

# Health System Strengthening Method

## Action Against Hunger

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# STRENGTHENING HEALTH SYSTEMS

**HSS** is defined as improving the **6 building blocks of the health system** and managing their interactions in order to achieve more **equitable** and **sustainable** improvements in health services and health outcomes.

**Strengthening health systems is necessary to reach UHC**



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# OVERVIEW OF THE HSS METHOD

**Objectives of the HSS method: strengthen the planning process of the health district, with an evidence-based and participatory method**

## Principles of the HSS method

- Led by the District
  - Look at the 6 building blocks
  - Consider primary healthcare services
  - Participatory processes
- Integrated in the health system



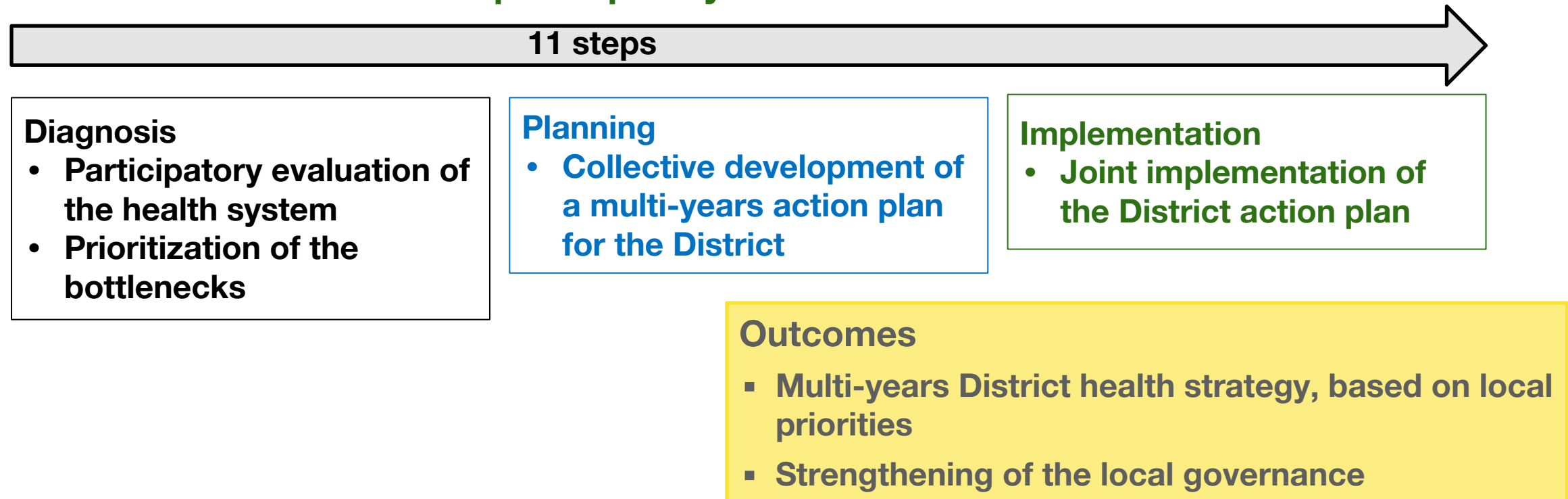
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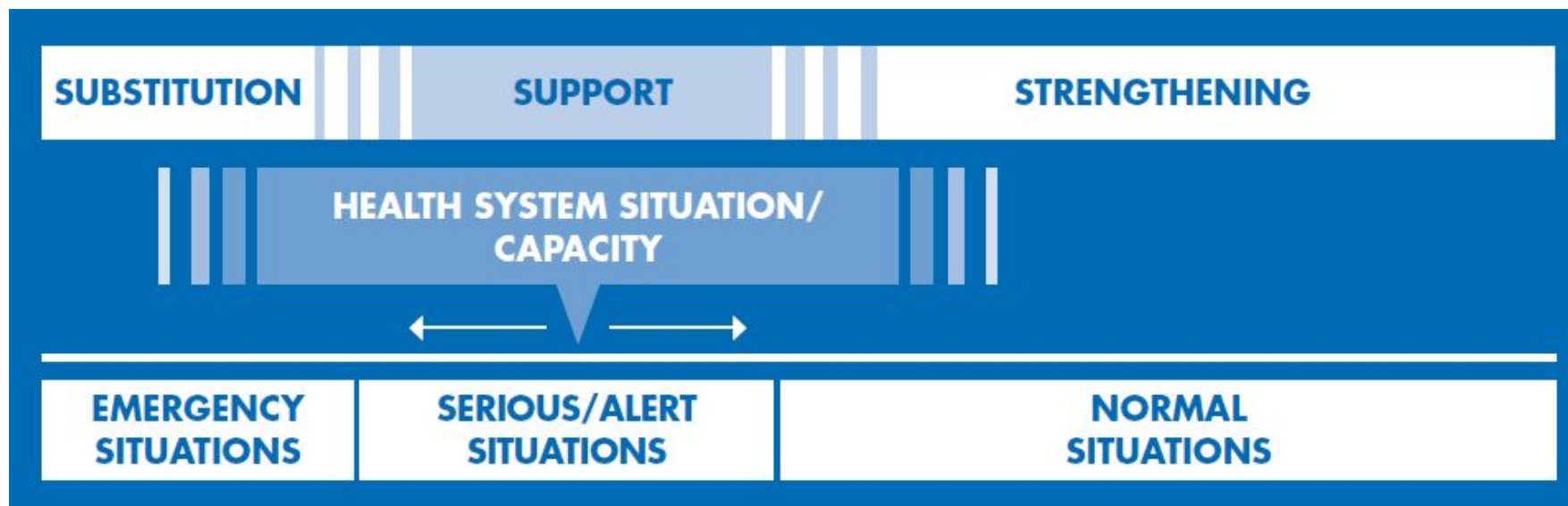
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# OVERVIEW OF THE HSS METHOD

**Objectives of the HSS method: strengthen the planning process of the health district, with an evidence-based and participatory method**



# ADAPTIVE PLANNING FOR RESILIENT HEALTH SYSTEMS



## Implementation of an adaptive planning

- Work on long-term improvements, while answering immediate needs
- Prioritize key activities for each type of situations
- Improve health authorities' awareness of shocks and stresses

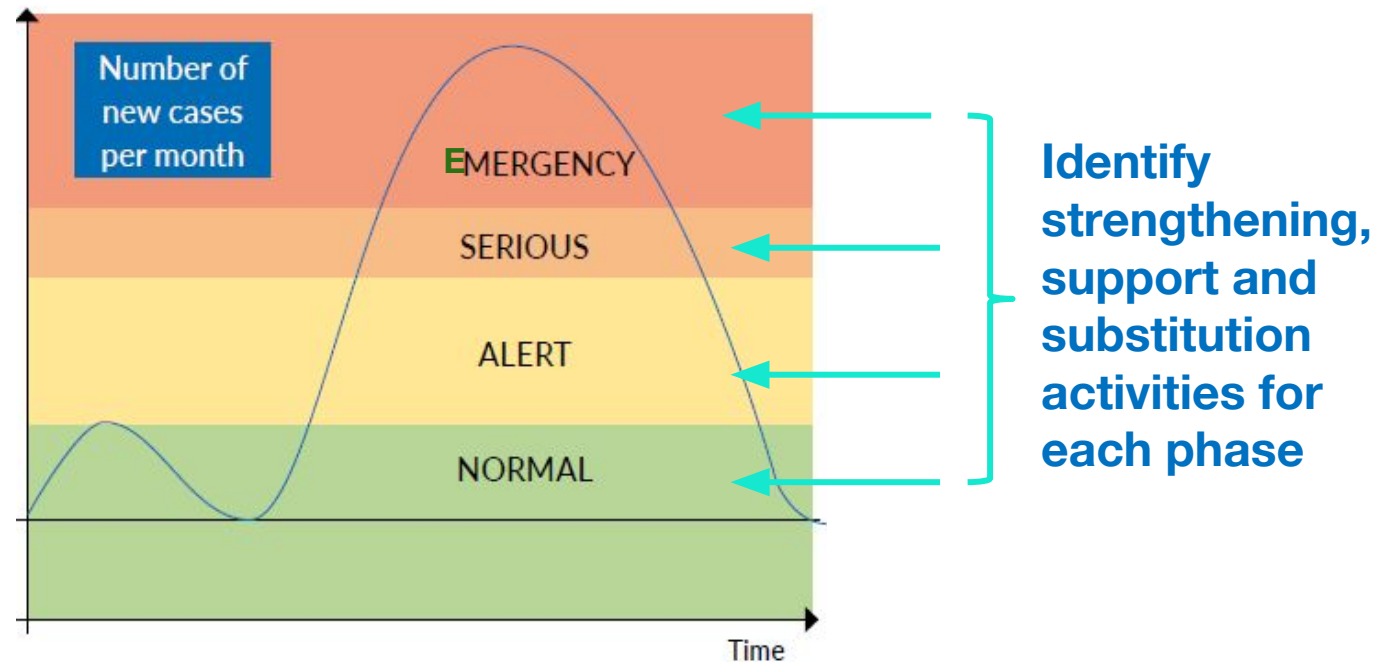
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# THRESHOLDS SETTING

**Objective:** Help the health District adjust its organization and priorities around shocks



## Characteristics:

- Identify seasonal and exceptional shocks
- Analyse health system **capacity** vs **overall caseloads**
- Consider the overall activity of the health district/facility

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# CASE OF MADAGASCAR

Since 2015, HSS projects were carried out in 5 Health Districts (HD)

- HSS approach used to develop & implement the annual action plans of the HD
- Build a HD vision, that favours the alignment of the various actors
- Threshold method allows for a yearly preparedness and response to shocks
- Ensure a environment adequate for social participation

**HSS approach is being put at national scale in Madagascar**



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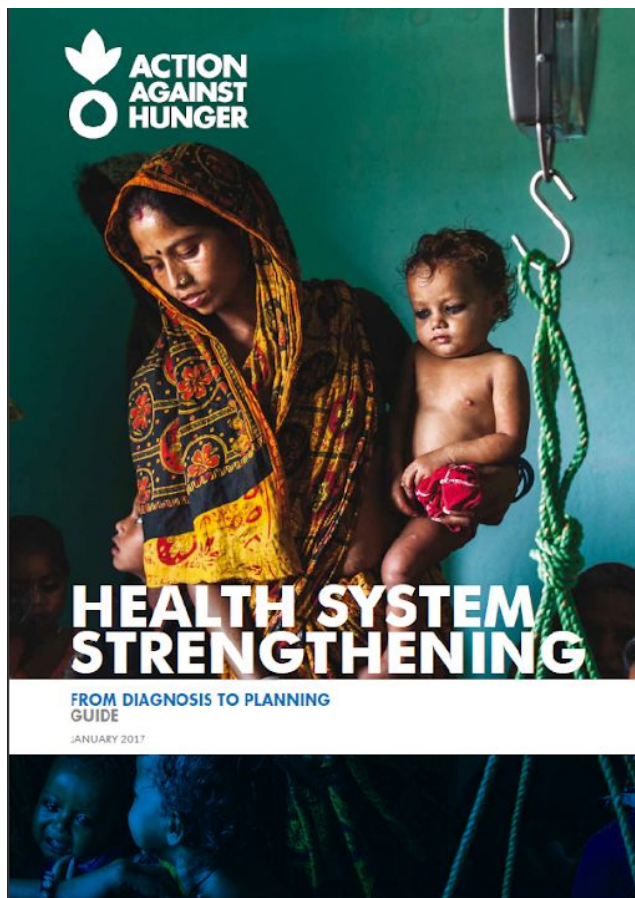
# LESSONS LEARNED

- Requires stable context and medium-term engagement
- Embedded in the local and national health system governance
- Has to be aligned with the District planning process
- Relies on the financial contribution of the health authorities and the partners





# TOWARD STRENGTHENED HEALTH SYSTEMS



**27 HSS  
programs  
19 Countries**

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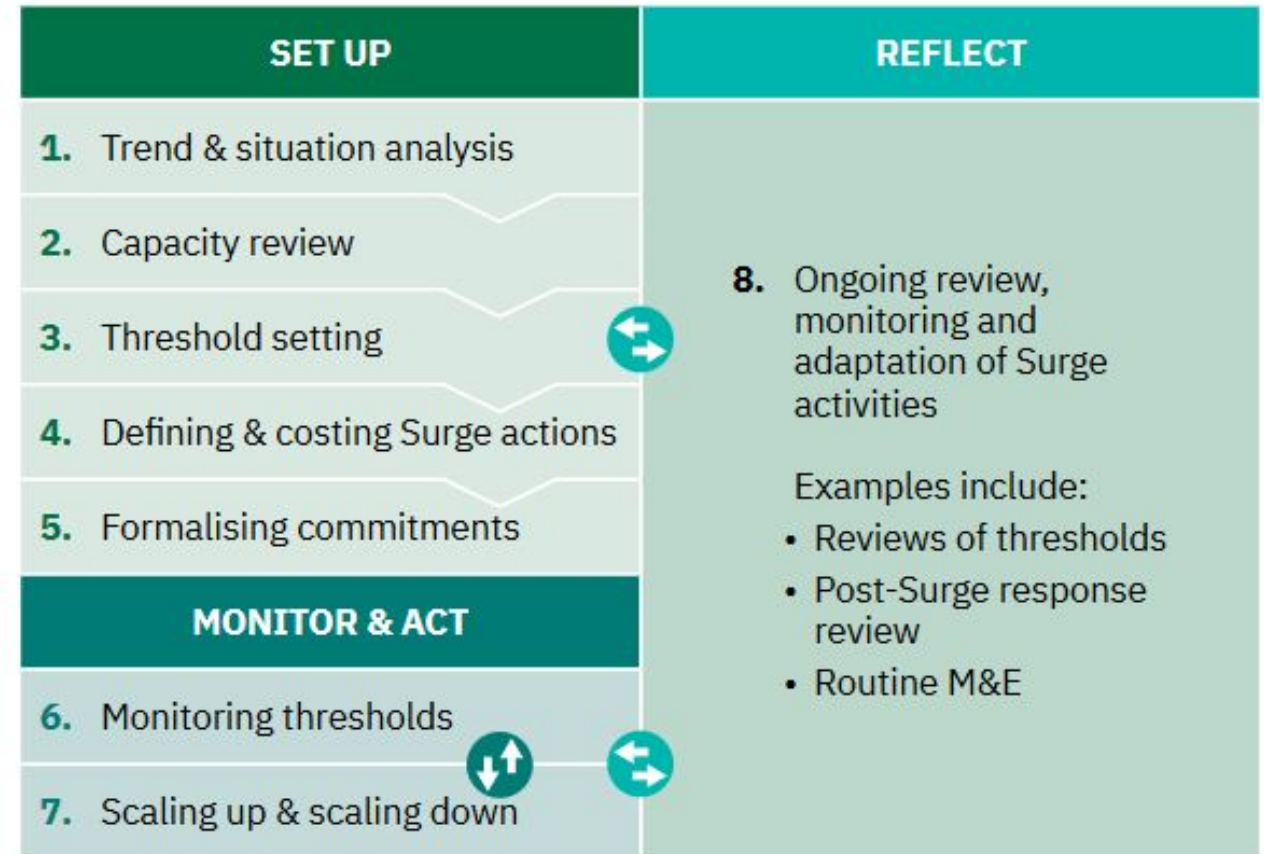
## Practical Learning from the Transition of CMAM Surge to Health Surge

31<sup>st</sup> January 2022

Lucy Lafferty, Concern Worldwide

# BACKGROUND

- 2012: CMAM Surge approach was first proposed.
- 2018: partners/HF staff start applying the CMAM Surge steps to other morbidities.
- February 2021: Revised Health Surge tools launched  Same 8 steps and aim to strengthen health facilities management capacity and contribute to reinforcing health systems.



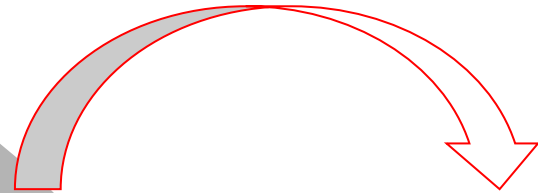
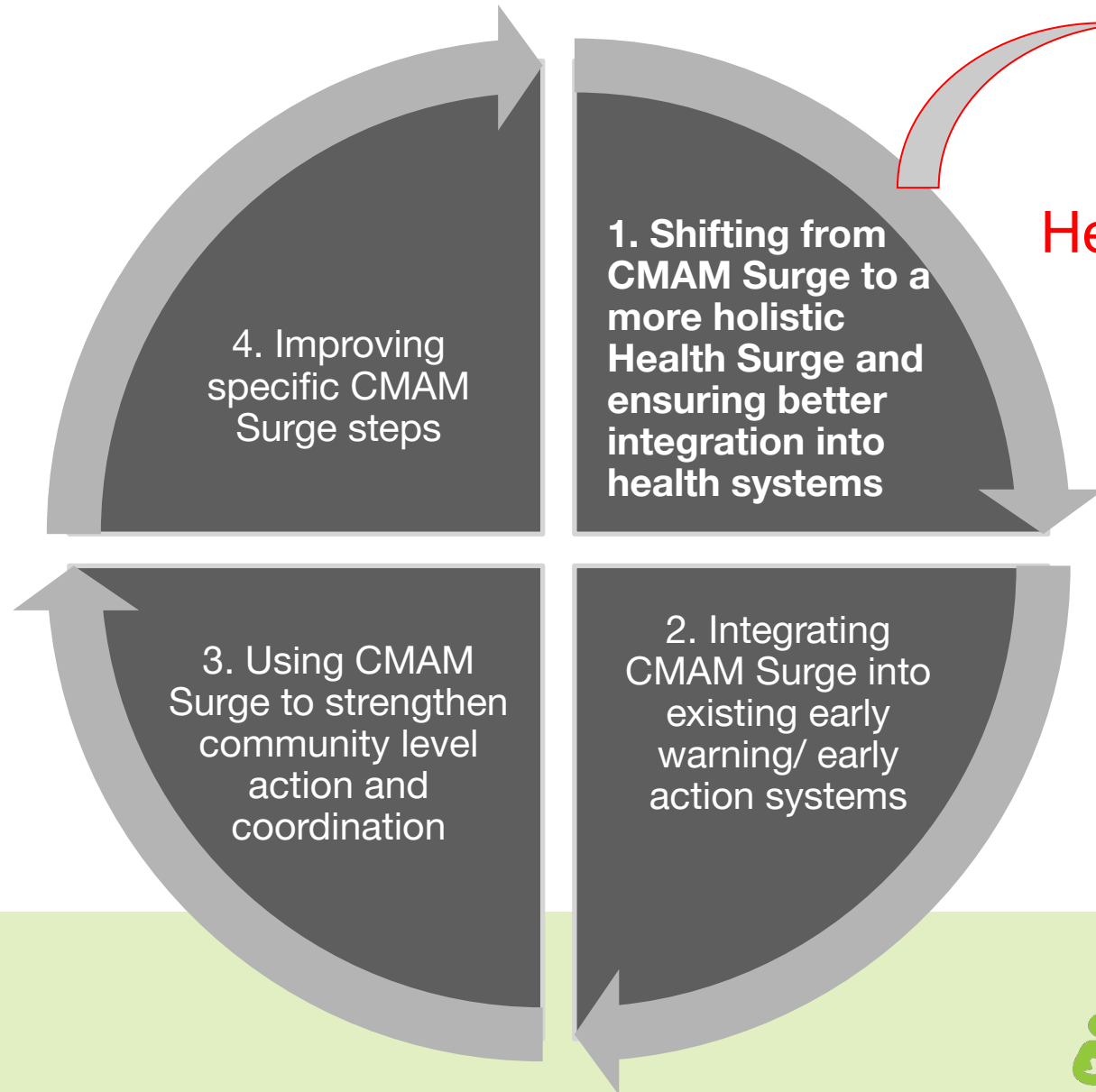
## Health System Strengthening:

Practical Learning from the Transition of CMAM

Surge to Health Surge

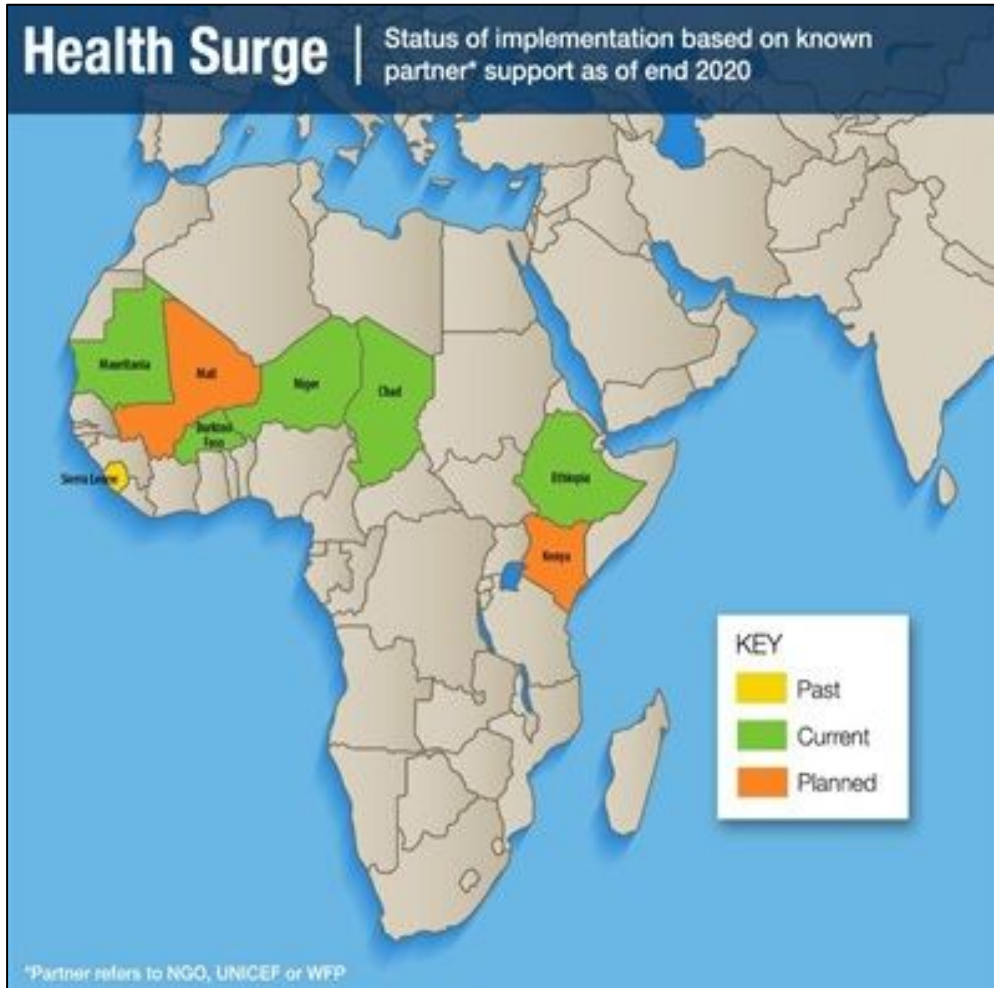
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# GLOBAL CMAM SURGE LEARNING AGENDA

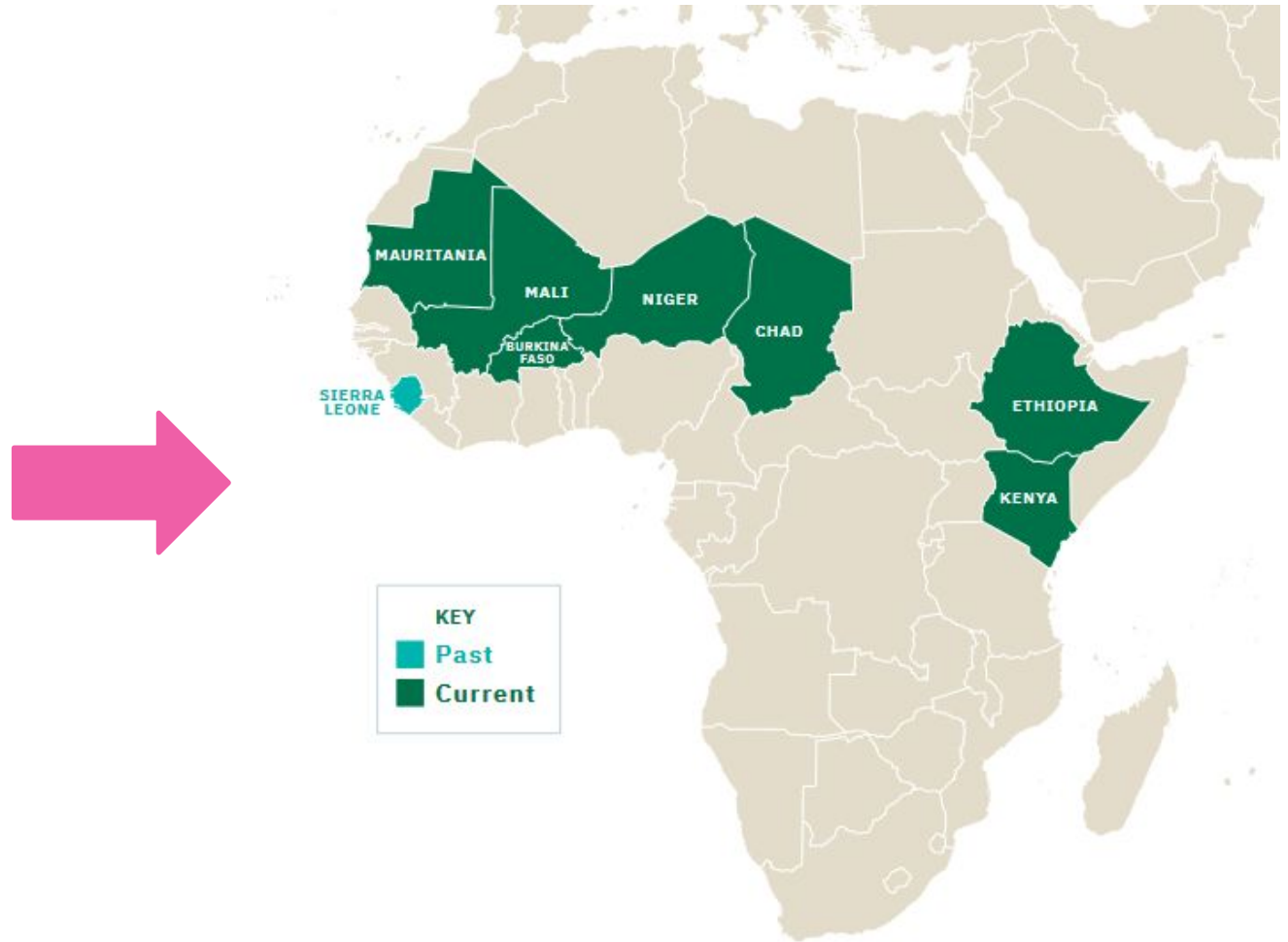


**Health Surge Learning Plan**

# 2020



# 2022



# SOURCES OF LEARNING

Learning from implementation in 6 countries (Niger, Burkina Faso, Mali, Mauritania, Ethiopia, Kenya):

- West Africa CMAM Surge Taskforce - sub group meetings (Oct 2020, April 2021, August 2021) and Health Surge webinar (December 2021);
- Desk review: Exploring the current and potential role of the CMAM and Health Surge approaches in creating shock-responsive health systems (*Deconinck & Hendrickx, September 2021*);
- Country level evaluations – Kenya (Feb 2022) & Niger (March 2022) & Health Surge Workshop – Niger, March 2022.



Photo 1: Group work at the Health Surge workshop, Niamey, Niger (March 2022)



Photo 2: Health worker explains Health Surge charts, Kenya (February 2022)

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# BURKINA FASO, KENYA, NIGER, MALI – WHAT DOES HEALTH SURGE LOOK LIKE?

- **Had experience with CMAM Surge** before setting up/transitioning to Health Surge;
- **Focused on implementation at health facility level** (rather than district);
- All follow 8 step process  however **variations how each step was completed**;
- **All focused on key childhood (U5) morbidities**  generally choice of morbidities for setting thresholds based on prevalence and associated workload.



Photo 3: Participants from Burkina Faso, Mali and Niger at the Health Surge workshop, Niamey, Niger (March 2022)

## Health System Strengthening:

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Surge to Health Surge

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# HOW DOES/CAN CMAM SURGE & HEALTH SURGE ADD VALUE WITHIN HEALTH SYSTEMS, ACROSS THE WHO'S HEALTH SYSTEM BUILDING-BLOCKS?

## Health Workforce

- Framework for **better use of existing human resources and identification of needs** during peak periods.
- Better reflects how **health facility functions** – small team who cover health and nutrition services.

## Health Financing

- Expanding beyond nutrition has **increased the relevance of the approach to more actors** and has promoted innovative and local sources of funding.

*“It is the mayor's office that is accountable to the population and it is important that we are involved...[example of contributions to Surge action plans include] financing of a temporary labourer in a health facility, essential rehabilitations, fuel assistance for patient referrals, sourcing an ambulance...”*

Deputy Mayor, Tahoua, Niger.

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## Medical Supply

- Supports transportation of drugs and other supplies.
- Better anticipation, estimation and prioritization of ACT needs (Niger).

## Health Management Information Systems

- Promotes the **analysis of routine data**, routine monitoring and verification of data quality prior to entering data into HMIS.
- **Prompts comparison of current data** with historical data trends and local events and seasonality.

## Service Delivery

- Aims to ensure the **continuity and quality of services** throughout the year - especially during seasonally-driven periods of high demand.

*“Having a threshold for illness helped us justify our request to Sub-county for immediate support”  
Nurse in Charge, Isiolo County, Kenya*

### Health System Strengthening:

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Surge to Health Surge

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# HOW CAN HEALTH SURGE ADD VALUE WITHIN BROADER HSS EFFORTS?

- **Complements** broader HSS efforts through **focusing the approach at a micro (health facility) level** and exploring in particular the **seasonal pressures** on the health system.
- Empowers health facility staff to **identify and address** problems at their level of intervention, **anticipate** stock outs and **find synergies/collaboration** with other funding mechanisms/stakeholders. While broader HSS efforts tackle the more systemic issues.

**Objective: Ensure timely and appropriate treatment of malaria in children U5**

**Health Surge**

**HSS initiative  
(e.g. Impact  
Malaria)**

**HF: promotes better understanding of factors driving caseload trends. Defines simple actions to respond to increasing caseloads. Improves awareness of supply needs during peak periods.**

**District/Regional: Supporting supply chain for the continuity of ACT and building the capacity of health workers on malaria case management.**

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# SHOULD A MORE COMPREHENSIVE ‘HEALTH SURGE’ MODEL BE THE NEW STANDARD IN THE REVISED CMAM SURGE OPERATIONAL GUIDE, OR, SHOULD SOME CONTEXTS CONTINUE WITH ONLY CMAM SURGE?”

## YES, because

relevant and responds to health workers needs.

*“..because it is not only malnutrition that is the biggest burden of the work, it is malaria”*  
District Medical Director, Niger  
(March 2022)

## BUT..

- Must include **clearer orientations** on how to align with national MoH priorities and protocols.
- Must promote an understanding of **health & nutrition landscape/mapping of stakeholders** and using case definitions.
- Tools and guidance must **remain flexible**.
- Have increased **emphasis on preparedness** within the “normal” phase.
- Be implemented in **longer-term funding & programmes** which have other HSS components.

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# THANK YOU

MORE INFORMATION ABOUT THE CMAM SURGE AND HEALTH SURGE APPROACH IS AVAILABLE ON THE [CMAM SURGE WEBSITE](#).

- [HEALTH SURGE LEARNING PAPER #1](#)
- HEALTH SURGE LEARNING PAPER #2 (COMING SOON)