

Health and Humanitarian Logistics



2018
Conference

July 18-19 • Dubai, UAE

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The background is a solid teal color with decorative white circuit-like lines in the corners. These lines consist of straight lines and small circles, resembling a network or data flow diagram.

PUBLIC HEALTH SYSTEM STRENGTHENING

Panel 2

16:15 – 17:30

Public Health System Strengthening

- **Dr. Maha Barakat**, Abu Dhabi Health Authority
- **Dr. Abdourahmane Diallo**, Health Advisor to the President of the Republic of Guinea
- **Azuka Okeke**, Africa Resource Centre
- **Dr. Rajata Rajatanavin**, Former Minister of Public Health, Thailand & Former President of Mahidol University
- **Dr. Pinar Keskinocak**, Georgia Tech Center for Health and Humanitarian Systems, *Moderator*

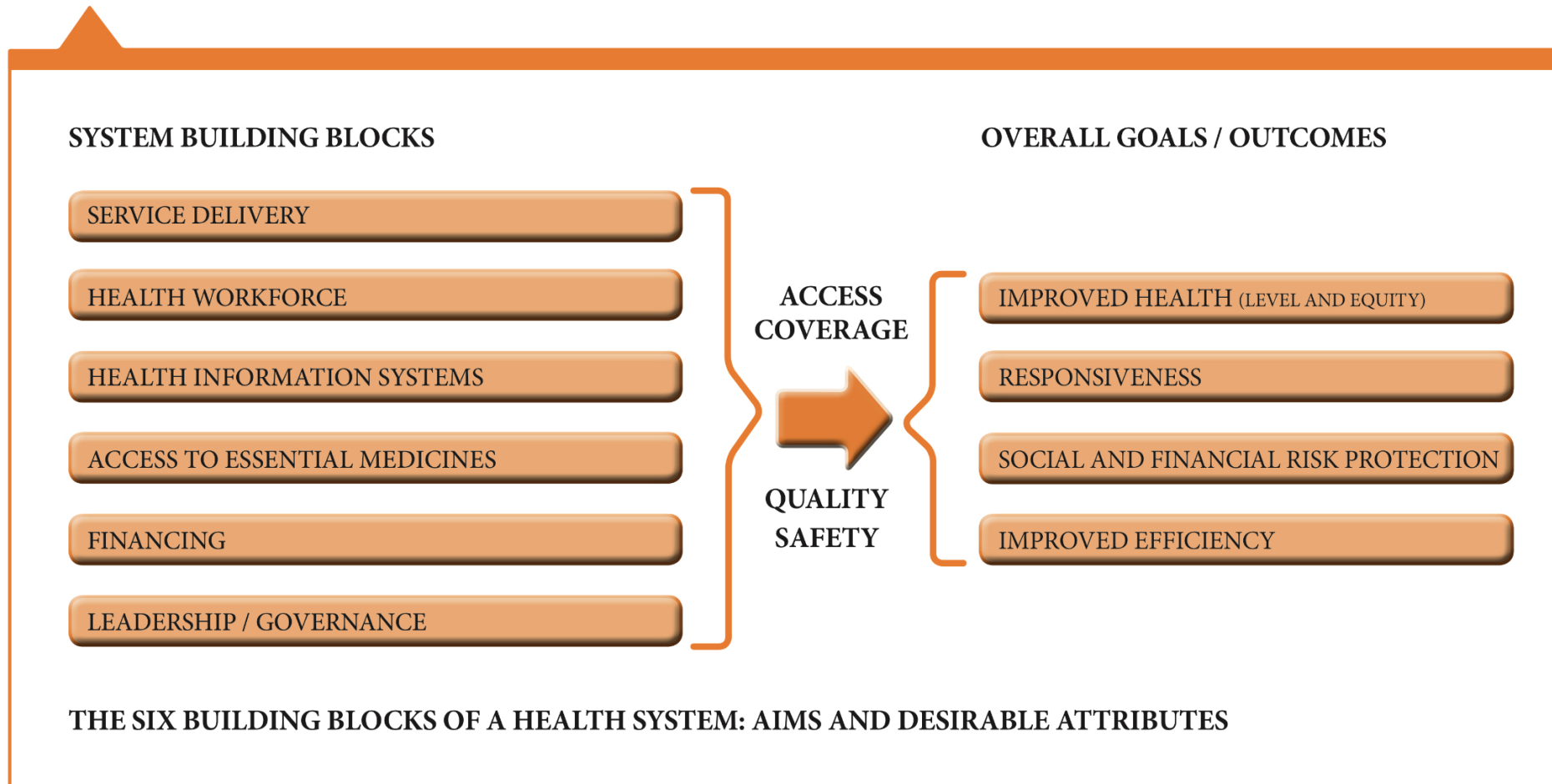
Health and Humanitarian Logistics 2018

Public Health System Strengthening

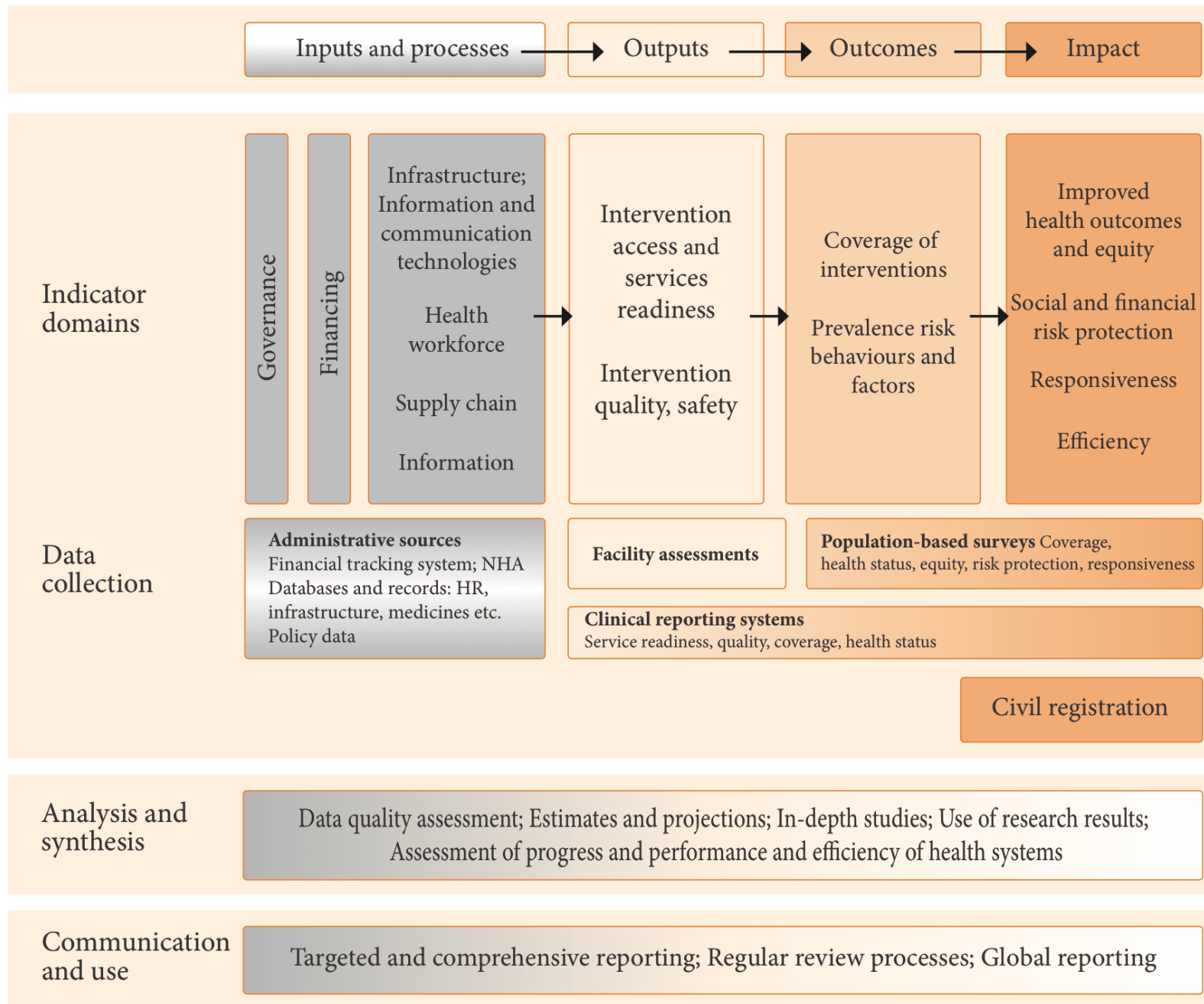
Dr. Maha Barakat

WHO 2010: Health Systems Strengthening (HSS) Framework

Figure 1. The WHO Health Systems Framework



Monitoring and evaluation of health systems strengthening



Department of Health - Abu Dhabi

A Healthier Abu Dhabi...

7 Priorities for Healthcare Sector Improvement



- 1. Integrated continuum of care for individuals**
 - “Cradle-to-grave”, the individual’s care throughout life;
 - Access to care (all types of care: ER, primary, secondary, tertiary, quaternary, home, pre-hospital, rehabilitation, preventive measures/vaccination etc); this will reduce need for IPC;
 - Capacity planning – including rural areas in the Western and Eastern Regions;
 - Address healthcare issues specific to the Emirat
- 2. Drive quality and safety as well as enhance patient experience**
 - Track outcomes and processes from healthcare providers to drive quality improvement
 - Publish outcomes and processes once data is validated
- 3. Attract/retain/train workforce**
 - Particularly Emiratis;
 - Encourage Research, Innovation, Education/Training
- 4. Emergency preparedness**
 - The Emirate of Abu Dhabi has to be prepared at anytime for a major disaster or disease outbreak
- 5. Wellness and prevention—public Health approach**
 - Community initiatives to enhance wellness and awareness
- 6. Ensure value for money + Sustainability of healthcare spend**
 - Reduce waste;
 - Encourage Private Sector (“level playing field”);
 - Elimination of loss transfer for non-mandated healthcare provision;
 - Effective management of funded mandates;
 - Ensure appropriate reimbursement framework
- 7. Integrated Health Informatics and eHealth**
 - Including Telemedicine
 - Tool to drive 1, 2, 3, 4, 5, 6 above

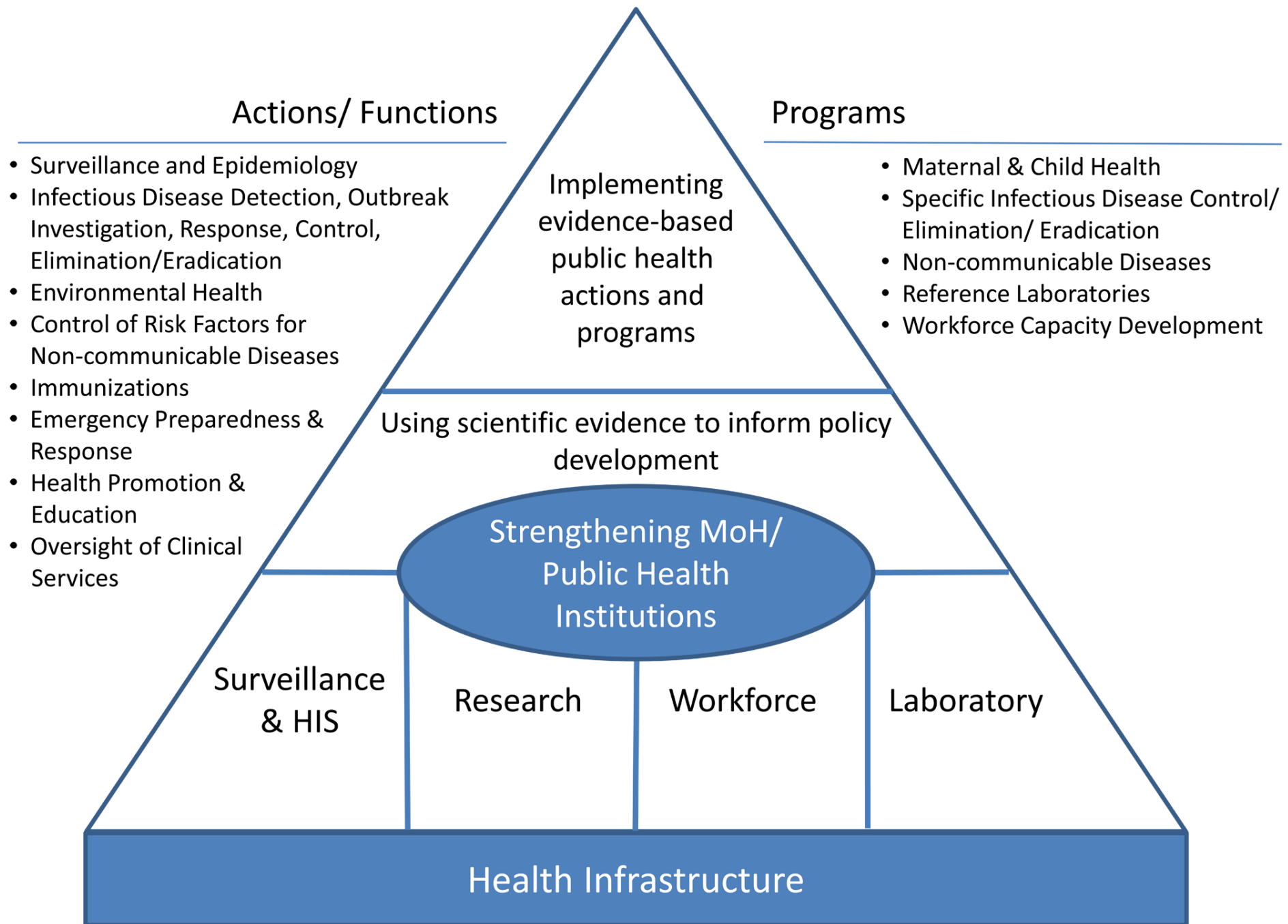
Policy Forum

The Role of Public Health Institutions in Global Health System Strengthening Efforts: The US CDC's Perspective

Peter Bloland^{1*}, Patricia Simone², Brent Burkholder³, Laurence Slutsker², Kevin M. De Cock²

1 Division of Public Health Systems and Workforce Development, Center for Global Health, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, **2** Center for Global Health, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America, **3** Global Immunization Division, Center for Global Health, Centers for Disease Control and Prevention, Atlanta, Georgia, United States of America

PLOS Medicine (2012) Vol 9, Issue 4, e1001199



The Role of Public Health Institutions in Global Health System Strengthening Efforts: The US CDC's Perspective

PLOS Medicine (2012) Vol 9, Issue 4, e1001199

1. Ensuring availability of Critical Strategic **Epidemiological Information**. Arguably the most important single contribution that Public Health makes to strengthening health systems (Data > Actionable Policies > Guidelines > Recommendations)
2. Strengthening Key **Public Health Institutions** and Infrastructure (eg with Government support, finances, laws)
3. Establishing Strong Public Health **Laboratory Networks**
4. Building a Skilled and Capable **Workforce** (eg using Field Epidemiology Training Programs)
5. Implementing **Key Public Health Programs**
6. Supporting Critical Operational / Applied **Research**

Summary

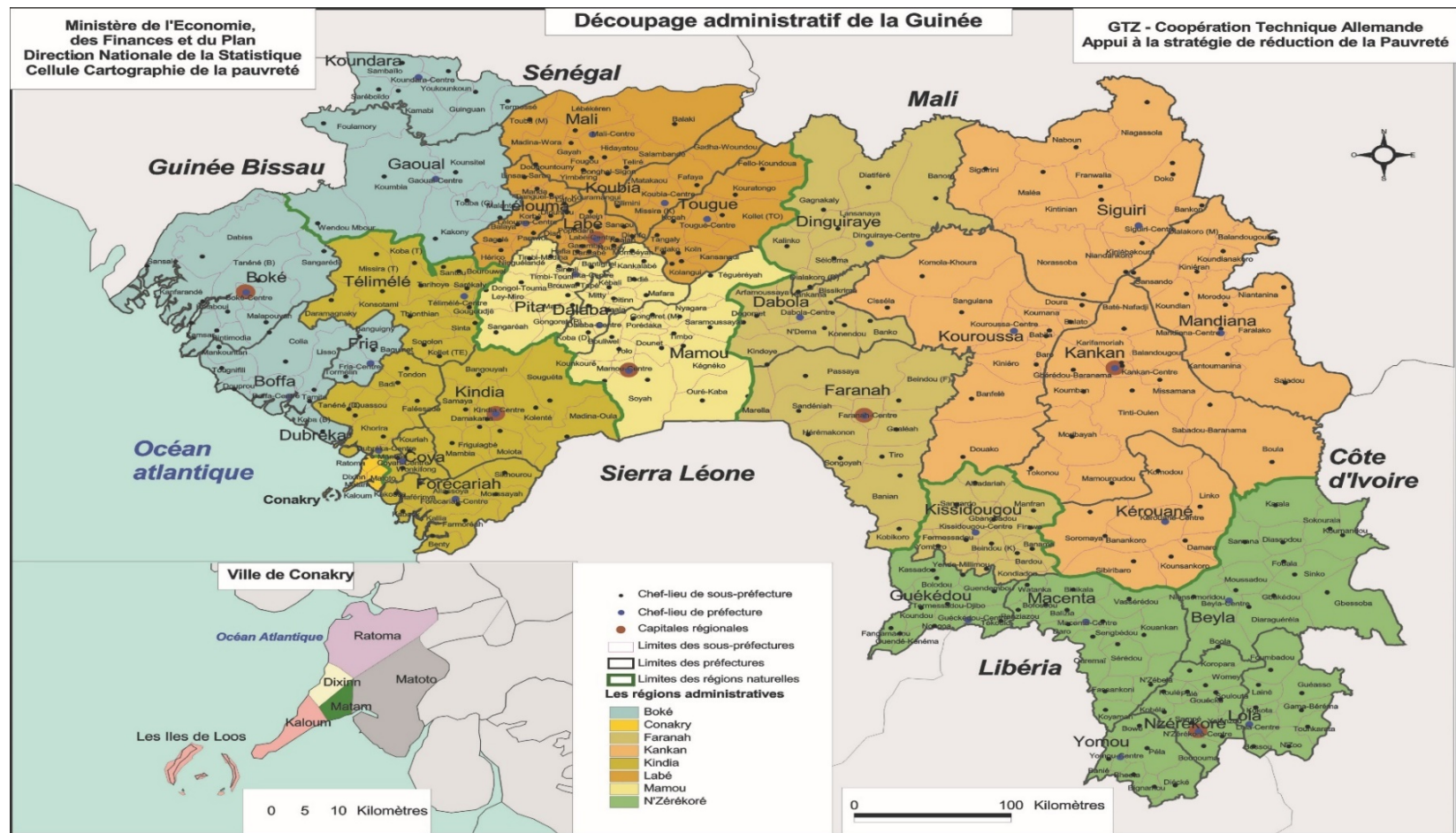
- Health System Strengthening has become a recognized priority for achieving major Public Health goals such as those identified by disease-specific global health initiatives for HIV/AIDS, TB, malaria, childhood immunizations, and others
- The contribution that strengthening of Public Health Systems makes to strengthening health systems in general cannot be underestimated

Public Health System Strengthening

THE EBOLA VIRUS DISEASE OUTBREAK IN GUINEA

***DR. ABDOURAHMANE DIALLO, MINISTER AND HEALTH ADVISOR AT
THE PRESEDENCY, FORMER MINISTER OF HEALTH***

HEALTH AND HUMANITARIAN LOGISTIC CONFERENCE 18 19 July 2018, DUBAI



Capitale: CONAKRY

PREFECTURES: 33 + 5

SUPERFICIE: 245.857 KM²

Regions: 8

SOUS PREFECTURES: 303

POPULATION: 12,61 MILLION

THE OUTBREAK

- Worst public health problem: 3814 cases with 2544 deaths (67%), including health professionals with 115 deaths from 211 infected (55%);
- 33 out of 38 health districts affected;
- Access to health services deteriorated: 31% and 49% of health posts non functional due to lack of personnel in 2 respective districts (Macenta et Lola);
- Utilization of health services (consultations and hospitalization) reduced by 50% from 2013 to 2014; assisted deliveries by qualified personnel decreased significantly;
- Polio and meningitis immunization campaigns postponed
- Significant increase of the number of lost to follow-up TB patients
- Unprecedented national and international community mobilization

WHY WAS THE OUTBREAK SEVERE?

- **Surveillance:**

- Teams focusing more on endemic disease prevention and control vs. real surveillance;
- Episodic surveillance, vertical;
- Late adoption and beginning of implementation IDSR;

- **Laboratory Capacity:** too weak, first samples sent out

- **Human Resources:**

- 56% of HCW in the capital (80% of MDs) with only 20% of the population

- **Logistics system weak:**

- Verticalized
- Weak LMIS, ICS, warehousing; weak procedures; limited transportation capabilities

- **Infrastructure:** weak, not specialized; Limited equipment & supplies (PPE)

CHALLENGES AND PROBLEMS FACED

- The weak performance of the surveillance system led to a late detection of the outbreak (3 months);
- The weak level of preparedness resulting from the absence of a rapid response mechanism led to the rapid spread of the long duration of the epidemic;
- Non-compliance with infection control and prevention measures
- Uncontrolled movements of bodies and contacts
- Increasing number of cases
- Disease spreading to new regions
- More and more community resistance in active locations!!!!!!
- Delays in implementation of activities
- Regular procedures for funding mobilization, disbursement and management too slow and inappropriate for emergencies (routine vs. emergency)
- Lack of vaccines and Treatment

PLANNING AND RESPONDING

- LEADERSHIP +++
- Unprecedented international involvement: international resource mobilization conferences, etc.
- National Coordination for Ebola Control Coordination (NCEC) under PRG, extended to the whole country;
- Development and implementation of new strategies (zero Ebola in 60 days, active research and awareness campaigns)
- Implementation of "micro-cerclage or SA-Ceint" (ring-fencing, Guinea's approach to confinement)
- Studies: vaccine and therapeutic trials; viral persistence in bodily fluids; introduction of RDT, etc.

PLANNING AND RESPONDING

- Community based interventions ++++awareness, education, surveillance, reporting (call center setup).
- Surveillance: from community to central level (ERARES, EPARES, etc.)
- Laboratory capacity improved (mobile labs)
- Treatment centers setup in various location of the country
- Human resources: CHW, epidemiologists, data analysts, etc. hired, trained and deployed with assistance from partners
- Call center setup for managing reported alerts
- Procurement of PPE, Prevention kits, BB, ambulances, vehicles, motorcycles, etc.
- Infrastructure: construction of specialized treatment centers









CHALLENGES & LESSONS LEARNED

- ROUTINE vs. EMERGENCY
- STRONG RESILIENT HEALTH SYSTEM
- PREPAREDNESS (training, practice, simulations, etc.)
- LEADERSHIP +++++
- SOCIO-ANTHROPOLOGISTS +++++
- MANAGEMENT OF LEGACY STRUCTURES (Sustainability)
- PARTNERS COORDINATION
- MANAGEMENT OF COMPETING PRIORITIES (EBOLA, POLIO)
- REBUILDING HEALTH SYSTEM POST-CRISIS





THANK YOU

AZUKA OKEKE

REGIONAL DIRECTOR
COUNTRY LEAD (NIGERIA)

AFRICA RESOURCE CENTRE

(ORAL PRESENTATION ONLY)

Achieving Adequate Logistics as part of UHC in Thailand

by Dr. Rajata Rajatanavin

Three key messages

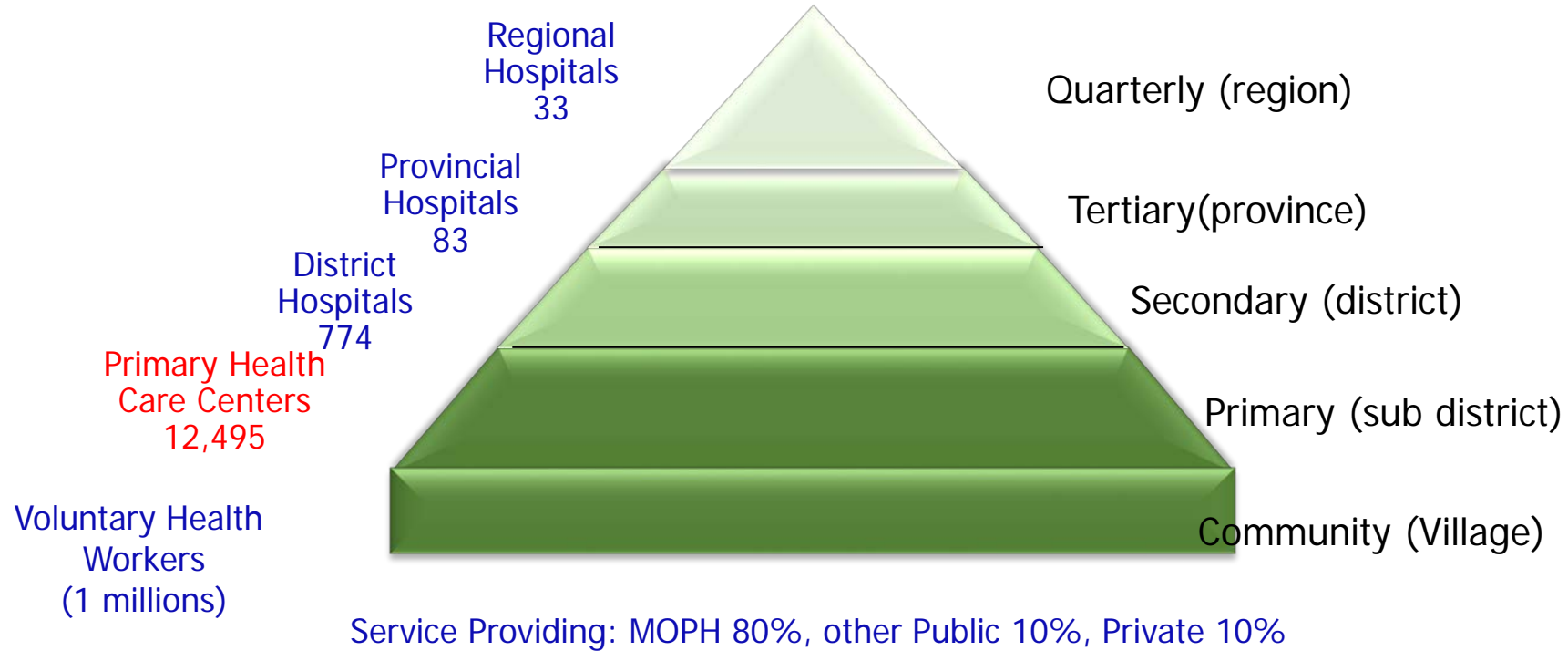
1. Building up PHC based equitable health care systems – outlets for universal availability/ access
2. Stepwise coverage of Financial Protection
3. Improved logistics under the UHC financial management systems

Thailand: at a glance (2018)



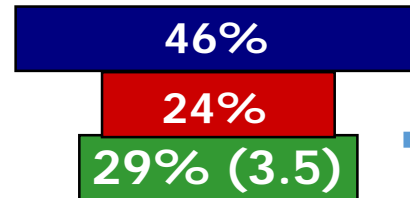
- Population 69 million
- GNI (2017) \$US 6,000 (UMIC)
- ANC & hospital delivery 99%
- Life Expectancy 75
- Doctor+nurse/midwife: 3.2/1,000 pop
- **70+% health resources in public sector**
- **100% population coverage of financial protection in 2002**
- **Gov. Health Budget 17% Total Budget**
- Total Health Expenditure 5 % GDP [\$US 300/cap] w 20% out of pocket

1. Building PHC based Health Systems

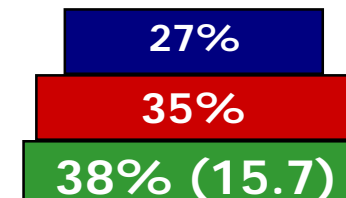


Access to health care

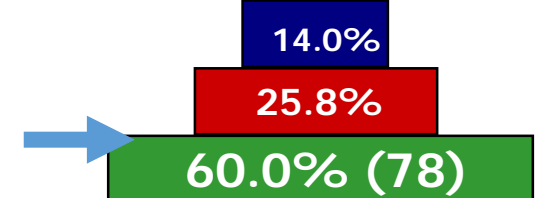
Regional / General Hospital
District Hospital
Primary Health care centers



1977



1987



2010

Note: (number of OP visits in million)

Adequate and appropriately manned rural health facilities



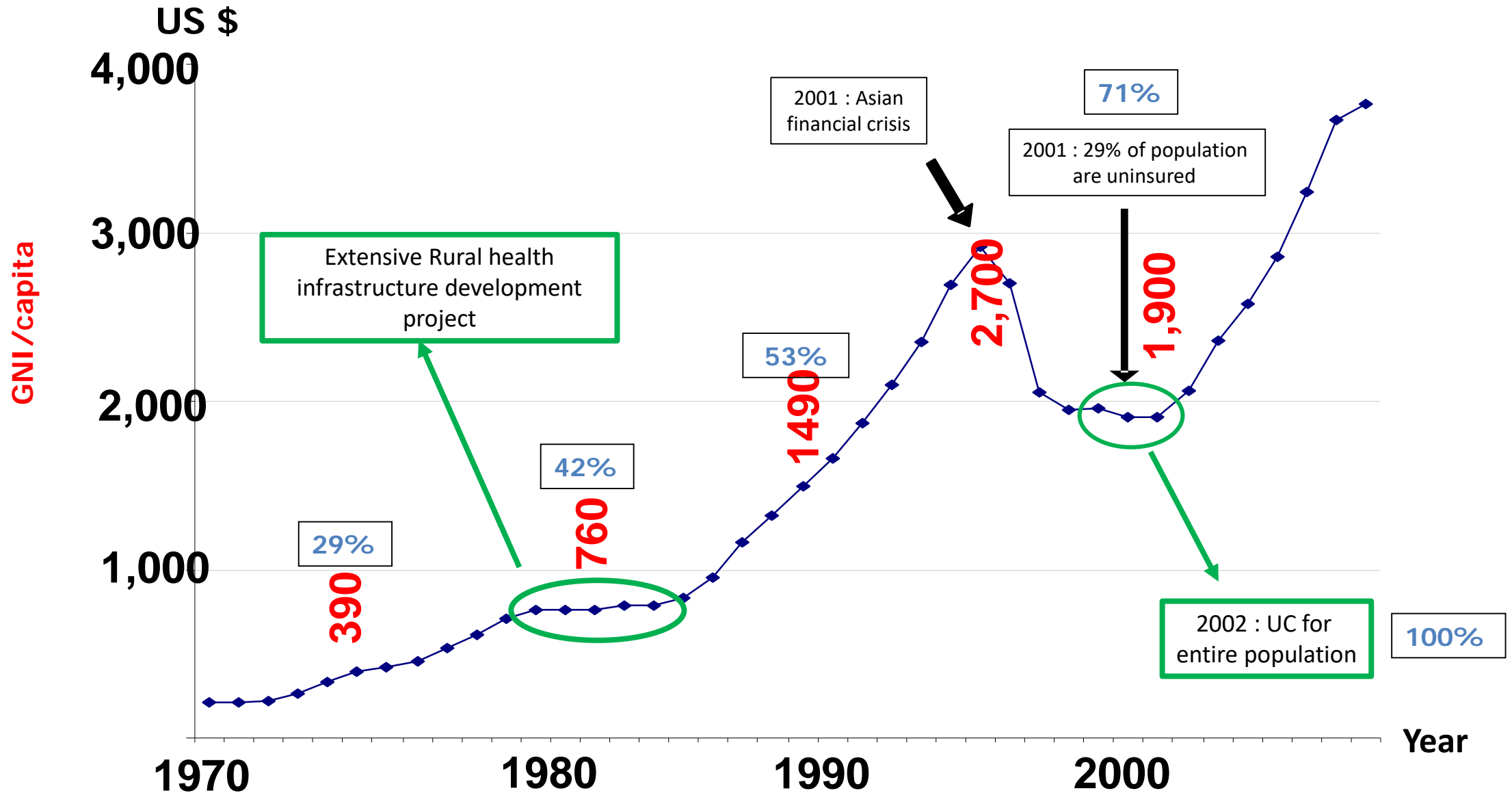
Rural health centers with 4-8 nurses and CHWs cover 2,000-5,000 population

Extensive production of appropriate cadres and motivated health personnel with mandatory public works and adequate support are essential.



Rural community hospital with 2-8 doctors cover 30-80,000 population

2. Stepwise Financial Protection towards UHC



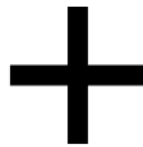
3. Improved logistics under the UHC

- Central budget support and procurement

- High cost medical instrument bargaining

- Coronary drug eluting stent 1,000 \$ → 311 \$
- Peritoneal dialysis fluid 6 \$ → 4 \$
(High volume)

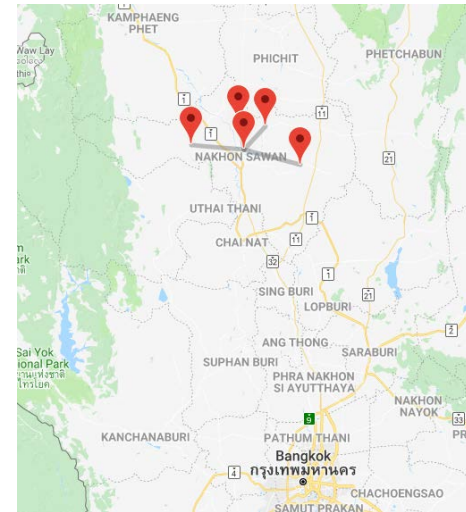
- Door delivery of peritoneal dialysis fluid



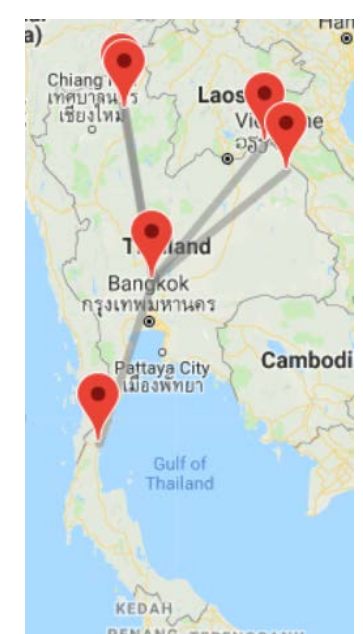
Central procurement with

Vendor Management Inventory (VMI)

Antivenom, Antidote, Antitoxin



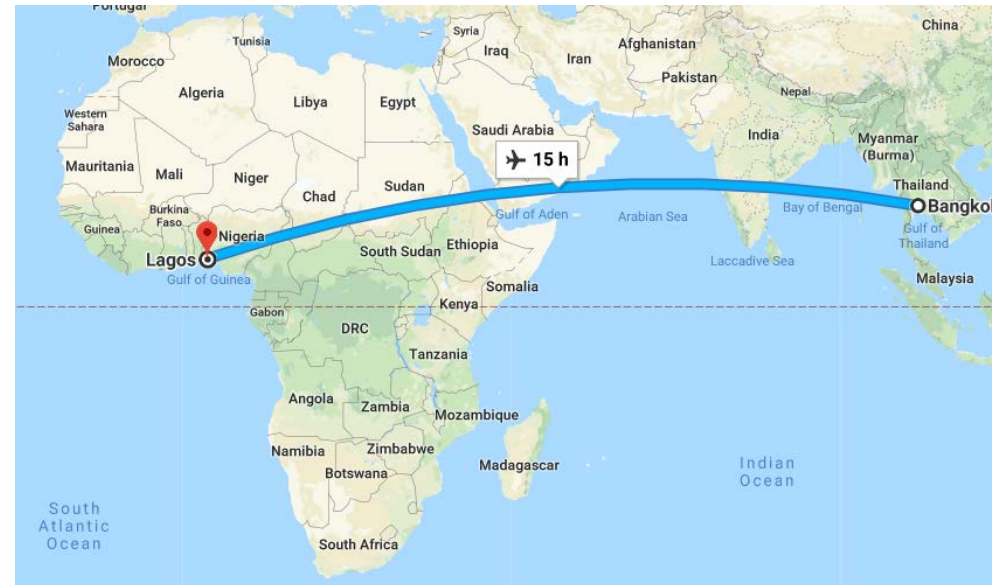
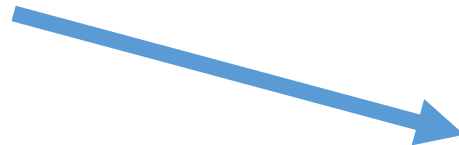
Snake antivenom



Dimercaprol

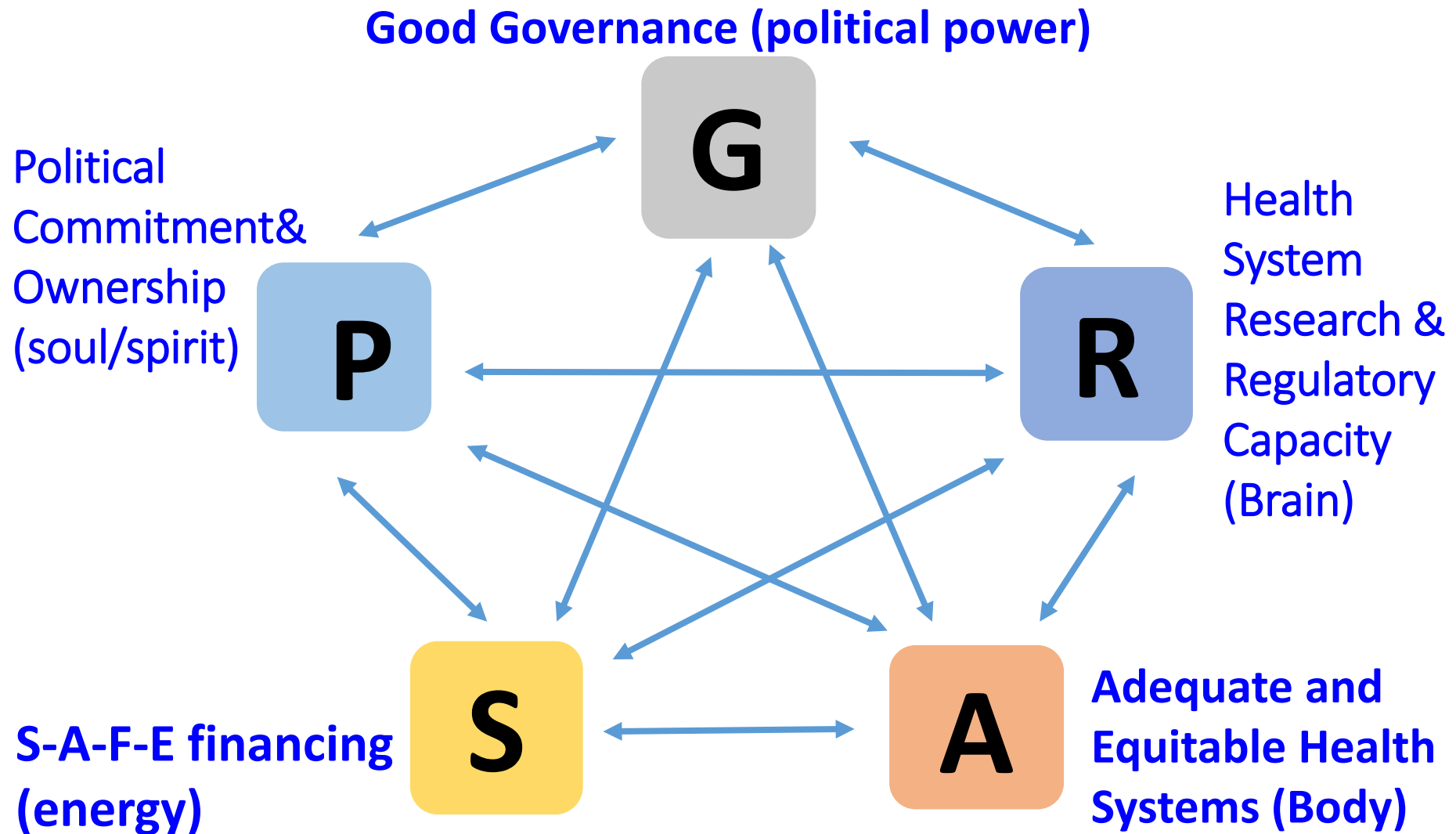


Botulinum toxin antidote



Provide Botulinum Antitoxin to Nigeria in 2018

Five success factors – ‘G-R-A-S-P’



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