Areas of focus at the three main levels of the health system

- At community level: creating demand for and ensuring the provision of essential and affordable health and related services of appropriate quality, building on integrated community case management; working to influence social norms or barriers that deny the rights of children and women to access care, and related behaviours; supporting initiatives to overcome financial barriers to health service access; improving the accountability of local health and community leaders for the key determinants of health and for health outcomes; and strengthening resilience and emergency response capacity.

- At district level: improving health managers’ capacity for evidence-based planning, budgeting, supervision and monitoring of priority interventions for children and women; integration with community-based systems; coordination with other sectors (WASH, child protection, education etc.); and efforts to formalize contingency planning and emergency response capacity.

- At national level: contributing to evidence-based and equitable national strategic plans and policies for children and women’s health, through strengthened use of evidence, equity analysis, costing and fiscal space analysis (in close collaboration with government and partners); leveraging of national and international resources; and linking with UNICEF contributions in other sectors (child protection and welfare, social inclusion and protection, education, C4D, WASH, HIV and nutrition).

Areas of focus on specific issues (as appropriate to the level of the health system and the local context)

- Improving the collection, analysis and use of data and information by strengthening the national health management, information, civil registration and vital statistics systems, and building on global tools and innovative technologies, including during health emergencies.

- Strengthening national and sub-national procurement, supply and distribution systems, engaging with the public and private sectors, civil society and development partners, particularly in emergency preparedness, prevention and response.

- Contributing to the social protection system and plan for financing UHC through the development of investment cases, fiscal space analysis and leveraging of resources (e.g., promoting insurance schemes focusing on the most vulnerable and prioritising primary health care). Given the focus on a comprehensive and coordinated approach, linkages with social welfare services, early child development and adolescent engagement are also promoted.

- Supporting national and development partners to engage and regulate the private health sector in provision of UHC and in monitoring and surveillance systems, and to ensure that private providers and organizations, and the private sector more generally, contribute to equitable and quality health outcomes for children and women.

- Working with partners to support governments improve the quality of health care, especially community-level and maternal and newborn care, for example through the development and adaptation of standards, protocols and guidelines according to local contexts; capacity building of health and allied personnel; and ensuring institutional accountability.

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**1 Importance of health systems strengthening**

UNICEF’s mandate is to advocate for and protect children’s rights, to help meet children’s basic needs, and to expand opportunities. This is the foundation for early child development. They should explicitly strive to close the gap in access to these services for the most disadvantaged children and women, to ensure UHC, and to promote improved and equitable health and nutrition outcomes. Health systems should also explicitly include community-level planning and control, enabling countries to be accountable to the International Health Regulations for global health security, and should be resilient during public health emergencies.

UNICEF envisions a strong health system as one which includes prevention and promotive services, and curative and rehabilitative services and health education, and comprises a package of services that includes all essential interventions for children and women, adolescents and elderly. Health systems should be gender responsive and deliver integrated services and accessible, quality care for all women, men, children, adolescents and elderly of reproductive age. Systems should be adaptive and responsive to changing population needs and should be inclusive of the needs of indigenous communities, people living with disabilities, those with different sexual orientations and gender identity, and of refugees and asylum seekers. Health systems should address the social determinants of health, particularly education, employment, and social inclusion and policy in order to build resilience during public health emergencies.

UNICEF also acknowledges the current evolution and complementarity of different partner agencies’ approaches to HSS, and for this reason, its approach is not designed to supplant the efforts of others, but to build on and enhance them. For example, synergies exist with donor agencies, WHO, and other UN agencies in contributing to global health security, including at the sub-national level, and in coordinating with the private sector. However, UNICEF’s approach focuses on the most disadvantaged children and women, to ensure UHC, and to promote improved and equitable health and nutrition outcomes. UNICEF’s vision for health systems is that they should be resilient during public health emergencies.

**3 UNICEF’s vision for health systems**

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**4 UNICEF’s health systems strengthening approach**

UNICEF’s Health Systems Strengthening (HSS) approach includes activities appropriate to the three major functional levels of health systems (community, sub-national and national) in different contexts, enabling the promotion of good health, delivery of essential interventions to all children and women of reproductive age, and contribution to UHC.

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