facilities	Plan, coordinate, assess and monitor organization of services within in the subnational unit (district)	Review and update the organization of services within tertiary facilities
	Design and apply community referral systems/ document health pathways and roll out people-centred services	Design and apply primary care referral and feedback systems/ document health pathways and roll out people-centred services	Design and apply secondary care referral and feedback systems	Plan, organize and manage referral services in the subnational unit (district)	Design and apply community referral feedback systems
	Put in place person-centred care actions for community service provision	Put in place person-centred care actions for primary care service provision	Put in place person-centred care actions for secondary care service provision	Support and monitor application of person-centred actions in the subnational unit (district)	Put in place person-centred care actions for tertiary care service provision
	Strengthen capacities for community and patient engagement	Strengthen capacities for community and patient engagement	Strengthen capacities for patient engagement	Strengthen capacities for community and patient engagement	Strengthen capacities for patient engagement
<b>Management of service delivery (processes and resources)</b>	Put in place a mechanism for input management (HR, infrastructure, products) at community level	Put in place a mechanism for input management (HR, infrastructure, products) at primary care facilities	Put in place a mechanism for input management (HR, infrastructure, products) at secondary care facilities	Review and update the organization of the subnational unit (district) management team	Put in place a mechanism for input management (HR, infrastructure, products) at tertiary care facilities
		Put in place a mechanism for process management (financing, information) at primary care facilities	Put in place a mechanism for process management (financing, information) at secondary care facilities	Support capacity strengthening for process management (financing, information) at sub-national level	Put in place a mechanism for process management (financing, information) at tertiary care facilities
		Analysis and optimization of patient flows in facilities	Analysis and optimization of patient flows in facilities	Build capacity for health facility patient flow analysis	Analysis and optimization of patient flows in facilities

Scope of action	Actions by investment area					
	Subnational service delivery system				Tertiary facility service delivery system	
	Community service delivery system	Primary facility service delivery system	Secondary facility service delivery system	Management system		
Quality and safety of service delivery	Develop and apply service standards for community services	Develop and apply service standards for primary care services	Develop and apply service standards for secondary care services	Support and monitor application of service standards in the subnational unit (district)	Develop and apply service standards for tertiary care services	
		Establish functional therapeutic committees in primary care facilities	Establish functional therapeutic committees in secondary care facilities	Monitor and oversee the operations of the therapeutic committees	Establish functional therapeutic committees in tertiary care facilities	
		Put in place infection prevention and control interventions in primary care facilities	Put in place infection prevention and control interventions in secondary care facilities	Develop and monitor infection prevention and control strategy in the subnational unit (district)	Put in place infection prevention and control interventions in tertiary care facilities	
		Set up accreditation mechanisms for different classifications of facilities	Set up accreditation mechanisms for different classifications of facilities	Develop/establish a national accreditation system	Set up accreditation mechanisms for different classifications of facilities	
		Develop and apply service standards and guidelines for different facility types	Develop and apply service standards and guidelines for different facility types	Undertake periodic reviews of service standards and guidelines	Develop and apply service standards and guidelines for different facility types	
		Establish functional therapeutic committees in all facilities	Establish functional therapeutic committees in all facilities		Establish functional therapeutic committees in all facilities	
		Establish infection prevention and control approaches in all facilities	Establish infection prevention and control approaches in all facilities	Provide guidelines and build capacity for infection prevention and control	Establish infection prevention and control approaches in all facilities	
		Establish mechanism/network to ensure patient empowerment				
		Establish mechanism/network to ensure community engagement	Establish mechanisms for patient education and dialogue	Establish fora for interaction with patients/clients associations	Establish mechanisms for patient education and dialogue	
	Equity in service delivery	Implement a continuous system for identification and surveillance of vulnerable populations	Facilitate identification and surveillance of vulnerable populations in primary care facility area of responsibility	Facilitate identification and surveillance of vulnerable populations in secondary care facility area of responsibility	Put in place linkages with communities for identification and surveillance of vulnerable populations within the subnational unit (district)	Facilitate identification and surveillance of vulnerable populations in tertiary care facility area of responsibility
Develop and implement targeted community interventions for vulnerable populations		Develop and implement targeted primary care interventions for vulnerable populations	Develop and implement targeted secondary care interventions for vulnerable populations	Plan, organize and manage targeting of services for vulnerable populations in the subnational unit (district)	Develop and implement targeted tertiary care interventions for vulnerable populations	

**Health governance**

Scope of action	Actions by investment area			
	<i>Community governance systems</i>	<i>Health facility governance systems</i>	<i>Subnational governance systems</i>	<i>National governance systems</i>
<b>Organizational structure</b>	Align community management & oversight structures with operational needs and accountability mechanisms	Align health facility management & oversight structures with operational needs	Align subnational management & oversight structures with operational needs	Align national management & oversight structures with operational needs
<b>Accountability systems</b>	Develop, implement and monitor comprehensive community based performance monitoring systems guided by country planning framework	Develop, implement and monitor comprehensive facility planning and performance monitoring systems guided by country planning framework	Develop, implement and monitor comprehensive sub-national planning and performance monitoring systems guided by country planning framework	Develop, implement and monitor comprehensive national planning and performance monitoring systems guided by country planning framework
	Put in place regular feedback and learning loops across all levels of the system (goal to promote citizen participation)			
<b>Policy, legal and regulatory systems</b>	Align existing regulatory framework with needs for community services provision	Align existing regulatory framework with health facility services provision	Align existing regulatory framework with the subnational management needs	Align existing regulatory framework with the sector policy needs for national service provision
	Have a process to build capacity and awareness of regulatory requirements at the community levels	Have a process to build capacity and awareness of legal and regulatory requirements at the health facility levels	Have a process to build capacity and awareness of legal and regulatory requirements at the subnational levels	Have a process to build capacity and awareness of legal and regulatory requirements at the national levels
				Align mandates and capacities of professional associations with legal and professional requirements
		Develop and apply accreditation mechanism for health facilities	Accredit subnational management teams	Accredit national management teams
			Build capacity in subnational governance teams to adapt or develop appropriate regulatory frameworks	Build capacity in MOHs to develop and revise appropriate regulatory frameworks
<b>Authority and mandate</b>	Review and align scope of authority of actors at the community level	Review and align scope of authority of actors at the health facility level	Review and align scope of authority of actors at the subnational level	Review and align scope of authority of actors at the national level
	Define and align responsibilities of actors at all levels of the health system			
<b>Partnerships and engagement</b>	Put in place mechanisms to empower communities to participate and engage in health action	Put in place mechanisms to coordinate actions of service providers	Put in place mechanisms to engage with and coordinate actions of all categories of health actors	Put in place mechanisms to engage with and coordinate actions of all stakeholders within the health sector and across sectors
<b>Stewardship capacity</b>		Review and align health facility institutional capacity with service provision needs	Review and align subnational institutional capacity with service provision and management needs	Review and align national institutional capacity with service provision and health system governance needs
		Develop and inculcate a common learning culture for performance improvement at the facility level	Develop and inculcate a common learning culture for performance improvement within management teams at the subnational level	Develop and inculcate a common learning culture for performance improvement within governance and management entities at the national level
		Match knowledge, skills and attributes of managers with expectations at the health facility	Match knowledge, skills and attributes of managers with expectations at subnational units	Match knowledge, skills and attributes of managers with expectations at national level
		Put in place an enabling environment for effective leadership and management at the facility level	Put in place an enabling environment for effective leadership and management at the subnational level	Put in place an enabling environment for effective leadership and management at the national level

*Health information, research and eHealth*

Scope of action	Actions by investment area						
	Routine HMIS	Civil Registration	Health Research	Surveys/census	Surveillance	eHealth	
<b>Data generation</b>	Map sector indicators to be collected through routine HMIS system		Map sector indicators to be collected through health research	Map sector indicators to be collected through surveys	Map sector indicators to be collected through surveillance systems	Establish a data sharing and interoperability framework and system	
	Introduce / scale up integrated electronic mechanisms for HMIS data collection (e.g. DHIS2) to all facilities	Working with civil registration and health sectors to improve coverage for births, deaths and cause of death reporting	Establish a national health research agenda	Identify, and plan for health surveys needed during the strategic plan period (DHS, BoD, STEPs, SARA, etc)	Establish a web-based reporting system for notifiable conditions	Establish an eHealth policy and strategy including architecture and roles of different eHealth applications	
		Optimize vital statistics data collection at health facilities and coding capacity				Improve capacity to use eHealth applications in data generation	
	Establish open data policies and facilitate access to data from all sources for all						
	Identify, map and mobilize resources for scaling up routine HMIS data architecture	Identify, map and mobilize resources for universal vital statistics data registration	Identify, map and mobilize resources for scaling up health research data architecture	Identify, map and mobilize resources for scaling up survey data architecture	Identify, map and mobilize resources for scaling up surveillance data architecture	Identify, map and mobilize resources for scaling up eHealth data architecture	
<b>Data validation</b>	Conduct annual data quality review for routine HMIS data	Conduct annual data quality review for vital statistics data	Put in place a research committee to assure quality of research	Ensure components created for HMIS and civil registration data quality verification	Conduct data verification and cross checking among systems	Establish automated systems for data validation	
	Conduct additional data quality assessment at least once every 3 years, if possible						
<b>Data analysis</b>	Establish clear institutional capacity for analysis and synthesis of routine HMIS data	Establish clear institutional capacity for analysis and synthesis of vital statistics data	Establish clear institutional capacity for synthesis and analysis of research data	Establish clear institutional capacity for analysis and synthesis of survey data	Establish clear institutional capacity for analysis and synthesis of surveillance data	Establish automated systems for real-time data analysis at source, where applicable	
	Design and put in place a training programme to build skills in analysis of routine HMIS data	Design and put in place a training programme to build skills in analysis of vital statistics data	Design and put in place a training programme to build skills in analysis of health research data	Design and put in place a training programme to build skills in analysis of survey data	Design and put in place a training programme to build skills in analysis of surveillance data	Design and put in place a training programme to build skills in use of eHealth solutions	
	Agree stratifiers for routine HMIS data			Agree stratifiers for survey data			
<b>Dissemination</b>	Establish functional mechanisms to ensure routine HMIS data is fed into performance monitoring process	Establish functional mechanisms to ensure vital statistics data is fed into performance monitoring process	Establish functional mechanisms to ensure health research data is fed into performance monitoring process	Establish functional mechanisms to ensure survey data is fed into performance monitoring process	Establish functional mechanisms to ensure surveillance data is fed into performance monitoring process		
	Develop an annual report on the state of routine HMIS system, plus dissemination of its outputs	Develop an annual report on the state of vital statistics, plus dissemination of its outputs	Develop an annual report on the state of health research, plus dissemination of its outputs	Develop reports of surveys conducted	Develop an annual report on the state of surveillance in line with IHR recommendations	Design a system for generation of automated reports	
	Establish functional mechanisms to feed routine HMIS data into the country's health observatory	Establish functional mechanisms to feed vital statistics data into the country's health observatory	Establish functional mechanisms to feed health research data into the country's health observatory	Establish functional mechanisms to feed survey data into the country's health observatory	Establish functional mechanisms to feed surveillance data into the country's health observatory		
<b>Use of evidence</b>	Ensure HMIS data is routinely used at service level for actions	Use vital statistics data for health policy, planning and evaluation	Conduct an annual health research forum				

*Health financing*

Scope of action	Actions by investment area		
	Revenue Raising	Resource Pooling and Management	Purchasing Arrangements
<b>Financing policy, regulatory and legal systems</b>	Develop legislation and policy to support domestic revenue generation Conduct evidence-based advocacy for increased domestic revenue for health using innovative financing e.g. alcohol, tobacco and other taxes and health insurance schemes, etc.	Develop instruments (policy, legal and/or regulations) for efficient and equitable pooling and management of health funds	Strengthen oversight and regulation of service provision
	Establish governance and partnership mechanisms to coordinate revenue generation	Establish governance and partnership mechanisms to coordinate revenue pooling and management	Establish governance and partnership mechanisms to coordinate purchasing arrangements
	Design and develop comprehensive health financing strategies and plans.		
<b>Financial management and accountability systems</b>	Put in place financial management information systems that are integrated into financial management systems	Establish/strengthen integrated information systems for managing pooled resources	Strengthen institutional capacity for management of financing information systems for applicable provider payment mechanisms
	Regular assessment of public and donor finance management systems for efficiency and equity		
	Institutionalize resource mapping systems for all sources of revenue		
		Develop a sector-wide mechanism for stakeholders to participate in budgeting process for public and non-public funds	Put in place a mechanism to ensure alignment of resources with strategic priorities
	Put in place and/or update information systems for mapping of funds from all sources		
<b>Institutional arrangements</b>	Establish pre-payment schemes	Develop, and/or align needed institutional structures and processes for pooling and management of health resources	Put in place institutional structures and processes for contextually relevant and feasible purchasing mechanisms to improve service provision effectiveness.
	Implement evidence- based measures for reducing waste and inefficiencies		Regularly review available options for purchasing mechanisms in terms of feasibility, efficiency, equity and effectiveness of service provision
			Develop independent verification of reimbursement mechanisms
<b>Evidence generation for health financing</b>	Institutionalize National Health Accounts	Regular review of efficiency and equity in pooling and management system	Regular review of efficiency and effectiveness of purchasing mechanism
	Regular update of feasibility of options for domestic and external resource mobilization		
		Conduct regular expenditure tracking surveys for public and partner resources	
		Conduct expenditure reviews	