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ABBREVIATIONS

CLTS Community-led total sanitation
CBO Community based organization
CSO Civil society organisation
DHSS District health system strengthening
ECD Early child development
HEP Health Extension Programme (in Ethiopia)
HSS Health systems strengthening
ICCM Integrated community case management
LMIC Low and middle income countries
LQAS Lot quality assurance sampling
MDGs Millennium Development Goals
MoRES Monitoring of Results for Equity System
NCDs Non-communicable diseases
NGO Non-government organisation
PHC Primary health care
RMNCAHN Reproductive, maternal, newborn, child and adolescent health and nutrition
SDGs Sustainable Development Goals
UHC Universal health coverage
WASH Water, Sanitation and Hygiene

ACKNOWLEDGEMENTS

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1. INTRODUCTION

Since 1990, remarkable gains have been made in improving outcomes for children and women. The number of children dying before age five years has almost halved, and similar progress has been made in maternal mortality. A few easily preventable and treatable conditions are responsible for almost 60% of the remaining child deaths, and 75% of these deaths occur in only 20 countries. It has been particularly difficult to reduce child mortality during the perinatal period. Following the 2012 Washington call for a renewed commitment to child survival, a total of 178 countries have declared their intent to end preventable maternal and child deaths by 2030. Persisting inequity in rates of child and maternal death between and within countries underlines a number of challenges to further reducing preventable child and maternal mortality and ill health. Perhaps the most widespread are barriers to achieving universal coverage of life-saving interventions and basic care. Recent analysis suggests that the urban-rural divide remains very wide, and that there are also disparities between and within urban areas. Even for those with physical access to preventive and clinical health services, poor quality and the associated direct and indirect costs limit the impact and uptake of available services, and can lead to further illness and immiseration.

In addition to declining mortality, stunting (chronic undernutrition) among children aged under five decreased from 40% in 1990 to 25% in 2013, but still affects an estimated 161 million children globally. Moreover, wasting (acute undernutrition) affected 8% or 51 million children under five in 2013; 17 million were severely wasted. Undernutrition (including foetal growth restriction, stunting, wasting, and deficiencies of vitamin A and zinc) and suboptimum breastfeeding are collectively responsible for 45% of deaths in children under five. In 2013, this translated to 3.1 million deaths.

Sustained improvement in child mortality and under-nutrition will depend on more than high impact interventions. As dramatically highlighted by the Ebola crisis in West Africa, fragile health systems in many low and middle income countries (LMIC) undermine progress. The 2016 Zika outbreak is another example on how broader developments are also complicating and exacerbating the context. Changes in disease epidemiology and lifestyle are affecting health outcomes across the life cycle, with some predispositions to ill health acquired even before conception. Climate change is affecting the risk of certain diseases in different parts of the world. The demographic transition is leading to changes in birth and death rates that affect the population distribution and creates new challenges. For example, in Africa, high fertility and the increasing number of fertile women will lead to doubling of children there in the next 35 years, requiring massive expansion of related services. At the same time, ageing populations in all nations will also require improved health and social services. Urbanization also presents new challenges, and the governance of public and burgeoning private health sectors is often weak and fragmented.

Fortunately health and related sectors have not suffered from global neglect; the 2000s saw large increases in development assistance for health. However, these funds were largely for vertical disease-specific programmes in poorer nations and, arguably, have not significantly improved weak health systems in many LMIC. Input-level interventions have limited impact on the efficient and effective functioning of health systems, which is essential for the future achievement of universal health coverage (UHC), and on the flexibility required to ensure resilience to crises such as epidemics and natural disasters. In addition, many MIC have actually experienced a reduction in development assistance for health, making investing in health and health systems strengthening (HSS) in these countries even more crucial to sustaining progress.

Given this historic context and increasing attention to individual, national and global health security (broadly defined to include the establishment and maintenance of good health), governments, leading donors and development agencies are increasingly focusing on building robust, responsive and resilient health systems to meet the new challenges of the 21st century. This calls for an
organisation-wide, systematic realignment of UNICEF’s approach in health and related sectors, which considers health and development outcomes in all programmes and contexts, and with better linkages between the four explicitly health-related (Health; Nutrition; Water, Sanitation and Hygiene [WASH] and HIV) and other programmes (Child Protection, Education, and Social Inclusion and Policy).

To this end, UNICEF has recently developed its “2016-2030 Strategy for Health”, with two overarching objectives: Ending preventable maternal, newborn and child deaths, and promoting the health and development of all children. The Strategy emphasises the importance of prioritising the most deprived children and promotes multi-sectoral approaches to enhance child development and address immediate causes and underlying determinants of poor health outcomes. It requires both vertical programmes to address critical conditions and “horizontal” programmes to explicitly strengthen health systems and build resilience. The Strategy also emphasises increasing integration of development and humanitarian efforts through risk-informed programming in all contexts. Three approaches are proposed: addressing inequities in health outcomes; promoting integrated, multi-sectoral policies and programmes and strengthening health systems, including for emergency preparedness and responsiveness, and to ensure resilience.

HSS requires a different approach to vertical health programmes, which have traditionally sought to improve outcomes primarily by providing inputs. UNICEF has a long history of input-level support for the health sector, leading the child survival revolution in the 1980s through expansion of high-impact interventions, strengthening supply systems and training human resources. This succeeded most obviously for vaccine-preventable diseases and vitamin A deficiency, and more recently for malaria using treated bed-nets. UNICEF also supported the Bamako Initiative focus on local accountability and cost recovery. In the Millennium Development

Goal (MDG) era, UNICEF supported scaled-up provision of an expanded package of life-saving interventions, accompanied by innovations in the delivery of services at community level.

More recently UNICEF has explicitly focused on equity and improving outcomes for the world’s most vulnerable children, which (for child survival) can be more cost effective. The Monitoring of Results for Equity System (MoRES) provides a framework for the design and monitoring of all UNICEF programmes, with an earlier emphasis on six core determinants of health service coverage (related to the demand for, supply and quality of healthcare), now also including four enabling environment determinants. For health, including the latter requires attention to broader performance drivers such as policies, financing, regulation, organizational structures, and relationships between the health system and other sectors, to motivate changes in behaviour and/or allow more effective use of resources to improve health outcomes.

UNICEF is the major child-focused global development agency. It has an extensive field programme, and partnerships with governments and other development agencies at all levels, as well as policy experts and academia. As such, UNICEF is well-placed to contribute to the technical and policy discourse on HSS. Moreover, UNICEF’s equity-focused and rights-based approach is underwritten by a growing portfolio of programmatic and technological innovations, particularly those focused on strengthening public and private sector accountability for health outcomes. Adopting a clear HSS approach will help UNICEF to: a) better deal with health systems issues that limit equitable outcomes for children; b) focus on whether UNICEF support in a given country indeed strengthens its health system; c) further improve child and maternal health outcomes and ensure the sustainability of UNICEF-supported programmes; d) identify synergies with other development partners and sectors in addressing critical issues, and e) coherently communicate what UNICEF does in health to

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governments and partners in the context of the post-2015 agenda and efforts to achieve UHC.

The Sustainable Development Goals (SDGs) consideration of health as a foundation for social and economic development,\(^{21}\) individual and global health security and indeed political security,\(^{18}\) merits this shift in UNICEF’s approach from health system support to multisectoral HSS. The adoption of HSS as a core focus in UNICEF’s 2016-2030 Strategy for Health renders appropriate the explication of the agency’s HSS Approach, as undertaken in this document. With this shift, UNICEF is declaring HSS as imperative to its mandate on upholding and promoting all children’s rights to survival, growth and development, particularly the rights of the most vulnerable children, in an evolving world.

### 2. UNICEF’S VISION AND DEFINITION OF, AND APPROACH TO HEALTH SYSTEMS SERVING CHILDREN AND WOMEN

#### 2.1 Vision

UNICEF envisions health systems that reliably deliver integrated service packages for children, adolescents and reproductive age women, focusing on health, nutrition, WASH and HIV. A strong health system also facilitates child protection services, is linked to social protection and social welfare initiatives and the education sector, particularly for alleviating poverty, improving health literacy, screening and ensuring early child development (ECD). It pays special attention to services for girls and women and for those with disabilities, and is a conduit for social and behaviour change communication. It collects and transmits data on the health, nutrition and development status of individuals and communities, and informs those responsible for developing and implementing social and economic policy. All these areas are necessary to ensure optimal child and adolescent survival and development, as well as national and global socio-economic development.\(^{31}\) Their integration is a key element of a strong health system.

The services provided and HSS strategies undertaken should ensure that all stages of the life cycle are covered, including the first three years of life, middle childhood, adolescence and women’s years of fertility, especially before and during pregnancy. Strong health systems should foster a progressive path towards UHC, one that favours the most disadvantaged. They should be resilient to shocks and emergencies, flexible, and adaptable to new or unanticipated developments.

#### 2.2 UNICEF’s working definition of HSS and the related context

UNICEF defines HSS as actions that establish sustained improvements in the provision, utilization, quality and efficiency of health services, including both preventive and curative care, as well as the resilience of the system as a whole. In addition to improving services and producing equitable health, nutrition and development outcomes, these actions may influence key performance drivers such as policies, governance, financing, management, implementation capacity, behaviour and social norms.

UNICEF acknowledges existing global approaches to HSS, particularly WHO’s six health system building
blocks \textsuperscript{b} and the evolving context vis-à-vis partnerships, particularly with governments, and focus\textsuperscript{c}.

This includes the increasing attention to\textsuperscript{33} availability and use of quality data,\textsuperscript{34} increasing literacy on and awareness of human rights (especially those of women and girls\textsuperscript{35}), engaging the private sector\textsuperscript{36} including as partners of social protection programmes,\textsuperscript{37} decentralisation and yet a global approach to governance and accountability.\textsuperscript{31}

It also acknowledges the attention paid to and funds available for HSS through multilateral initiatives, such as the Global Fund and GAVI, and the explicitly stated interest of key partners\textsuperscript{20,22} and leaders.\textsuperscript{19,38}

### 2.3 UNICEF’s overarching approach to HSS

UNICEF’s HSS approach involves activities at all levels (section 3), and builds on its mandate, capacity and comparative advantages. Decisions on which activities to prioritise are made with partners and stakeholders, guided by a results-based approach that applies at all levels of the health system.

This involves, first, a situation analysis to identify the main causes of mortality, morbidity and malnutrition affecting the most deprived children and women. Priority reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAHN) interventions with the potential to address such causes are then identified. The determinants of effective coverage of priority interventions are systematically analysed to identify bottlenecks on the supply side, on the demand side, on aspects linked to quality and on aspects linked to the broader enabling environment. These bottlenecks may exist at any level, which accordingly guides the scale and scope of action required to deal with them. Since all programmes share the same health system platform to deliver services or interventions, this analysis may be applicable to many programmes.

Solutions to the bottlenecks identified are devised and strategies or interventions are modelled, costed and introduced. These solutions, or HSS actions, are based on the available evidence on their effectiveness, albeit often limited and highly sensitive to the context. For this reason it is important to use local expertise in selecting the best actions to undertake. Operational research may be needed where evidence is lacking.

Solutions implemented are monitored frequently, with course correction as appropriate to maximise impact, and periodic evaluations to determine when it is possible to expand pilots if appropriate.

This approach is summarised in seven steps (depicted in figure 1 below)\textsuperscript{d}, and can inform national plans, build efficiencies in the delivery of district health services, and strengthen the community platforms that deliver services, promote healthy behaviours and empower communities for local accountability. Wherever possible, the approach uses data to underwrite decisions on priority actions in the different functional areas (such as the building blocks) of health systems. This evidence-based approach provides a linear way to assess the impact of HSS efforts on population health, measure the reduction of identified bottlenecks, and the resulting increase in effective coverage of priority interventions as intermediate results towards a strengthened system.

While shaped on general principles valid everywhere, the approach is highly customized to each country context. It requires the lead of the Ministry of Health, and benefits from the support of local and global partners to be effective and sustainable.

\textsuperscript{b} 1. Health services; 2. Health workforce; 3. Health information; 4. Medical products, vaccines and technologies; 5. Health financing, and 6. Leadership and governance \textsuperscript{11}

\textsuperscript{c} WHO is currently revisiting its HSS approach, with a focus on enhanced global partnerships, institution-building, improved domestic accountability and achieving UHC.

\textsuperscript{d} For more information see: http://www.unicef.org/health/files/DHSS_to_reach_UHC_121013.pdf
While the seven-step approach is applicable at all levels of the health system, it is also linked to the EQUIST and bottleneck analysis tools which are also being introduced (EQUIST) or are already used widely by UNICEF programmes. Appendix 1 provides background on the relationship between these important resources for UNICEF’s work in HSS.

**Figure 1: Seven-step approach to situation analysis and identification of priority actions in HSS**

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Identify underserved groups</td>
</tr>
<tr>
<td>2</td>
<td>Identify main causes of mortality, morbidity and malnutrition</td>
</tr>
<tr>
<td>3</td>
<td>Identify priority interventions to address them</td>
</tr>
<tr>
<td>4</td>
<td>Identify bottlenecks in coverage determinants and their causes</td>
</tr>
<tr>
<td>5</td>
<td>Identify solutions to bottlenecks</td>
</tr>
<tr>
<td>6</td>
<td>Develop operational plans</td>
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<tr>
<td>7</td>
<td>Monitor implementation and bottlenecks reduction</td>
</tr>
</tbody>
</table>

**UNICEF system-wide approach...**

- ...to design evidence-based equity-focused RMNCAHN strategies, plans and policies;
- ...and to improve management capacity and implementation at sub-national and community level.

**Model lives saved**

**Cost strategies**

The identification and resolution of bottlenecks is achieved using a modified Tanahashi model that looks at key determinants of effective coverage of maternal and child health interventions.

<table>
<thead>
<tr>
<th>Enabling Environment</th>
<th>Supply</th>
<th>Demand</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal and policy framework</td>
<td>Availability of essential commodities</td>
<td>Acceptability</td>
<td>Adequate quality</td>
</tr>
<tr>
<td>Financing, budgeting, expenditure</td>
<td>Availability of human resources</td>
<td>Affordability</td>
<td></td>
</tr>
<tr>
<td>Governance and management</td>
<td>Geographic accessibility</td>
<td>Timeliness and continuity</td>
<td></td>
</tr>
<tr>
<td>Social norms</td>
<td></td>
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</tr>
</tbody>
</table>
3. UNICEF’S AREAS OF FOCUS AND OPTIONS FOR ACTION IN HSS

UNICEF’s approach to HSS connects national and sub-national levels, focusing particularly on sub-national management capacity and community engagement based on sound national policy, plans and financing. Attention to these three levels facilitates the translation of policies and strategies into accessible, affordable and quality services for all, including the most deprived and vulnerable, or UHC. Priority is determined by local context, based on a sound and agreed situation analysis conducted by government and development partners, if any.

In addition, the approach includes five issue-specific areas of existing UNICEF capacity and perceived priority. Their relevance and UNICEF’s activity vis-à-vis that of government and partners will again vary according to local context and the level of the health system, as represented in figure two below.

Figure 2: Schematic representation of UNICEF’s system wide and issue-specific approach to HSS

The selection of these areas was informed by UNICEF’s global experience and capacity, emerging evidence and innovations, and the need to ensure that health systems are resilient to emergencies and accommodate local epidemiologic and demographic transitions. More description of the core focus in each of the eight areas is provided in the sections and Boxes below.

In each area, the extent of UNICEF’s vis-à-vis other agencies’ engagement will depend on local capacity, need and government preference. Appendix 2 provides options for monitoring and evaluating progress of work undertaken to support each area.

It is acknowledged that UNICEF has not included an explicit focus on strengthening human resources for health, which is known to be a major bottleneck in health service provision in LMICs. UNICEF notes the newly outlined focus of WHO on pre-service training of health personnel. As it has for decades, UNICEF will support training and capacity-building of health and related personnel as appropriate in each of the areas of focus outlined below, but does not recommend an overarching programme of activities on this issue for its regional or country offices.

The remainder of this section provides more detail, examples of work undertaken so far, and describes options for action across country typologies (fragile or post-emergency, low- and middle-income), as also suggested by WHO in its new approach to HSS. It is also acknowledged that low- and middle-income brackets span a wide range of contexts; however,
the areas of focus are relevant to and may be adapted for all of them.

**Box 1: Overview of UNICEF’s priorities in HSS, across the health system and on specific issues**

**At the three main levels of the health system UNICEF’s HSS approach will focus on:**

1. **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 **so strengthening resilience and emergency response capacity**.

2. **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 formalise contingency planning and emergency response capacity**.

3. **At national level**, **contributing to evidence-based and equitable national strategic plans and policies for children’s 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, acknowledging the social and environmental determinants of health, **linking with UNICEF contributions in other sectors** (child protection and welfare, social inclusion and protection, education, C4D, WASH, HIV and nutrition).

**Specific issues on which to focus, as appropriate to the level of the health system and the local context:**

1. **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.

2. **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 prevention, preparedness and response.

3. **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 prioritizing 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.

4. **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.

5. 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.
3.1 Strengthen community-based health systems and community engagement

Communities are central to successful efforts to improve RMNCAHN. Lessons learned from various countries indicate that progress can be accelerated when communities are empowered to take action and civil society organisations (CSOs) hold policymakers, programme managers and health professionals accountable to local needs, particularly concerning children (e.g. community-led total sanitation [CLTS] in Bangladesh39). In addition, communities play a critical role in promoting behaviour change and in delivering integrated packages of life-saving interventions within a wider service delivery system that includes referral systems for serious illness. The recent Ebola outbreak in West Africa showed that communities are the anchor of nations’ resilience-building efforts. Strengthened community health services and engagement are a defining element of UNICEF’s HSS efforts.

UNICEF works with communities globally, in both development and humanitarian contexts, to support social accountability, service delivery, demand creation, data gathering and disease surveillance. It has supported social and behaviour change communication, integrated community case management (ICCM) of childhood illness, promotion of appropriate infant and young child feeding and the prevention and management of malnutrition, establishment of WASH interventions such as CLTS, promotion of key family practices, HIV prevention and a variety of social protection and welfare initiatives. In MICs and some LICs and as recommended recently by WHO40, UNICEF has supported transformation of primary health care (PHC) from traditional primary (clinical) care to a people-centred, community model that emphasizes health promotion, disease prevention, greater access to services through home visits and continuity of care.

A strong health system connotes the engagement of non-health sectors and programmes through health services at community level. Inter-sectoral linkages with child protection and education sectors can help identify and address developmental delay, disability, violence and neglect, especially affecting girls. UNICEF and other agencies’ social inclusion and policy teams can also advocate for and support finance and welfare initiatives benefiting vulnerable households. Strong collaborations with CSOs and community leaders can facilitate piloting, and the engagement of policy makers and managers should help to create supportive policy environments.

<table>
<thead>
<tr>
<th>Core HSS actions in this area</th>
<th>Contextualization (MICs, LICs, fragile states ...) and activity options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social accountability: Empower Community Based Organizations (CBOs), CSOs and community leaders to represent the most deprived and facilitate community participation in policy</td>
<td>1. In all settings, focus on strengthening the capacity of CBOs, CSOs and community leaders in social accountability, developing tools for community engagement (e.g. U-Report), promoting the creation of platforms/opportunities for community participation in policy design, and monitoring and establishing social accountability mechanisms.</td>
</tr>
<tr>
<td>Formulation, Budget Allocation and Programme Implementation</td>
<td>2. Knowledge management and research activities to ensure options for community engagement and social accountability are reported and adapted for local uptake.</td>
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<tr>
<td>Demand creation and health promotion: Support the design of demand creation approaches, develop tools, approaches to and materials for health education and behaviour change, and strengthen the implementation capacity of government and CSOs</td>
<td>1. In MICs with strong systems, focus primarily on emerging issues such as ECD, child care practices, adolescent health, and prevention of NCDs 2. In LICs and fragile states, support adequate and timely care seeking through adoption of a systems approach where possible (using examples from Ethiopia, Kenya, Nepal and elsewhere) and direct support through NGOs where the system does not reach. 3. In fragile states and emergency contexts, promote engagement of anthropologists and consider ethnological and political issues in the design of approaches to promote programmes and services.</td>
</tr>
<tr>
<td>Service delivery: Support development of policies and programmes, community health worker capacity, incentive schemes, systems initiatives, and inter-sectoral collaboration mechanisms between health, social protection, procurement and other services.</td>
<td>1. In LICs and fragile states, and in deprived settings of MICs, advocacy and technical assistance in these areas as needed, including on government ownership for sustainability, in partnership with other agencies. 2. In emergency settings, mobilize NGOs, provide essential commodities, and support community leaders, workers and volunteers to provide/maintain delivery of culturally sensitive basic social services, and promote healthy and safe behaviours.</td>
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</table>

### 3.2 Strengthen sub-national management capacity for service delivery in the health system

UNICEF recognizes that implementation of good health policies is frequently stymied by weaknesses in sub-national leadership and management capacity, especially in newly decentralised contexts. Drawing upon our and partner agencies’ field presence and experience in providing direct assistance to governments, UNICEF has developed an approach for district HSS (DHSS) based on the seven-steps outlined above, to improve management capacity for evidence-based planning, frequent monitoring and prompt course correction at district and health facility levels.

These efforts have led to better implementation of national policies and locally-developed solutions (often building efficiencies in the way services are provided) to close the gaps in children’s and women’s access to and uptake of quality services in a wide range of country contexts. This approach can also highlight the need for improved supervision and management of facilities and services, complementing the work led by other agencies such as WHO on clinical quality of care.

**UNICEF and DHSS**

UNICEF uses a four-step approach to improve the capacity of sub-national management teams to achieve equitable RMNCAHN outcomes: 1. **Diagnose** the most deprived populations and systems bottlenecks; 2. **Intervene** with solutions to overcome bottlenecks; 3. **Verify** progress through timely monitoring, and 4. **Adjust** solutions as needed, to optimize effectiveness and efficiency. UNICEF and partners have implemented this approach in 25 countries in Africa, the Middle East and Asia to support RMNCAHN and HIV programmes. It involved mainstreaming of new data collection methods (e.g. lot quality assurance sampling - LQAS) and tools (e.g. DHIS2, mHealth, RapidPro, U-report) to augment data availability and quality; institutionalization of quarterly performance reviews to improve management and performance, and strengthening of social accountability through community and CSO involvement in programme planning, implementation and monitoring.
<table>
<thead>
<tr>
<th><strong>Core HSS actions in this area</strong></th>
<th><strong>Contextualization (MICs, LICs, fragile states …) and activity options</strong></th>
</tr>
</thead>
</table>
| Support the design of local planning processes and tools (e.g. district planning and budgeting guidance) though technical assistance and capacity building. | 1. In LICs and MICs, provide technical assistance and advocacy to improve existing planning guidelines and tools.  
2. In fragile states and post-emergency contexts, work with others to contribute to defining the architecture of the health system, with a view to improving resilience to future emergencies. |
| Build district management teams’ capacity for evidence-based planning, budgeting, action, monitoring, (e.g. annual analysis) reporting, and course correction.... | 1. In MICs, provide technical support in selected most disadvantaged districts to model innovative approaches to planning and service delivery, including engaging with private sector; advocate for uptake by the Ministry of Health and translate into national policies and programs, with special focus on the most vulnerable districts or population groups.  
2. In LICs, support the introduction and scale up of the four-step DHSS approach.  
3. In fragile states and post-emergency contexts, provide technical assistance to build capacity and support direct implementation of priority programs and services, in partnership with CSOs, non-government organisations (NGOs) and private sector |
| Support increased community participation in decision-making to improve social accountability in the management of district health services. | 1. In all settings, provide advocacy, capacity building, and technical assistance, as appropriate, to improve community participation in health sector planning and monitoring, and social accountability.  
2. In low and middle-income countries, develop partnerships with CSOs, private sector and social networks to support this work.  
3. In fragile states and emergency contexts, promote engagement of anthropologists and consider ethnological and political issues in the design of programmes and services. |

### 3.3 Develop national equity-focused RMNCAHN-related policies, strategies, planning, financing and approaches to budgeting

Across sectors, UNICEF works with national governments, partners and civil society to develop child-centred and equity-focused policies, plans and budgets. In the health sector, these efforts frequently influence national plans to prioritize child and maternal survival, address the main causes of illness and health disparities, and invest in evidence-based preventive and curative interventions.

However, the disparities in the achievement of the MDGs point, to persisting national and sub-national challenges. While disease-specific programs have been highly successful, underinvestment in cross-cutting HSS strategies has exposed limitations in such vertical programs. First, while not yet universal, many have reached maximum coverage due to the weak systems they rely upon. Second, as seen in West Africa, vertical programs often fail during health emergencies. Third, simple life-saving interventions targeting pneumonia and diarrhoea have been neglected while funding was directed to disease-specific programs. Finally, the current discourse on the importance of social determinants of health emphasizes the need for a multi-sectoral approach to HSS, but there are few examples of such approaches to learn from. These challenges underscore the importance of adopting a broader, multi-sectoral approach to HSS that creates lasting change through equity- and child-sensitive policies and responsible regulation and financing. The
Scaling Up Nutrition Initiative is one example of such an approach, involving a broad array of sectors (health, nutrition, WASH, agriculture, education and social protection) and partners. The UHC Alliance recently proposed by WHO might be modelled on this example.

UNICEF has the advantage of being, by definition, a multisectoral organization for children housing several sectoral programmes that contribute to health outcomes. UNICEF is developing its internal capacity, systemically integrating a strong focus on equity, building robust multi-sectoral monitoring (MoRES) and analytical approaches, and developing open-source tools (e.g. EQUIST) to effectively support its cross-sectoral engagement at policy and strategic level.

<table>
<thead>
<tr>
<th>Core HSS actions in this area</th>
<th>Contextualization (MICs, LICs, fragile states ...) and activity options</th>
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</table>
| Equity and bottleneck analysis to support the development of evidence-based policies, strategies, national plans, investment cases and budgets in health and related sectors, including in quality of care and new areas such as adolescent health, non-communicable diseases (NCDs), engagement of the private sector and social protection. Participation on and contribution to groups with influence on national health outcomes; leadership on the promotion of equitable RMNCAHN initiatives, especially those focusing on services at community level. | 1. In all settings, provide technical assistance for disaggregated data collection and equity-focused analysis of health outcomes and system bottlenecks at national and subnational levels; identification and prioritization of solutions and their translation into policies, strategies, plans, investment cases and budgets, with the support of EQUIST and other relevant tools.  
2. In all settings, engage in dialogue with governments, private sector and development partners to support the development of policies, regulations, and guidelines to achieve UHC, improve quality of care, improve adolescent health and introduce social protection for all, especially girls and the disabled; engage the education sector and in other ways ensure cross-sectoral alignment.  
3. In fragile states and post-emergency contexts, strengthen the oversight, financing, coordination and management capacities of weak governments in health and related sectors (e.g. The Zimbabwe Health Transition Fund). Support efforts to achieve UHC and the protection of vulnerable communities. |
| Health financing: costing, financial and fiscal space analysis, budgeting and design of financing mechanisms to benefit children and women. | 1. In all countries, work with partners on technical assistance for public financial management, sub-national financial tracking, cost-benefit analysis, cost modelling and health financing mechanisms. |
| Policy advocacy on the enabling environment determinants of health outcomes for children and women. | 1. In all countries, support knowledge management and research to elucidate broader influences on the health and welfare of children and women. Engage in related policy advocacy and the development of national plans and strategy documents. |

**Afghanistan: A shift from service delivery to HSS**

In the post-Taliban period, UNICEF focused its support to the Government of Afghanistan on direct implementation to improve service delivery through supply procurement, training the health workforce, developing the infrastructure and providing cash support. More recently, UNICEF has shifted towards actions that build lasting changes towards UHC, in particular through strengthening partnerships and policies, through aid coordination and community engagement, and establishing mechanisms for financial risk protection and mutual accountability. The UNICEF Country Office is adapting its capacity and operations with this shift from service delivery and system support, to HSS.
### 3.4 Data and information for action, accountability and learning

The collection, analysis and timely use of good quality data and information is critical for programme action, accountability, and learning – it is at the heart of HSS. In the health sector, there has been a massive increase in data collection and knowledge dissemination but little improvement in data analysis and related action, especially at subnational level. As a result substantive waste persists in health investments, and opportunities for learning are lost. Inclusion of this area of focus acknowledges UNICEF’s position as the global leader on child-focused data and information, and potential to influence and shape health information systems and related governance structures.

UNICEF implements three-yearly Multiple Indicator Cluster Surveys and prepares the annual State of the World’s Children Report. Numerous occasional or topic-specific reports provide more details on specific areas of focus. Increasingly UNICEF partners with governments, development agencies and academia, to influence and shape health and other information systems related to the determinants of effective intervention coverage. The intention is for these systems to reflect the data needs of end users at national and sub-national levels and that the capacity to analyse and use this data is strengthened.

The MoRES framework has also introduced a focus on tracking progress on reducing disparities across populations. Data collection methods (e.g. LQAS) have supported bottleneck analysis, data-driven planning and monitoring of results as part of UNICEF’s support for DHSS. Several innovative tools are facilitating real-time data collection, timely performance reviews and social accountability (e.g. DHIS2, RapidPro, U-Report, geospatial mapping / geographic information systems, EQUIST, and national and sub-national score cards). In all instances, gender disaggregation of data is undertaken, and a focus on disability is included. Analysis and dissemination of this data and information is crucial to UNICEF’s support for HSS and to underwrite multisectoral engagement.

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<th>Core HSS actions in this area</th>
<th>Contextualization (MICs, LICs, fragile states ...) and activity options</th>
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</table>
| Shape information systems and support capacity development for data collection, analysis and use | 1. In all settings provide technical assistance and capacity building at national and sub-national levels to collect, analyse, and use:  
   - Survey data collected at facility and household level  
   - Routine data and other information on the determinants of equitable and effective intervention coverage  
  2. In all settings support the mapping of health assets, including the geolocation of front-line health facilities and health workers.  
  3. In all settings support the adoption of innovative technologies and geographic information systems to strengthen data collection, analysis and use at all levels.  
  4. In all settings, identify and mobilize CSOs and community-based platforms to use data for social accountability at all levels. |

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Using eHealth to improve data availability, quality and use in Lao PDR

In 2012 and 2013, UNICEF supported an equity and bottleneck analysis in Lao PDR that highlighted the need for more timely quality information to monitor the removal of bottlenecks and changes in equity of access. The analysis identified significant capacity gaps at the subnational level in data analysis and use of the information for programming. In response, UNICEF supported development of an eHealth strategy to strengthen health information systems by using information technology to integrate data from different sources, facilitating decision-making by policy-makers, managers, frontline staff and citizens. The eHealth strategy provided a unifying architecture to support the integration of managerial dashboards and the cold chain information system with the DHIS. Future developments include the integration of birth registration and the use of such technology in the capacity building of sub-national EPI and Nutrition.
5. In fragile states and post-emergency settings provide direct implementation support through partners (e.g. CSOs) as a short term measure while restoring routine information systems.

Support community-based monitoring, surveillance and research. Develop indicators for monitoring community-based activities, establish mechanisms for community participation in monitoring and reporting, and implement a research agenda to generate and share knowledge.

1. In all settings, advocate and provide technical assistance for the development of community-based monitoring and surveillance systems, linked to existing national information systems
2. In LICs and fragile states, support community-based monitoring and surveillance activities, mapping of community-based health assets (e.g. CHWs and health facilities), and strengthen connections with existing systems.
3. In all settings, support research activities that can underwrite new policies, strategies and interventions at national or local level.

Establish a global repository of HSS information, including routine data, surveys and country applications, with interactive analysis capability

1. Establish EQUIST as an online HSS database with summary country profiles and updated country data and analysis and interactive options to visualize different outputs.
2. Link the global database to a sub-set of countries or individual country application(s)

Develop and implement a learning agenda for HSS

1. Agency-wide development and implementation of a joint learning agenda including research, evaluation, knowledge management, and advocacy for HSS.

3.5 Comprehensive Supply System Strengthening

UNICEF’s supply function has evolved considerably in the last decade, with a decreasing focus on direct service delivery, continued focus on procurement services, and an emerging focus on strengthening public sector supply chains, markets, innovations and managerial capacities. UNICEF is increasing its expertise in regulation, quantification, safe and reliable procurement, warehousing and inventory management of life-saving and other commodities. It is also strengthening cross-cutting, supply-related monitoring and data management, communication, and human and budget resources. These are all critical components of increasing access to safe health-related supplies and products.

UNICEF support for supply chain strengthening as an element of HSS/DHSS engages with both governments and the private sector. Most Country and Regional Offices function ably as conduits for health and related commodities procured with UNICEF support, but will increasingly scale up their capacity in other areas of supply function.

Routine immunization supply management systems: A switch from support to strengthening

UNICEF has scaled up its technical assistance to strengthen national capacities in adapting supply chain and logistics systems to the introduction of new vaccines. Periodic assessments pointed at health system-wide deficiencies. UNICEF and WHO accordingly developed a comprehensive Effective Vaccine Management framework that accounts for the interdependencies between health system determinants. Assessments in Kenya and Mozambique led UNICEF and WHO to advocate for investment in immunization supply system strengthening. This shifted funds for vaccines to funding broader HSS interventions, managing large budgets within a performance-based funding model, linking partners and sectors, introducing results-based implementation, and switching from training to capacity development.
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| Ensure essential supplies through local standard setting, market analysis and quality assurance, especially for local or self-procured or locally produced goods (nutrition commodities, vaccines, cold chain etc.) | 1. In MICs, support the transition from UNICEF procurement to self-procurement, especially in the area of vaccines and nutrition commodities.  
2. In LICs and MICs, support work related to inspection, policy and market analysis with both public and private suppliers.  
3. In fragile states, work with partners to maintain procurement standards and distribute essential supplies and commodities, especially for vulnerable communities |
| Strengthen public and private sector supply chains (e.g. in tendering and inspection; manufacturing processes; audit standards; warehousing; personnel; transport etc.) | 1. In all settings, provide technical assistance, training and convening of south-south exchange forums.  
2. In all settings, especially in MICs, work with partners to enhance government capacity to regulate and supervise private supply chains.  
3. In fragile states, work with partners to ensure availability of essential supplies and commodities, especially for vulnerable communities |
| Fiscal space and national supply financing assessments (especially for major supply commitments such as vaccines, micronutrients, food or drugs) | 1. In MICs, support tiered pricing, affordability of new vaccines and commodities, and private sector engagement on pricing and pooled procurement (south-south), particularly related to GAVI/Global Fund graduation.  
2. In LICs, support transition to self-funding and introduce relevant tools  
3. In fragile and post-emergency countries, support governments to identify funding for essential supplies |
| Preparedness for surge capacity                                                                 | 1. In MICs, advocacy and technical support, pre-positioning and building resilience; transition from service delivery; strengthening of specific areas (cold chain; stock management; warehousing etc.).  
2. In LICs and fragile states, partner with WFP and other agencies on real-time monitoring of supply availability and procurement activities |

### 3.6 Social Protection

UNICEF promotes public financing for children through specific initiatives and general awareness-raising of the impact of public sector programmes on child and maternal health and development outcomes. With the World Bank, UNICEF support of cash transfer programmes in sub-Saharan Africa, and is increasingly engaging in discussions on reducing catastrophic health expenditure and introducing social welfare approaches at community level, including through the health sector. UNICEF has also supported several studies of financial flows in the health sector, and fiscal space analyses to assess country capacity to increase domestic funding for social programs.

UNICEF’s country-level work on social inclusion and protection supports HSS in three areas. First, within the health sector, UNICEF seeks to ensure financial risk protection for all children and to design financing mechanisms and social insurance benefit packages that prioritize the rights and interests of the most vulnerable children and women. Second, within social welfare and protection systems, UNICEF supports, monitors and evaluates the impact of welfare programmes on children, including their health consequences, aiming to influence the design and reform of related policies. Third, UNICEF works to build social work systems to facilitate their contribution to the health of children, especially that of girls. UNICEF convenes different sectors to contribute to social protection for children and their families, brokering and facilitating dialogue, disseminating evidence, and championing the rights of children.
### Core HSS actions in this area

**Health sector**: assess vulnerabilities and financial access to care; prioritise resources for the most disadvantaged children; ensure families do not avoid or become impoverished due to the direct or indirect cost of healthcare; appraise current and proposed social health insurance programs; support the design and implementation of RMNCAHN benefit packages.

**Welfare sector**: Monitor and evaluate the impact of welfare programmes, including their health consequences; influence, design, cost and pilot welfare schemes (including cash transfers) to increase access to social services, including health care, hygiene products and nutritious foods.

**Social work sector**: Institution building in social work systems; capacity building of social workers to have a health-sensitive lens

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<th><strong>Contextualization (MICs, LICs, fragile states ... ) and activity options</strong></th>
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<tr>
<td>1. In all settings, but especially MICs, advocate for HSS-related public finance for children and women across health and other sectors. Support the assessment, design and implementation of health financing mechanisms that reduce financial barriers and risk of impoverishment to advance towards the achievement of UHC.</td>
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<td>2. In fragile states and LICs, work with partners to develop linkages between social protection mechanisms and UHC.</td>
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**UNICEF and PhilHealth in the Philippines**

Based on district-level pilots of evidence-based planning and budgeting, UNICEF supported the national health insurer, PhilHealth, to develop and implement two equity-focused benefit packages: (i) a PHC package and ii) a package for premature newborns. The former, launched in February 2015 benefits ~34 million persons, including 11 million children and adolescents. The Government is investing the fruits of recent economic growth and also a tobacco “sin tax” to address wide disparities in social services. The same evidence-based planning approach is now included in the training of new mayors across the nation, also with UNICEF support. These initiatives have the potential to reduce poverty among, and improve the health of millions of families.

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<th><strong>3.7 Private sector and CSO engagement</strong></th>
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<td>Engagement of private and non-state providers and entities with an influence on RMNCAHN outcomes to support HSS and DHSS is a major challenge for development partners in the health sector. In many LMICs, a large majority of health services are provided by the private sector, and increases in total health expenditure in LMICs are predominantly driven by burgeoning out of pocket payments to</td>
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**Private sector and CSO engagement**

Engagement of private and non-state providers and entities with an influence on RMNCAHN outcomes to support HSS and DHSS is a major challenge for development partners in the health sector. In many LMICs, a large majority of health services are provided by the private sector, and increases in total health expenditure in LMICs are predominantly driven by burgeoning out of pocket payments to
private or non-state providers. Moreover, suppliers of health care equipment, drugs and related material; employers and corporations; insurers and health management organisations are all emerging major influences on the access of women and their children to quality health services. The communications, media and advertising industry also increasingly influence health-related behaviours, and should be engaged in broader HSS and DHSS efforts.

The success of public-private partnerships will be a key influence on transnational governance on global public health and on child and maternal health, nutrition and development outcomes. Guiding and regulating these areas is difficult, particularly in the context of weak regulation and information systems, the political economy influence of individuals, corporations and professional associations, frequent inappropriate links between government and the private sector and the general environment of weak governance in LMICs. UNICEF’s potential activities across country typologies are tabulated below, but as a new area this focus should also be the subject of detailed research and discussions with government and other development partners.

### Core HSS actions in this area

<table>
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<th>Support initiatives to strengthen provider regulation and maintenance of standards</th>
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<td>Support the inclusion of the private sector in efforts to achieve UHC, including through provision of health care in the workplace and through social marketing and franchising</td>
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<td>Engage private providers in data gathering and information management</td>
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<tr>
<td>Partnerships with the private and non-state sectors to build health sector capacity</td>
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<tr>
<td>Promote corporate social responsibility in all sectors, and participate in related knowledge</td>
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### Contextualization (MICs, LICs, fragile states ...) and activity options

| 1. Engage with other actors to establish relevant regulatory frameworks at policy level in all settings; link them to best practices in MICs and participate in designing and overseeing their introduction in LICs and fragile states. |
| 1. Support establishment of policy and stewardship mechanisms related to private providers and advocate on public goods and responsibilities in all settings; strengthen professional associations, especially in MICs. Support and regulate social marketing of health services and commodities by private sector entities. |
| 1. Work with partners to convene government and the private/non-state sector to encourage/ incentivize collection of quality data, in all settings. Monitor and evaluate data in LICs and fragile states; set standards on data quality in MICs. |
| 1. In LICs and fragile states, develop related policy and coordination mechanisms (on NGO and non-state providers); in all settings, advocate and influence such providers on public goods and standards |
| 1. Convene and advocate; support the establishment of means to monitor and document violations; develop/promote appropriate national policy, according to capacity and need. |

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**UNICEF and the private sector**

Multilateral agencies like UNICEF traditionally focus on the public sector, but usually participate on coordination bodies where NGOs and non-state providers are represented. This provides opportunities for advocacy and policy dissemination. In Indonesia and China, UNICEF engaged with professional associations representing private providers, but with limited success due to these groups’ commercial focus. Many UNICEF country offices, particularly in MICs, undertake local fund-raising with the corporate sector, and can advocate for child-health focused industry policy and commercial activities, including through private sector advocacy groups. In addition, UNICEF’s Supply and Programme Divisions have developed many partnerships with private entities, each vetted for appropriate corporate activities and relationships.
management fora with other development partners

2. Work with other development and civil society partners to document or research related activities to inform future private sector support for public health and HSS.

3.8 Quality Improvement

As access to health services has improved in many countries, poor service quality is becoming a key driver of unsatisfactory progress in RMNCAHN outcomes, and a major cause for limitations in demand for services. Quality of care has often been neglected in HSS efforts that have focused on improving access, which efforts are not sufficient to ensure effective coverage of essential RMNCAH services. Poor quality services often do more than undermine outcomes and public confidence – they may also be harmful. UNICEF works to improve service quality at the primary care level, with links and referrals between the different levels of national health systems. It also participates on groups of agencies that set global and national standards of care for children and women. It also works increasingly on empowering communities to demand such standards.

Support to improve the quality of care in the context of HSS can focus on four broad areas (table).

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**Moldova Perinatal Quality Improvement Initiative**

Since 1998, UNICEF has advocated and provided technical assistance to the government of Moldova for the design and implementation of initiatives to improve the quality of perinatal health care. Over three phases (1998-2003; 2003-2009 and 2007-2014) the programme evolved through progressive stages of administrative restructuring, equipment provision, policy development and regulation, surveillance, auditing, monitoring and evaluation, clinical protocol development, quality improvement, planning, budgeting and community mobilization. Finally, the system has supported application of modern technologies for the care of premature newborns and the establishment of postnatal follow up services. Collectively, these interventions contributed to the reduction of the nation's infant mortality rate by 50% between 2000 and 2013.

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<tr>
<td>Adapt to local conditions international service delivery standards and protocols related to RMNCAHN.</td>
<td>1. In all countries, advocate for and support development of national standards and protocols (especially for RMNCAHN) aligned with international standards; promote at least one mechanism (clinical audit; public consultation etc.) to sustain RMNCAHN standards.</td>
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<tr>
<td>Contribute to the development of RMNCAHN-related policies, strategies and systems for quality improvement and sustainability at national and subnational levels.</td>
<td>1. In all settings, participate in providing technical assistance for the development of policies and strategies and systems to reinforce the quality of care provided in the public and private sectors, including accreditation and incentive systems. 2. In fragile states and LICs, partner with other agencies, especially NGOs and CSOs, to ensure application of best practices and the identification of support needed.</td>
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<tr>
<td>Build institutional accountability, involving the private sector, CSOs, patients groups, NGOs, and professional associations, and increase the participation of communities themselves.</td>
<td>1. In all settings, support the mapping of a quality improvement systems and initiatives, linked to MoRES 2. In all settings, advocate for and support stewardship by governments, CSOs, professional associations and academia through accreditation processes, maintenance of professional standards and quality improvement methods and mechanisms</td>
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By definition, UNICEF’s specific focus on health establishes the potential for broader and long term gains in ECD, child protection, social protection, social welfare and education, which gains can impact social and economic development as well as health-related indicators.

As the Ebola epidemic demonstrated, a neglected aspect of HSS to date is health system resilience, particularly at district and community levels. This calls for systems sufficiently adaptable to reconfigure resources in response to new threats, robust enough to withstand shocks, and equipped with monitoring and accountability systems that can detect and respond to new challenges. Building resilience requires, for example, strengthening and redeployment of the health workforce closest to where people live, knowledge of where health assets (including supplies and community-based personnel and facilities) are located, national integration of all health programmes and cadres, attention to social mobilization and health literacy not only during emergencies, coordination of partner agencies and the establishment of common and agreed objectives and strategies, strong public-private partnerships, and improved coordination and governance across all levels of the health system. In addition, achieving health system resilience requires that all resources are pooled towards common ends. Existing UNICEF collaborations with WHO, the World Bank, UNFPA, UNAIDS, the Global Fund, GAVI, a number of academic groups and through other partnerships, our engagement in sector-wide approaches in several countries, and the Transition Fund model in Zimbabwe provide examples which can be extended to jointly support national government efforts in HSS, including for resilience in unstable and fragile contexts.

| Measure health service outcomes and quality and client satisfaction, and develop and support the use of tools and quality assurance methods e.g. perinatal or maternal near-miss audits and tools for monitoring quality of care. | 1. In all settings, support integration of quality monitoring and improvement initiatives in DHSS management systems 2. In MICS and LICs, support mortality audits (perinatal, maternal newborn) and birth and perinatal death registration, moving towards universal registration 3. In fragile and post-emergency countries and other contexts as needed, support perinatal and maternal death registration |

4. **COMPLEMENTARITY AND PARTNERSHIP OPPORTUNITIES**
5. ACTIONS NEEDED TO MOVE FORWARD ON HSS

The following are suggested action areas for UNICEF and partner agencies to consider in moving forward with HSS, both institutionally and in terms of programming. A more detailed Operational Guidance note for UNICEF Regional and Country Offices is included as Appendix 3.

5.1 Consultation and partnership development

Any major new approach for an organisation or group of stakeholders requires a period of consultation, a process of establishment of buy-in and ideally the division of responsibility and accountability. A number of global, bilateral and other development partners have issued documents outlining their priorities and approaches to HSS, and are convening meetings and discussion accordingly; wherever possible, UNICEF will participate in these groups, or join governments or regional bodies to facilitate forward movement on HSS specifically for RMNCAHN. Where agreed and appropriate, UNICEF Headquarters, Regional and Country Offices may convene meetings of such groups.

UNICEF is already partnering on HSS with a number of agencies as outlined in section 4. It participated in the high-level conference on Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems (Tokyo, December 2015), and the WHO meeting on Health Systems Strengthening Initiatives and Priorities (Geneva, January 2016), and will join planned follow-up meetings related to both these events in 2016.

The cross-sectoral nature of HSS requires mechanisms for inter-sectoral collaboration within and outside the organisation. In addition to partnership development, UNICEF will recommend HSS coordination mechanisms across agencies at all levels (e.g. matrix management), and accountability mechanisms to track progress in implementation of HSS across sectors and agencies.

5.2 Communications activities

Communications strategies may be needed to ensure that government and development partners, the media and other interested parties understand and agree with the UNICEF approach to HSS. This document, a 4-page Synopsis and UNICEF’s Strategy for Health are the major sources of information for these partners. Related online sources have been referred to as footnotes and references herein. Additional communications products will be developed and opportunities for advocacy related to this HSS Approach sought.

5.3 Capacity building

UNICEF is in the process of building its human resource capacity to participate in and convene groups working on the various components of HSS, and to undertake related activity. This will require both empowering existing staff in different sectors at Headquarters, Regional and Country level, and building new capacity to engage on HSS with confidence and integrate health in other UNICEF-supported programmes. To this end, the following activities will be carried out:

- Developing an organization-wide HSS course blending distance and face-to-face sessions, available to participants from across the agency’s Departments and Divisions;
- Arranging training on HSS for UNICEF staff at all levels and across sectors (as undertaken previously on Child Rights and Social Protection);
- Re-profiling job descriptions to align competencies with HSS skills and expertise, and
- Supporting other agencies, along similar lines, as feasible and as needed.
5.4 Supporting country implementation

Where feasible and affordable, UNICEF Headquarters and Regional Offices will provide technical assistance for country-level HSS in partnership with other agencies. This will help mentor and build capacity and support quality assurance. The following actions are suggested:

- Mapping and supporting country application opportunities (e.g. Strategic Plans, Global Financing Facility Investment Cases, National Health Plans, GAVI or Global Fund HSS applications etc.), in partnership with the country and regional offices of WHO, the World Bank, IHP+ and other agencies or groups, and
- Developing and monitoring a plan for related technical assistance and quality assurance.

5.5 Knowledge generation and dissemination

There is limited evidence on the effectiveness of HSS strategies in different contexts. Documenting and evaluating work on HSS is necessary to generate the knowledge needed to guide course correction and new priority areas. Suggested actions include:

- Careful selection of a set of milestones and indicators of progress on UNICEF-supported actions on HSS. Suggested indicators, drawn from UNICEF and global sources, are provided in Appendix 2.

- Documentation and wide dissemination of UNICEF and partners’ work on HSS, at meetings and through conference presentations, online and in the peer-reviewed literature;

- Exchange of knowledge, experiences and information among countries during regional network meetings, webinars etc., and

- Operational/implementation research on the effectiveness of the HSS activities undertaken.

5.6 Leveraging resources

The global context for HSS is increasingly influenced by concerns about health security and health emergencies. Moreover, there is growing recognition that the common pathway to progress in vertical disease programmes (e.g. the prevention, diagnosis and management of HIV, tuberculosis, NCDs etc.) demands stronger health systems. This provides an opportunity to leverage attention to and funding for establishment of health systems that can deal with a wide variety of services, and that are resilient to emergencies. At all levels, UNICEF and its partners should encourage and participate in dialogue with both governments and donors to increase both the proportion of resources allocated to HSS, both public and private, as well as the related fiscal space. Appropriate indicators are needed to meet the needs of donors and governments seeking to verify the efficient and effective use of funds. Ideally, these should be drawn from those used to assess progress on the SDGs or other initiatives (GAVI, the Global Fund, and the Global Financing Facility). Except in emergencies and the weakest contexts, HSS and health outcomes should be considered in fund-raising across all sectors.

6. CONCLUSION

Increasing recognition of the importance of robust and resilient health systems to meet new health challenges and achieve the SDGs has provided UNICEF with the incentive to define its HSS strategy, building on extensive experience gained over several decades. UNICEF’s strategy is shifting from traditional input-based health system support to one that prioritizes interventions that generate lasting improvements in health systems and accelerate and sustain gains for children. UNICEF’s definition of health systems combines aspects of supply, demand, quality and the enabling environment, and takes equitable results for children as its starting point.
Engagement in HSS must respond to different scenarios in a variety of contexts, ranging from settings where UNICEF and other agencies continue their involvement in the provision of services, to settings where development partners’ main role is advocacy, policy and institutional development, capacity building and technical support. There are roles for many different sectoral programmes in HSS, each contributing to RMNCAHN and development outcomes, and to global social and economic progress.
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34. Health Information Systems Programme at the University of Oslo. 2015; Available from: http://www.mn.uio.no/ifi/english/research/networks/hisp/ (viewed 14 May 15)
APPENDIX 1: UNICEF’S HSS TOOLS AT NATIONAL, DISTRICT AND COMMUNITY LEVELS: CONCEPTUAL AND PRACTICAL RELATIONSHIPS

The three main pillars of UNICEF’s health system strengthening approach are a) supporting health policy and governance at national level; b) improving management and service delivery at district level; and c) promoting community systems for service delivery, adoption of healthy behaviors and accountability.

One common analytical framework is used at the three levels to identify priority actions and monitor their implementation and effectiveness. At the core of the framework is analysis of bottlenecks to effective coverage, based on the Tanahashi model and applied through a seven-step process (summarized in the panel on the right in figure 1 in the main document).

While applicable to any health situation, the approach aims to improve population health outcomes by increasing the quality and coverage of evidence-based interventions delivered or promoted through the health system, especially for the most disadvantaged women and children. To do so, systemic bottlenecks to the delivery of priority interventions are identified and tackled, and their reduction or resolution monitored over time. The approach focuses on the most disadvantaged populations as a cost-effective and equitable way to deal with illness and disease where their burden is the highest.

This methodology acknowledges that, for an individual or population to receive effective health services, each service must be available, accessible and affordable; the patient must be aware of and willing to use it; and must do so timely and regularly, when indicated. Finally, the service must be provided with sufficient quality to effectively prevent or treat the disease.

The seven-step, evidence-based approach and the bottleneck analysis methodology together provide a consistent set of guiding principles of UNICEF’s activity in HSS. However, the specific strategies or types of support that UNICEF provides may vary dramatically at different levels of the system. For example, contrast the support provided to a government to develop a community health policy at the national level with that provided to a district manager to train, incentivize and monitor community health workers. Similarly, UNICEF may focus on improving supply chains and commodity forecasting at a national level while focusing more on improving quality of care and the use of those commodities at a district or facility level. The decision about what support to provide is based on the same seven-step, evidence-based approach, including careful bottleneck analysis at the relevant level of the health system.

When a national plan, policy or strategy is being developed, UNICEF may support the government and its partners to use this approach to develop or refine their content and budget. In decentralized countries, a strategic planning exercise may also happen at state, regional or provincial level, and the evidence gathered in this process may provide feedback to the national level. If strategic priorities have been already agreed upon, a prioritization exercise to define district and local priorities and system bottlenecks may be used to strengthen the implementation of national policies and plans at local level, through locally-contextualized strategies and operational work plans. Actual monitoring and fine-tuning of the strategies usually occurs at the facility or community level.

UNICEF has developed two tools to support the application of the seven-step evidence-based approach and bottleneck analysis methodology at different levels of the health system. The tools rest on the same principles.
and approaches: one is designed to support development of medium-long term strategies (EQUIST), while the other supports annual implementation and monitoring plans at local level.

EQUIST (the equitable lives saved tool) is a web-based tool that helps countries identify and compare healthcare priorities, in terms of populations, diseases, interventions, and specific combinations of HSS strategies. It contains three modules: situation analysis, scenario development using bottleneck analysis, and cost and impact projections. EQUIST may technically be used at national or sub-national levels, where major strategic decisions and budget negotiations take place, but is less applicable at lower levels because of its reliance on evidence for the effectiveness of the different interventions available. A summary of EQUIST follows below.

The district Bottleneck Analysis Tool (D-BAT), has been developed to support prioritization, operational work planning and monitoring at district and sub-district levels. Like EQUIST, the D-BAT’s main module also walks users through a bottleneck analysis. The D-BAT contains modules for local data aggregation and review, the development of an operational work plan and budget, and routine program monitoring.

UNICEF’s national and district-level approaches to health systems strengthening can be employed separately, according to the needs of a country at a given point in time, but can also be applied in a sequential or iterative process, with complementing strengths. Similarly, EQUIST and D-BAT can be used side-by-side to support the work in a conceptually and methodologically consistent way.

Neither EQUIST nor the BAT, however, is essential to conduct evidence-based planning or bottleneck analysis. While both can make the management, visualization, and analysis of data easier and less prone to human error, many countries have effectively developed and monitored health policies and HSS strategies using “low-tech” or “no-tech” alternatives. In other words, resistance to using one or both tools (for practical or political reasons) is not a reason to depart from UNICEF’s HSS approach, and specifically evidence-based planning and bottleneck analysis methodologies. Similarly, users of either tool should be comfortable with the concepts and principles of evidence based planning and bottleneck analysis before using them; the tools are not intended to be didactic.

In conclusion, it is worth noting the conceptual consistency between UNICEF’s national, district and community approach to HSS, and also the conceptual consistency between UNICEF’s understanding of health systems and that of other organizations. For example, UNICEF is committed to universal health care but emphasizes that protecting society’s most vulnerable sooner rather than later, and striving for efficiency and sustainability is important. UNICEF’s bottleneck analysis framework, consisting of six direct coverage determinants plus four enabling environment factors, is essentially a systematic way to identify priorities for HSS action within WHO’s six health system building blocks.

UNICEF commends its HSS approach and guiding methodologies to its staff and partners. Learning materials are available, including a district HSS field guide and video tutorials. Once the concepts are clear, the interrelationships between work at different levels of the health system and between EQUIST and D-BAT, should be intuitive.
EQUIST: A TOOL TO MAXIMIZE THE IMPACT AND EQUITY OF HEALTH POLICIES ON CHILDREN AND WOMEN IN DEVELOPING COUNTRIES

WHAT IS EQUIST?
EQUIST is an online tool designed to help health policymakers and program managers sharpen health plans and policies and make responsible decisions about how to strengthen their health systems. The explicit goal of EQUIST is to reduce health disparities between the most marginalized mothers and young children and the better-off. The tool was designed principally for developing countries – those suffering from the highest levels of child and maternal mortality- as well as middle-income countries with remaining pockets of exclusion. It can be used at any level of the health system, subject to data availability, and can be adjusted to focus on specific aspects of the health system (such as primary care or malaria programs) or the health system as a whole, insofar as the system serves children, adolescents and women.

EQUIST builds on lessons learned through the applications of other planning and costing tools, including the MBB, LiST and UNICEF Equity Platform. EQUIST uses LiST for impact projection and certain aspects of costing.

A key difference between EQUIST and previous tools is that EQUIST is considerably simpler and more user-friendly, with most of the calculations happening automatically (“behind the scenes”). There is much less need for hard data entry. EQUIST is also more explicitly equity-focused than its antecedents. Finally, the tool can be easily customized to suit countries’ unique priorities and approaches to healthcare.

WHAT QUESTIONS CAN EQUIST HELP TO ANSWER?
EQUIST adopts a comprehensive view of the health system and allows users to examine several different policy questions. For example:

✓ A national-level health policy maker may ask: In my country, which is the most cost-effective combination of policy decisions to reduce disparities on child and maternal mortality and malnutrition?
✓ **A sub-national health manager** may ask: What is the most cost-effective combination of interventions and HSS strategies to reduce child and maternal mortality and malnutrition in my particular region/district?

✓ **A specific programme manager (malaria, immunization, MNH, etc.)** may ask: Which are the most cost-effective strategies to improve equity in coverage of the key interventions included in my programme and what would be their impact on my priority disease/heath issue?

✓ **A specific health system planner (supply chain, human resources for health etc.)** may ask: What are the most cost-effective strategies to address the main bottlenecks in my area of focus? What additional conditions need to be present for these strategies to be successful?

✓ **A partner** considering the support of a specific HSS strategy or set of strategies may ask: What is the expected cost and impact of this strategy on reducing inequities on child and maternal mortality and malnutrition? Are there other more cost-effective alternatives? What additional conditions must be present for success?

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**The Theory of Change in EQUIST**

EQUIST follows a logical step-wise approach, in which users first define and understand their target population, then select priority interventions to focus on and consider what bottlenecks affect the delivery of these interventions. Then they develop strategies to address the causes of the bottlenecks and estimate the costs and impacts of the strategies. The process can be repeated to compare alternative strategy options.

This step-wise approach is based on the logic that strategic investments in, and implementation of, equity-focused strategies designed to remove explicit health system bottlenecks will lead to improvements in the coverage of health interventions and improved health outcomes. In EQUIST, the target population is always defined as the most vulnerable mothers, infants and children 0-5 years in a given geographic location. EQUIST is presently being adjusted to include adolescents; this feature will appear in subsequent versions of the tool.

**Comparing health strategies in EQUIST**

Once a package of strategies have been selected and EQUIST has calculated their combined effects on quality coverage of health interventions, EQUIST calculates the impacts and costs of the strategies.

Impacts are always calculated as reductions in mortality or stunting among the most vulnerable women and children, with the reduction of health disparities. As an intermediate step, EQUIST calculates the reduction of disparities in access to, and quality coverage of, essential health services. A reduction in disparities is defined in EQUIST as the narrowing of the gap between the most deprived and the better-off in a particular region or country.

EQUIST calculates impacts using the Lives Saved Tool (LiST), which is widely accepted as an excellent tool for forecasting the health impacts associated with improvements in service coverage.

The EQUIST costing module draws upon the best aspects of both the MBB and LiST. EQUIST is not designed as a tool for costing entire health programs, but rather for comparing the costs of alternative strategies added into existing health systems. Other options are available for more detailed analysis of the cost of various health interventions/strategies.
APPENDIX 2: SUGGESTED INDICATORS FOR MONITORING PROGRESS ON HSS INITIATIVES
APPENDIX 3: OPERATIONAL GUIDANCE ON HSS FOR UNICEF REGIONAL AND COUNTRY OFFICES

STEP 1: CONTEXTUALIZE

- Perform a desk review of the health situation in country as well as current interventions and indicators of access, coverage and equity of health services
- Determine the status of the Government’s sectoral planning and policymaking cycles at national and subnational levels, and the current dialogue on plans for achieving universal health coverage (UHC)
- Become familiar with what other development partners are doing in the area of HSS, at the different levels from the health system (national, subnational/district, community etc.).
- Identify opportunities to introduce or reinforce HSS concepts in local health sector/system management and UHC dialogues, and link these to opportunities to adjust or further develop UNICEF programmes
- Identify actions in other sectors that might benefit the health system, and mechanisms to link them, both within UNICEF and related to activities undertaken by government or other stakeholders.

STEP 2: ASSESS, PRIORITIZE, DESIGN AND RESOURCE

- Use the seven-step approach outlined in the UNICEF Approach to revisit or update the situation analysis, child survival and/or development programs (as appropriate), and partnerships. This includes revising assessments of priority populations, health conditions and interventions, reviewing evaluations of the health system’s strengths, weaknesses and vulnerabilities, and assessing the status of health sector plan. Use EQUIST (www.equist.info), the UNICEF guidelines on DHSS and bottleneck analysis and tools used by other sectors that can complement your analysis (e.g. WASH-BAT, Education SEE, etc.) to support and streamline this work. Seek regional or global assistance on this if needed.
- Select relevant HSS focus areas, and specific strategies based on your updated situation analysis, the typology of your country or sub-national region as defined in the UNICEF Strategy for Health 2016-2030, and develop the UNICEF scope of work.
- Contextualise the selected areas of focus vis-à-vis regional and global HSS initiatives and M&E frameworks. Consider how these global initiatives and related M&E can contribute meaningfully to country-level HSS. Define UNICEF’s comparative advantages, and prioritize HSS interventions where UNICEF can make a difference.
- Determine whether your HSS activities will comprise a new “project” or “programme”, or be incorporated into existing work. Calculate the resource needs and mobilize funds. Assess opportunities for integrating with regional/global HSS initiatives.

STEP 3: IMPLEMENT, EVALUATE, PROMOTE AND DISSEMINATE

- Revisit your work-plan, Strategic Note, CPD, CPAP etc. Implement action needed to apply an HSS lens to these documents, achieve priority HSS goals such as UHC, local and national health security, and promote health sector resilience. Link HSS to your country’s/region’s risk-informed planning. Consider how HSS approaches can contribute to goals beyond health, and likewise, how multi-sectoral approaches might be more effective and framed as systems-strengthening.
- Consider the recommended indicators on UNICEF’s areas of work in HSS for children and women (see Appendix 2). Select those you will report on, and develop milestones for assessing progress according to related project or programme timelines. Seek assistance on this from regional and global colleagues as needed.
- Strengthen UNICEF’s visible participation in existing HSS partnerships, with WHO, the World Bank, multilateral agencies (e.g. GAVI, the Global Fund, local chapters of the H6 and IHP+) and agencies, bilateral partners, regional bodies, academia and international and domestic CSOs and NGOs. Advocate for the inclusion of HSS in policy-making beyond health sector.
- Plan in advance the documentation and promotion of your HSS-related activities, both domestically and externally. Liaise with regional and global knowledge management, evaluation and public advocacy colleagues to ensure UNICEF’s work on HSS at country, regional and global levels is prospectively evaluated, prominently available and easily accessible.