



Ministry of Public Health

People-centred Health System Governance



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Presentation outline

- ▶ Background
- ▶ Implementation
- ▶ Results
- ▶ Challenges
- ▶ Recommendations
- ▶ Next steps

Background

- ▶ Subnational structures and committees (for example, PPHCCs and DHCCs) are assigned with a responsibility to coordinate and oversee health services with little guidance or resources.
- ▶ We implemented an approach to people-centred health systems governance and documented its empirical results.
- ▶ PPHCC and DHCC guides were drafted in a consultative way and pilot-tested in three provinces and eleven districts for a period of six months.
- ▶ PPHCCs are active in all 34 provinces
- ▶ DHCCs have been constituted in some of the districts where District Health Officers are posted.

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- *DHCCs- District Health Coordination Committees*
 - *PPHCC- Provincial Public Health Coordination Committees*

Background (continued)

- ▶ Health facility shuras, health post shuras, and district hospital community boards are also active
- ▶ A robust HMIS system is in place
- ▶ LMG Project is supporting the MOPH in Health System Strengthening
- ▶ LMG Provincial Health Advisors are supporting the PPHDs and PPHCCs
- ▶ PLD supports and oversees the provincial public health directorates

Implementation

- USAID-funded Global LMG Project was invited to provide technical assistance
- Drafting of the guides and pilot-testing was done in 4 phases:
 1. PPHCC and DHCC governance guides were drafted with the consultation and participation of PPHCCs and DHCCs
 2. PPHCCs and DHCCs designed a specific action plan for improving their governance. They also measured their governance at baseline using five self-assessment instruments.
 3. They implemented and monitored their action plans over a period of six months.
 4. PPHCCs and DHCCs evaluated their implementation of the action plan, and measured their governance post-intervention using the same five self-assessment instruments.



Phase 1

- ▶ PPHCC and DHCC profiles were documented
- ▶ A survey of 15 provinces was done for this purpose
- ▶ PPHCC and the DHCC governance guides were drafted in a consultative way through a series of workshops
- ▶ Three provinces and eleven districts were selected for pilot testing

Implementation: Intervention Sites

Provinces			
No.	Intervention province	Comparison province	
1	Wardak	Ghazni	
2	Khost	Paktia	
3	Herat	Balkh	
Districts			
No.	Intervention district	Comparison district	Province
1	Narkh	Dimirdad	Wardak
2	Jalrez	Beshood-1	
3	Sayedabad	Chak	
4	Ismailkhail-Mandozai	Tanni	Khost
5	Alisher-Terezay	Mosakhail	
6	Qarabagh	Shakardara	Kabul
7	Istalif	Guldara	
8	Eshkamish	KhwajaGhar	Takhar
9	Garmser	Khanashin	Hilmand
10	Spin Boldak	Maiwand	Kandahar
11	Qaysar	SherinTagab	Faryab

Phase 2 and 3

Phase 2

- ▶ The PPHCC teams from 3 provinces and DHCC teams from 11 Districts, in a series of workshops, discussed how to apply the effective governing practices contained in the guide.
- ▶ Specific actions identified by 3 PPHCCs and 11 DHCCs to be taken during the field-testing period of six months based on the contents of the PPHCC and DHCC governance guides.
- ▶ PPHCC and DHCC assessed their performance as a committee and as individual members.

Phase 3

- ▶ Field-testing took place in the first half of the Solar Year 1392 (April-October 2013).
- ▶ PPHCCs and DHCCs implemented their action plan
- ▶ Used a monitoring instrument, the MOPH monitored on monthly basis the extent the actions were implemented.

Phase 4

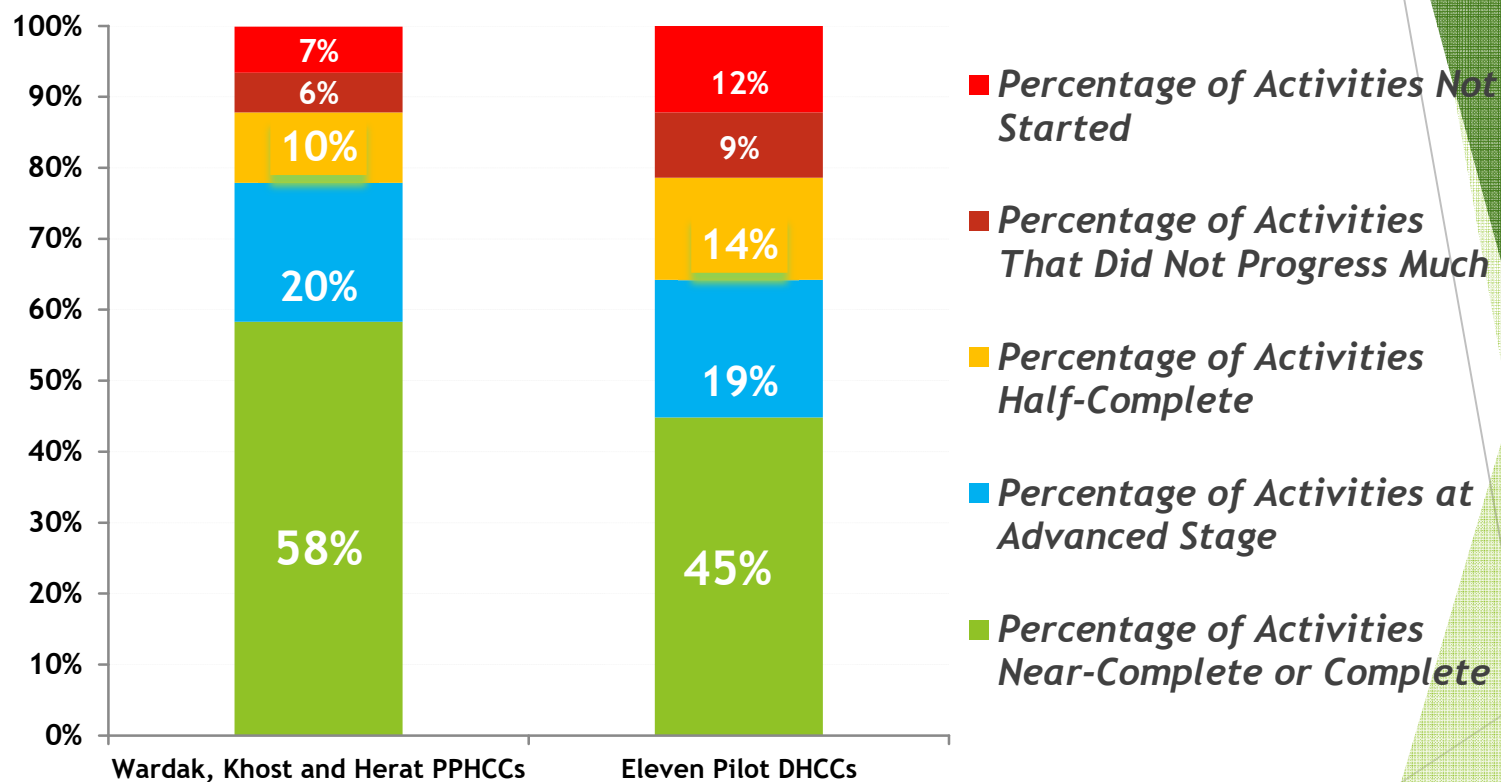
- ▶ At the end of the field-testing period, PPHCCs and DHCCs assessed whether their governance practices and scores had improved.
- ▶ In a series of workshops, PPHCCs and DHCCs discussed the overall testing experience and applicability of the guides to their situation, and made specific recommendations to the PLD.
- ▶ These recommendations from the provinces and districts were appropriately considered by the Provincial Liaison Director.
- ▶ The contents of the guides were adjusted based on experience gained during the field testing

Implementation

- ▶ Provincial Health Governance Guide and District Health Governance Guide developed.
- ▶ Translation of the PPHCC and DHCC governance guides into local languages (Dari and Pashto) done, and further improved
- ▶ Health shura guidelines and Health shura manual for use of health facility shuras and health post shuras have been separately drafted and reviewed by the CBHC department

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Results: Completion of action plan



The pilot PPHCCs and DHCCs reported a good level of completion of their governance improvement action plans.

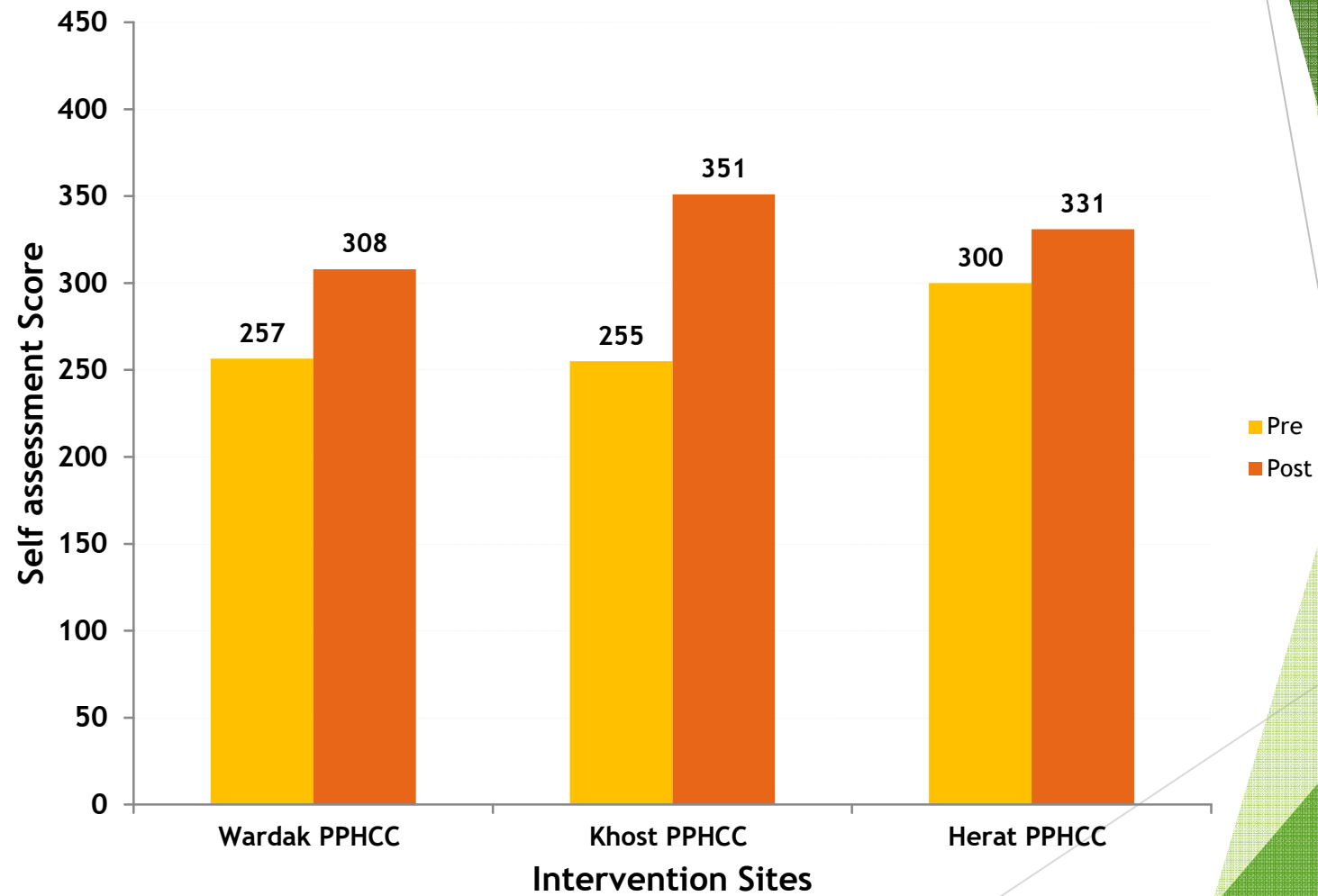
The provinces accomplished 58% of their action plan and the districts accomplished 45% of their action plan.

Results: Governance improved

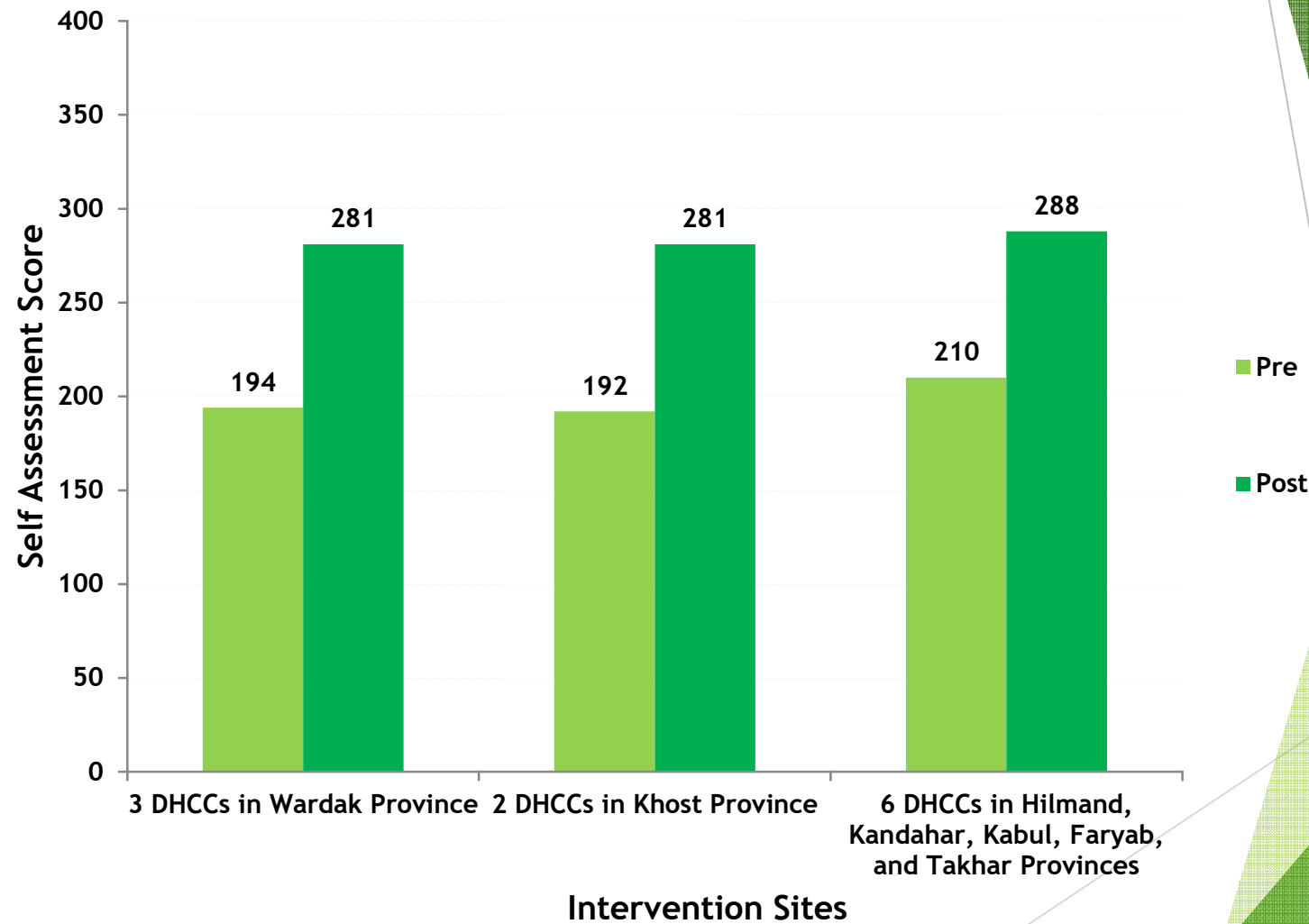
- ▶ PPHCCs/DHCCs self-assessed their governance performance at baseline and again after six months of pilot testing.
- ▶ Overall, significant improvements in governance practices were observed.
- ▶ PPHCCs improved their governance on average by 13%. Khost PPHCC improved their governance score by 21%, Wardak by 11% and Herat by 7%.
- ▶ Similarly, DHCCs improved their governance by more than 20%.



Results: Governance improved



Results: Governance improved



Results:

Health system performance and health outcomes

- ▶ **Analyzing data of eight indicators of health system performance and one health outcome indicator in pilot and comparison provinces and districts, we did not find a statistically significant impact of the intervention on health system performance or health outcomes, except antenatal care visit rate in the pilot increased by 20%.**
- ▶ **This was probably because the duration was too short for the governance improvement to translate into health system performance improvements.**

Challenges

- ▶ Duration was too short to impact health indicators.
- ▶ DHOs and DHCCs are less well established compared to the PPHDs and PPHCCs.
- ▶ DHCCs face considerable security challenges because they are close to the ground. Level of health facility monitoring remains low.
- ▶ Some actions selected by the PPHCCs and DHCCs needed extra budget which was not available.
- ▶ Inadequate governance experience in the health system
- ▶ Inadequate PLD staff to support process monitoring for implementation of governance guide.

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- *DHOs- District Health Offices*
 - *PLD- Provincial Liaison Directorate*

Recommendations

- ▶ All districts should have DHOs and DHCCs.
- ▶ If PPHO, PPHCC, DHOs, DHCCs, District Hospitals and health facility shura and health post shuras, and health facility heads work in coordination, a lot can be achieved in the available resources.
- ▶ PPHCC and DHCC guides should be adopted for nationwide use.
- ▶ Provinces and districts will need support in the initial stage.
- ▶ PPHD and DHO work plans should include governance enhancement work, and PPHD and DHO performance should be assessed every year on this item.

Lessons learned

- ▶ Framework of effective governing practices makes governance enhancement accessible to the leaders
- ▶ Participation of the governance leaders enhances their commitment
- ▶ Placing people at the center of the intervention brought life to it
- ▶ Governing bodies at decentralized levels can represent community concerns and resolve them
- ▶ Governance improvements need time to translate into improved health system performance
- ▶ Leadership of the ministry matters

Next steps

- ▶ The pilot test results presented to the MoPH authorities
- ▶ MoPH approved nationwide use of the PPHCC guide
- ▶ Scale up the use of governance guides nationally
- ▶ Include the scale-up support in the subnational governance component of SEHAT
- ▶ Include governance in the pre-service and in-service training and also in new employee orientation
- ▶ Strengthen the intersectoral and inter-ministerial collaboration during scale-up as the work of many other ministries influences health status of the populations

THANK YOU

