STRENGTHENING HEALTH SYSTEM FOUNDATIONS *for* BETTER HEALTH OUTCOMES

MANAGEMENT SCIENCES *for* HEALTH (MSH)

is a mission-driven, global nonprofit advisory organization that provides governments, health organizations, and the private sector with the strategies, tools, and management support to deliver high-functioning health systems effectively and efficiently. For more than 50 years, we have focused on the people at the heart of the health system—from health ministries to communities, private sector to civil society—serving as trusted advisors to make foundational changes that support the whole health system.

MSH strengthens health systems as a means of addressing key health challenges, achieving universal health coverage, and improving population health. We improve health system functions through policy and practice changes that increase access, coverage, quality, and efficiency of health services, leading to better health outcomes in the countries where we work. Our people-centered approach ensures that those with whom we work are the drivers of progress and will lead their own way to optimal, equitable, and quality health systems.

PHARMACEUTICAL SYSTEMS STRENGTHENING

For over 30 years, MSH has been a global leader in pharmaceutical and supply chain systems strengthening, supporting countries to work sustainably through good governance, resource efficiency, country leadership, and developing local technical expertise and self-sufficiency. Examples of this work include:

USAID's flagship global pharmaceutical program, the **Medicines, Technologies, and Pharmaceutical Services** (MTaPS; 2018-2023) program, helps low- and middle-income countries (LMIC) take a systems approach to ensuring sustainable access to and appropriate use of safe, effective, quality-assured, and affordable essential medical products and pharmaceutical services. MTaPS works to develop evidence-based approaches and tools and identify best practices in pharmaceutical systems strengthening, which contribute to addressing emerging health problems.

DEVELOPING GLOBAL BEST PRACTICES *in* PHARMACEUTICAL SYSTEMS STRENGTHENING THROUGH MTaPS

Since 2018, MTaPS has made the following advances in improving global pharmaceutical systems:

- ✓ Assisted in the revision of a 1995 National Drug Policy in **Nepal** to include updates to the essential medicines list and increases in funding for free essential medicines.

- ✓ Developed and tested a Health Technology Assessment (HTA) roadmap complete with guidance to set up an HTA agency to institutionalize HTA in **Ethiopia**.

- ✓ Strengthened national-level capacities to identify gaps in tracking pharmaceutical expenditures and improve value in purchasing in **Bangladesh**, **Indonesia**, and **Philippines**.

- ✓ Developed and launched a web-based platform to improve pharmacovigilance systems in the **West Africa** region, in collaboration with the West African Health Organization and the 15 members of the Economic Community of West African States.

- ✓ Developed a list of minimum common standards for regulatory information management system tools in LMICs, a guidance document for standards adoption, and an advocacy brief making the case for standards adoption.

The **Safe, Affordable, and Effective Medicines for Ukrainians** (SAFEMed; 2017-2025) project works to improve transparency and cost-efficiency of pharmaceutical public procurement that will foster increased access to safe, affordable, and quality medicines in Ukraine. SAFEMed recognizes that the ongoing issues with ensuring a sufficient supply of quality HIV and TB medicines over time are multifactorial and involve diverse actors at multiple levels within the system. SafeMed has won global awards for its innovations in the State Medicines Reimbursement Program and for its supply chain innovation in delivering HIV and TB medicines. The project has also privoted to supporting humanitarian supply chain during the war, integrating the humanitarian aid into the overall health system of Ukraine.

Photo credit: MSH staff

RESOURCE OPTIMIZATION

Ensuring adequate health care financing—and its effective distribution across individuals, population groups, geographical areas, levels of care, and services—is essential to a strong, resilient health system and advancing progress toward universal health coverage. MSH supports national governments around the globe to mobilize previously untapped sources of health care financing; prioritize available funding for health care through health technology assessments, economic analysis, and strategic purchasing; and to protect people from the financial consequences of paying for health services out of their own pockets. Examples of this work include:

The Health Systems for Tuberculosis (HS4TB; 2020-2025) project seeks to transform the way leaders and managers understand and work toward TB control and elimination. In Bangladesh, HS4TB has completed an assessment of the legal, regulatory, and policy environment for introducing outsourcing and social contracting of health services for TB and developed a roadmap to guide a phased approach to outsourcing. To support countries in achieving greater sustainability for TB programs and services, HS4TB is developing a Sustainability Index that tracks progress toward domestic financing of TB programs, adequate use of domestic systems, and the financial consequences of gradual leveraging of health system processes and procedures that bring efficiencies and are domestically financed and operated. HS4TB has also engaged

Former Ministers of Finance in a series of high-level dialogues on what drives decision-making related to public financing for the health sector to develop key recommendations for strengthening health financing, including TB and other infectious diseases.

In Cameroon, the **Reaching Impact, Saturation, and Epidemic Control** (RISE; 2019-2022) project supports the government in their efforts toward HIV user fee elimination, sustainable financing, and universal health coverage. In collaboration with the MOPH, RISE developed nursing and medical protocols for 185 UHC interventions. These protocols will improve national-level planning for resources and training that will make basic services, including HIV testing and treatment, more accessible and affordable.

COUNTRY-LED SERVICE QUALITY IMPROVEMENT

MSH supports actors at all levels of the health system to design and deliver people-centered care models with integrated packages of health services. Examples of this work include:

To improve coverage of essential health care services in Malawi, the **Organized Network of Services for Everyone's Health Activity** (ONSE; 2016-2022) worked across the health system to strengthen leadership and management, foster transparent governance practices and data-driven decision-making, and improve access to health commodities.

The **Assistance for Families and Indigent Afghans to Thrive** (AFIAT; 2020-2025) project applies an evidence-based, human-centered, systems thinking approach to improve health outcomes in Afghanistan. Before AFIAT started, many service providers and health facility managers were not receiving the training needed to deliver high-impact interventions. AFIAT uses the Harmonized Quality Improvement Program, a participatory, evidence-based management approach that enable managers to identify quality gaps and develop customized performance improvement plans to strengthen service delivery. Despite the Taliban takeover of Afghanistan, the program continues to adapt and grow in the new environment to support its target audience of women of child-bearing age and under-5s in the country.

In Madagascar, the **Accessible Continuum of Care and Essential Services Sustained** (ACCESS; 2018-2023) activity applies a systems thinking approach to expand access to, quality, and uptake of primary health care services. ACCESS's participatory, capacity-strengthening initiatives, the Leadership Development Program Plus and Program for Organizational Growth, Resilience, and Sustainability, are improving the performance of health facilities and enabling district health teams to manage the health system and service delivery within their districts. The majority of service delivery points that completed these programs are performing at more than 80% of their measurable results and achieving more than 70% of their action plans. Better planning at the district level has contributed to fewer stockouts and increases in service availability. For example, after four years of ACCESS contraceptive stockouts at family planning delivery points decreased from 41% to 7% and 42% more women received a uterotonic at birth.

STRENGTHENING HEALTH SYSTEM LEADERSHIP, MANAGEMENT, *and* GOVERNANCE IN MALAWI

Working with district health management teams (DHMTs), community health groups, and service providers, ONSE improved social accountability and governance structures to make health services more accessible and affordable. Through ONSE, DHMTs across 16 districts now develop, implement, and track evidence-based annual District Implementation Plans and quarterly work plans, and more than 300 facilities are led by revitalized Health Center Management Committees.

More than 1,200 Community Health Action Groups were formed and supported to achieve functionality and a majority of group villages now use Community Scorecards to create meaningful engagement and accountability for provision of accessible, high-quality health services.

Every health facility in the 16 supported districts now reports providing priority child health, family planning, and malaria services; 9 in 10 facilities offer maternal and newborn health services as well.

A network of 10,000 family health outreach clinics, linked with and supervised by clinical professionals at nearby health facilities, has reached more than 2 million Malawians — mostly residing in hard-to-reach areas — with prevention, diagnosis, treatment, referral, and health information services, integrated across a broad range of priority health and nutrition issues.

Photo credit: Rejoice Phiri

MOBILIZING AGAINST MALARIA IN MADAGASCAR

Photo credit: Samy Rakotoniaina

Tsiraiky Abotono has never taken a vacation. Day after day, for 15 years, he has kept watch over his village, Andravindahy, in southwest Madagascar. Abotono, 56, is one of the thousands of community health volunteers who provide basic health care services to the country's rural areas. To reach a health center, people must walk for two hours across cactus fields under a burning sun. "It can be a challenge when I'm busy with personal duties and have to leave the village. The population relies on me entirely for health matters," Abotono says.

Despite its remote location, Abotono's village is on the cutting edge of mobile health technology. In 2016, MSH, USAID and the U.S. President's Malaria Initiative helped Madagascar's Ministry of Public Health develop and roll out an app to improve the quality of community health services. The CommCare app is particularly effective for the detection and treatment of malaria. It allows health workers and volunteers to more easily and effectively identify and report cases of malaria to public health officials. This is a critical advantage for Abotono.

Malaria is a main cause of death in Madagascar, especially among young children in remote areas. In Abotono's village, more than 80% of the 300 children he saw in the past eight months tested positive for malaria. With help from the app,

he ensured each of them received the proper treatment and follow-up to beat it. Through the app, Abotono receives step-by-step instructions on using rapid diagnostic tests.

"When somebody brings a child with fever to me, the app walks me through the process. It tells me to check the child's overall health status and prompts me to do a rapid diagnostic test for malaria," Abotono explains. "If the test result is positive, the app indicates the treatment that I should provide."

Community health volunteers can also access digital forms via the app that feed into the national health reporting system, quickly relaying information to public health officials and simultaneously informing the distribution of essential supplies to prevent shortages.

Shrewd health system investments, like placing the CommCare mobile health app into the hands of trained local health leaders and workers, can improve health services in remote areas. The use of the CommCare app has helped keep malaria services accessible and reliable, despite the COVID-19 health crisis. Since April 2020, no complex cases of malaria have been recorded in Andravindahy, in part thanks to the prevention and timely detection and treatment of mild cases.

More than 1,000 community health volunteers and 146 health centers currently use the app in three of Madagascar's 22 regions. The Government of Madagascar plans to have 5,000 health workers using the app by 2023, and USAID ACCESS, led by Management Sciences for Health will support the rollout as part of efforts to help Madagascar sustainably grow and improve its community health system.

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