



DESIGNING CHILD HEALTH INTERVENTIONS



Topic 5

Health systems

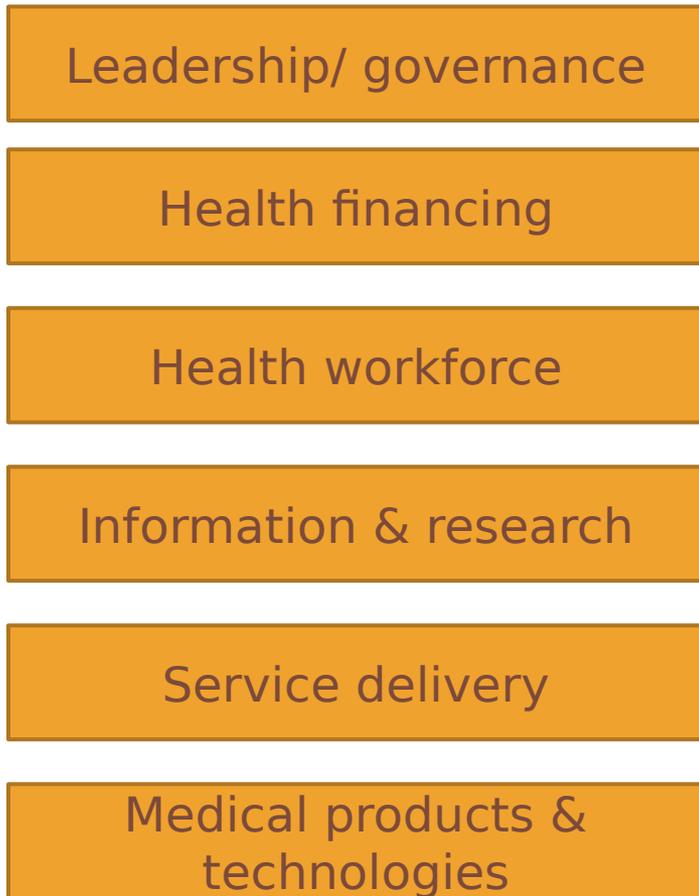


- The WHO defines health systems as consisting of all organizations, people and actions whose primary interest is to promote, restore or maintain health.
- The WHO health system framework identifies six building blocks that impact health outcomes

WHO Health System Framework

System building blocks

Goals/ Outcomes



Access coverage

Quality safety



Resource 1



- For more information about the building blocks and how they impact health outcomes, please click [here](#)
- It is important to remember that health system challenges and intervention specific challenges can both adversely impact health outcomes and hence it is important to identify solutions for both sets of challenges.

Resource 2

- The paper ‘Every Newborn: health-systems bottlenecks and strategies to accelerate scale-up in countries’ available [here](#). (You can also hear a podcast about this [here](#))

In eight of the 13 countries with the most neonatal deaths (55% worldwide), we undertook a systematic assessment of bottlenecks to essential maternal and newborn health care, involving more than 600 experts. Of 2465 bottlenecks identified, common constraints were found in all high-burden countries, notably regarding the health workforce, financing, and service delivery. However, bottlenecks for specific interventions might differ across similar health systems.

Resource 2 continued

- The paper 'Every Newborn: health-systems bottlenecks and strategies to accelerate scale-up in countries'

Universal coverage of essential interventions would reduce neonatal deaths by an estimated 71%, benefit women and children after the first month, and reduce stillbirths.

However, the packages with the greatest effect (care around birth, care of small and ill newborn babies), have low and inequitable coverage and are the most sensitive markers of health system function.

Resource 2 continued

- The paper 'Every Newborn: health-systems bottlenecks and strategies to accelerate scale-up in countries'

We identified several key factors: (1) workforce planning to increase numbers and upgrade specific skills for care at birth and of small and ill newborn babies, task sharing, incentives for rural health workers; (2) financial protection measures, such as expansion of health insurance, conditional cash transfers, and performance-based financing; and (3) dynamic leadership including innovation and community empowerment.

We propose a country-led, data-driven process to sharpen national health plans, seize opportunities to address the quality gap for care at birth and care of small and ill newborn babies, and systematically scale up care to reach every mother and newborn baby, particularly the poorest.

Resource 3

The paper titled 'Improvement of perinatal and newborn care in rural Pakistan through community-based strategies: a cluster-randomised effectiveness trial' is available [here](#)

- In this paper the authors consider the effectiveness of a community package delivered primarily through lady health workers with the aim of reducing perinatal and neonatal mortality rates in rural Pakistan
- They conclude: Our results support the scale-up of preventive and promotive maternal and newborn interventions through community health workers and emphasise the need for attention to issues of programme management and coverage for such initiatives to achieve maximum potential.

Resource 4

- The paper ‘What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science’ is available in full [here](#)
- Factors impeding the success of scale-up that emerged from the key informant interviews, and which are areas for future investigation, include: complexity of the intervention and lack of technical consensus; limited human resource, leadership, management, and health systems capacity; poor application of proven diffusion techniques; lack of engagement of local implementers and of the adopting community; and inadequate integration of research into scale-up efforts.

Resource 4 continued

- The paper ‘What are the barriers to scaling up health interventions in low and middle income countries? A qualitative study of academic leaders in implementation science’ concludes:
- Key steps in expanding the evidence base include studying how to: simplify interventions; train “scale-up leaders” and health workers dedicated to scale-up; reach and engage communities; match the best delivery strategy to the specific health problem and context; and raise the low profile of implementation science.

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- So what is ‘scaling up’ of interventions? The paper offers a clear explanation so look out for this.
 - As you read the paper, it is likely that many of the views of the interviewees will resonate with your own personal experiences in public health. It will also give you a framework to use while considering existing or potential challenges to specific interventions.
 - While critiquing existing interventions and designing interventions, it is important to consider whether they can feasibly be scaled up.