

Delivering effective health services

Improving access, affordability and quality of health services for the poor



A pregnant woman is transported to a health clinic via boda boda in Eastern Uganda as part of an FHS pilot study on transport voucher schemes

Future Health Systems (FHS) is a partnership of leading research institutes working in low-income countries (**Bangladesh, Uganda**), middle-income countries (**China, India**) and fragile states (**Afghanistan**) to build resilient health systems for the future.

After a successful first five-year phase from 2005-2010, we are now in a new six-year phase of research from 2010-2016. Core support is provided by the UK Department of International Development (DFID), though the consortium has built a wide range of related projects funded by other partners.

Core research themes

- **Unlocking Community Capabilities:** How can the wide range of resources available at the community level be systematically identified and used to improve the quality and impact of health services, particularly for disadvantaged groups, in all their diversity?
- **Stimulating Innovations:** How can new technologies and organisational innovations be introduced and sustained to improve the quality, coverage and affordability of healthcare in resource-poor settings?
- **Intervening in complex adaptive systems (CAS):** How can a ‘complex adaptive system’ lens help us to improve interventions in health service delivery? How do we best build in rapid learning cycles to evolve our programmes along with shifting environments?

Where we work

For the current phase of FHS, each country team has developed action-research interventions appropriate to the local contexts in which they are working. Country projects include:

- **Afghanistan:** For nearly a decade, a national-level ‘balanced scorecard’ has evaluated health service provision across the country. While these results have informed governmental policy, they do not often reach local clinics. We are currently implementing and assessing a community-based scorecard to improve health services and increase trust and accountability at a local level.
- **Bangladesh:** While the first phase saw moderate improvements in care given by informal providers, the next phase is assessing the role of telemedicine projects working to link better village doctors into the formal healthcare sector and improve care.
- **China:** Payment reform is a top priority for health reforms in China. The team is conducting case studies to explore how rural health systems adapt to payment reform, including the expected and unexpected outcomes on health services delivery in a very complex reform context.
- **India:** Health services are delivered in an uncoordinated manner in the Sundarbans by a range of actors: NGOs, government and the private sector. There is little knowledge about priority health concerns in the hard-to-reach area. The FHS India team is using an action research approach. It will disseminate its findings through a shared learning platform that organises these disparate actors and stimulates them to strengthen their coordination. Research findings will also inform a periodic ‘Health Watch’ report to inform them of current health needs, especially of children.
- **Uganda:** Although the voucher scheme implemented under phase 1 costs only about US\$10 per safe delivery, scaling up these services in Uganda has proved challenging. The next phase of work is also using an action research approach to explore options to better mobilise community resources to sustainably scale up the intervention.



How we work

- **Learning by doing:** As our research projects are undertaken in complex systems, the programme has established robust monitoring mechanisms to ensure that the interventions are able to evolve alongside dynamic contexts. This has required not only a strong learning focus of each intervention, but also an assessment of shifts in the environment and building reflection points into the research process.
- **Policy influence and research uptake (PIRU):** To achieve our objectives, FHS recognises the need to engage a wide array of stakeholders in the research process and to have an ongoing dialogue with policy- and decision-makers about our research findings. As such, we have established a strong PIRU team working internationally and within each country team. This team played a key role in the inception phase of the project, helping with stakeholder analyses and developing theories of change and engagement strategies for each country team. More recently, the team has built a strong online presence (see www.futurehealthsystems.org), manages high level events, produces publications and works with the media to widen our audience-base.
- **Capacity building:** Strengthening skills for health systems research in the locations we work is central to the FHS approach. This is clearly evident in the work of the African Hub (see the section below on ‘learning platforms’), but we also work across the core partners to ensure a good mix of skills for research and research uptake in health systems. Trainings on research methods (such as complex adaptive systems, social network analyses, etc.) as well as research uptake (for example on writing effective policy briefs) have been undertaken.

Who's involved

Core Partners

- Johns Hopkins Bloomberg School of Public Health, Baltimore (Dr Sara Bennett, sbennett@jhsph.edu)
- ICDDR,B, Bangladesh (Dr Abbas Bhuyia, abbas@icddr.org)
- China National Health Development Research Center (CNHDRC), Beijing, China (Dr Zhang ZhenZhong, zhangzcc@126.com)
- Indian Institute for Health Management Research (IIHMR), Jaipur, India (Dr Barun Kanjilal, barun@iihmr.org)
- School of Public Health (SPH), Makerere University College of Health Sciences, Kampala, Uganda (Elizabeth Ekirapa-Kiracho, ekky@musph.ac.ug)
- Institute for Development Studies (IDS), University of Sussex, UK (Dr Gerry Bloom, g.bloom@ids.ac.uk)

African Hub Partners

- School of Public Health (SPH), Makerere University College of Health Sciences, Kampala, Uganda (Aggrey Mukose, aggreyj@yahoo.com)
- School of Public Health, Kinshasa University, DRC
- College of Public Health and Medical Sciences, Jimma University, Ethiopia
- School of Public Health, Moi University, Kenya
- School of Public Health, University of Nairobi, Kenya
- School of Public Health, National University of Rwanda, Rwanda
- School of Public Health and Social Science, Muhimbili University of Health and Allied Sciences, Tanzania

Emerging cross-cutting themes

- **Engaging health markets:** The spread of markets has enabled many poor people to gain access to previously unavailable drugs and medical services. However, the effective regulatory arrangements to influence the performance of these markets have been slower to emerge. We are examining strategies to strengthen local institutions to improve the performance of health markets to meet the needs of the poor.
- **Understanding the links between climatic shocks, health and wellbeing:** There are a number of recognised social determinants of health, but geographic isolation and climatic risk is an understudied area. Especially in the Sundarbans, we will explore how to establish resilient and effective health systems in adverse and changing climate conditions.
- **Health systems research ethics:** Given the long-term engagement the FHS consortium has had in local communities, how do these partnerships effect the moral obligations of researchers and institutions? Does health systems research offer unique ethical dilemmas and require different approaches to ethical review?
- **Building trust in fragile environments through service delivery:** To what extent can provision of basic health services contribute to broader trust in governance structures in fragile states? Do we have the evidence on-the-ground to support such claims?
- **The intersection of gender and health service provision:** Across the FHS focal countries, gender relations vary significantly. How do these dynamics affect care seeking behaviour, decision making and financing of healthcare, patient perceptions of care and of providers, leadership structures in communities? How can we use an understanding of these dynamics to tailor appropriate health services for the poor?

Learning platforms

FHS has established several learning platforms to bring together individuals and organisations interested in knowledge exchange and learning on health system reform or innovation. These types of platform are critical in rapidly shifting health systems, where there are a range of different types of health service provider, and where there is limited scope to codify and communicate knowledge. FHS-supported learning platforms include:

- **The African Hub:** Building on an existing network known as the HEALTH Alliance, the African Hub brings members of seven schools of public health across East and Central Africa to build capacity across these institutions to undertake health systems research (HSR). The institutions have undertaken a capacity-self assessment and articulated a clear plan of action based on the findings. Collaboration is maintained through face-to-face meetings as well as an online Eldis Community.
- **West Bengal Platform on Health in the Sundarbans:** This platform brings together government officials, informal health providers,

non-governmental organizations and other private sector providers working in the Sundarbans with academics from FHS to provide more integrated services. Coupled with the Sundarbans Health Watch, also produced by FHS, this platform will ensure these actors have an accurate understanding of the current burden of disease in the Sundarbans and will work to stimulate innovate proposals to tackle gaps in coverage.

- **DC Health Systems Board:** The HSB provides a forum in the Greater Washington DC Area for discussion and debate among policy makers, academics and consultants about current issues in health systems research and policies relevant to low- and middle-income countries. The HSB is co-convened by several organisations in DC and hosts roughly one public event per month.
- **South Asian Innovations Platform:** This organisation will bring together diverse players from the private, governmental, academic and practitioner sectors in India and Bangladesh to catalyse innovations in health service delivery in South Asia

Key recent publications

1. Bloom, G., B. Kanjilal, H. Lucas, D. Peters (eds) (2012) Transforming Health Markets in Asia and Africa: Improving quality and access for the poor. Earthscan: London, UK. (<http://bit.ly/FHSthm>)
2. Wahed, T., S. Rasheed, A. Bhuyia (eds.) (2012) Doctoring the Village Doctors: Giving Attention Where it is Due. ICDDR,B: Dhaka, Bangladesh. (<http://bit.ly/FHSdvd>)
3. Mukherjee, M., B. Kanjilal, D. Barman, P.G. Mazumdar (2012) 'Child Health in the Sundarbans: How Far Do Mutually Reinforcing Shocks Act As Contextual Determinants?' Journal of Health Management, June 2012, 14: 117-140. (<http://bit.ly/FHSkid>)
4. Paina, L. and D. Peters (2011) Understanding pathways for scaling up health services through the lens of complex adaptive systems. Health Policy and Planning, 26(5). (<http://bit.ly/FHScas>)



The views presented in FHS publications do not necessarily represent those of consortium partner organisations. Nor do they necessarily reflect the views of our funding organisations.

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