Scaling-Up Health Systems

An Annotated Bibliography

Author Index

A

Abdur Rahman Associates. **PAK 2000/027: Process Evaluation of Early Implementation Phase of IMCI in Two Pilot Districts of Pakistan**. Abdur Rahman Associate; 2002:95

URL: http://www.unicef.org/evaldatabase/files/PAK_00-001.pdf

Abstract: Integrated management of childhood illness (IMCI) is a broad strategy to reduce child mortality and morbidity in developing countries. It encompasses interventions to prevent illness and reduce deaths from the most common child health problems, and to promote child health and development. The IMCI interventions are delivered through three components namely: improving health worker case management skills; improving the health systems to deliver IMCI; and improving family and community practices. **Purpose / Objective:** The assessment is a process evaluation to assess the benefits of implementing a new WHO/UNICEF strategy Integrated Management of Childhood Illness (IMCI) at the first-level health facilities to replace the past fragmented services provided through ARI, CDD, breast feeding, etc. The assessment is not focusing on outcomes or impact as the country entered in early implementation phase in the last quarter of calendar year 2000 and it takes more than five years to document impact. The evaluation mainly focused on:

- Case management skills of the first-level health facility workers
- Monitoring and supervisory practices of the district supervisory staff
- Improvements in the district health systems with reference to availability of essential drugs and related logistics
- Family and community practices as assessed by the health seeking behavior of the parents/family, treatment compliance, care of the sick child at home, and knowledge and practice of essential preventive services like immunization, breast feeding practices, etc.
- Quality of services as measured by patients' satisfaction
- Commitment of the health services managers and decision/policy makers as assessed by their perceptions towards the IMCI strategy

Methodology: A sample of 10 first-level health facilities was randomly taken from 22 facilities in two districts. Two health facilities not implementing IMCI and two facilities from the Aga Khan Health Services (AKHSP) implementing IMCI were also studied. A pre-tested questionnaire was used to study the following parameters: case management skills of health workers; supervisory practices of the district supervisory staff; improvements in the district health systems covering essential drugs and related logistics; family and community practices covering treatment compliance, care of the sick child at home, and knowledge and practice of essential preventive services; quality of services as measured by patients' satisfaction; and commitment of the health managers. The information on the above parameters was collected by review of facility statistics, exit poll of up to three caretakers of child patients at each first-level health facility, interview of facility staff, and interview of project managers, pediatricians of referral hospitals, decision/policy makers and some of the UN technical agencies.

Keywords: PAKISTAN/SCALING-UP--maternal and child health.

ADVANCE AFRICA. **Ten Dimensions of Scaling Up Reproductive Health Programs**. Arlington, VA: Advance Africa; 2002:22

URL: http://www.phishare.org/documents/AdvAfr/535/

Abstract: In practice, program managers need to address various dimensions when thinking about scaling up FP/RH Programs. There are at least ten areas that need to be addressed -- five strategic areas that include change, capacity, strategy, impact, and sustainability, and five operational areas that include access, supply and demand, cost, resources, and timing -- in order to initiate comprehensive efforts to scale up their programs. In this series of issue papers, we address these dimensions individually to develop a clearer picture of the road to a scaled-up reproductive health program.

Keywords: SCALING-UP--General.

ARBELAEZ, M. P., GAVIRIA, M. B., FRANCO, A., RESTREPO, R., HINCAPIE, D., AND BLAS, E. **Tuberculosis Control and Managed Competition in Colombia**. *Int J Health Plann Manage.* 2004; 19 Suppl 1:S25-43

URL: http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15686059

Abstract: Law 100 introduced the Health Sector Reform in Colombia, a model of managed competition. This article addresses the effects of this model in terms of output and outcomes of TB control. Trends in main TB control indicators were analyzed using secondary data sources, and 25 interviews were done with key informants from public and private insurers and provider institutions, and from the health directorate level. We found a deterioration in the performance of TB control: a decreasing number of BCG vaccine doses applied, a reduction in case finding and contacts identification, low cure rates and an increasing loss of follow up, which mainly affects poor people. Fragmentation occurred as the atomization and discontinuity of the technical processes took place, there was a lack of coordination, as well as a breakdown between individual and collective interventions, and the health information system began to disintegrate. The introduction of the Managed Competition (MC) in Colombia appeared to have adverse effects on TB control due to the dominance of the economic rationality in the health system and the weak state stewardship. Our recommendations are to restructure the reform's public health component, strengthen the technical capacity in public health of the state, mainly at the local and departmental levels, and to improve the health information system by reorienting its objectives to public health goals.

Keywords: SCALING-UP--tuberculosis.

ARTEAGA, O, DUARTE, D, SCHIATTINO, I, AND MARTÍNEZ, S. **Revisión de las Políticas de Atención Primaria de Salud en América Latina y el Caribe: Informe Final**. Universidad de Chile. Facultad de Medicina. Escuela de Salud Pública; 2002:218

Abstract: El desarrollo y fortalecimiento de la Atención Primaria de Salud ha constituido una preocupación fundamental de la Organización Panamericana de la Salud y de la Organización Mundial de la Salud, al menos, durante las últimas tres décadas del siglo XX. La valoración de la Atención Primaria como estrategia de desarrollo ha estado orientada a mejorar las condiciones de vida de las comunidades, reducir la carga de enfermedad y favorecer el acceso de la población a la atención de salud. El presente documento constituye el informe final del trabajo encomendado. La estructura del mismo ha sido definida de manera consistente con los Términos de Referencia que se exponen a continuación:

- Sistematizar los principales desafíos de salud en la Región, así como sus implicaciones para la entrega de servicios, particularmente aquellos relacionados con Atención Primaria.

- Analizar la situación de las tendencias actuales de Atención Primaria de Salud en América Latina y el Caribe, tanto en la formulación de políticas como en su implementación.
- Evaluar la situación de la Atención Primaria de Salud como eje central del desarrollo de los sistemas de salud en la Región.
- Determinar si el distinto énfasis de los sistemas de salud sobre la Atención Primaria y/o modelos de Atención Primaria de Salud importan desde la perspectiva de resultados.
- Clarificar cuales son los principales desafíos que emergen en la región sobre la Atención Primaria de Salud.

Keywords: PRIMARY HEALTH CARE/LATIN AMERICA AND THE CARIBBEAN.

ATKINSON, S AND HARAN, D. **Individual and District Scale Determinants of Users' Satisfaction with Primary Health Care in Developing Countries**. *Soc Sci Med.* 2005;60 : 3:501-513

URL:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&dopt=Abstract&db=PubMed&list_uids=15550299

Abstract: The paper has two aims: to explore possible determinants of user satisfaction based on a broad conception of the health care system involving both individual and district scale variables, and to add to the limited knowledge and empirical study about such determinants in developing countries. The study was carried out in one of Brazil's poorest states, Ceará, in the northeast of the country. Brazil has a policy of an increased role for the population in management together with decentralized management to the local administrative (município) scale. For user views on health care to be useful in management, understanding their determinants needs to explore not only individual scale factors but also influences from the local health system and wider society, here termed district scale factors. The study design took different angles on users' satisfaction to build three measures: the particular health event (termed perceived quality); a generalized perception (termed satisfaction); and, satisfaction with the Community Health Worker (termed CHW satisfaction). Potential determinants explored at the individual scale (17 variables) are grouped into: socio-demographic and economic characteristics; health outcome; health care provision; and, awareness of space for local voice in planning. Potential determinants explored at the district scale (50 variables) are grouped into: formal organization and management (health system inputs, management capacity, outputs and outcomes); informal organization (population awareness of health system activities, staff characteristics, district management style); and, local political culture (geographic and socio-economic population profile, commitment to the district of local leaders, norms and values of staff regarding practice). Three determinants were key for all three user evaluation measures: getting an appointment, getting better, and the type of district (rural–urban). Our primary conclusion from this study is that there are limitations to the extent that user satisfaction can fulfill the claims made for it. On a more positive note, with these limitations noted, user satisfaction can prove a useful management tool more modestly at a local, context-specific scale.

Keywords: PRIMARY HEALTH CARE/BRAZIL.

ATKINSON, S AND HARAN, D. **Back to Basics: Does Decentralization Improve Health System Performance? Evidence from Ceará in north-east Brazil**. *Bulletin of the World Health Organization.* 2004;82: 11:811-890

URL: http://www.who.int/bulletin/volumes/82/11/en/822.pdf

Abstract: Objective: To examine whether decentralization has improved health system performance in the State of Ceará, north-east Brazil. **Methods:** Ceará is strongly committed to decentralization. A survey across 45 local (município)

health systems collected data on performance and formal organization, including decentralization, informal management and local political culture. The indicators for informal management and local political culture were based on prior ethnographic research. Data were analyzed using analysis of variance, Duncan's post-hoc test and multiple regression. **Findings:** Decentralization was associated with improved performance, but only for 5 of our 22 performance indicators. Moreover, in the multiple regression, decentralization explained the variance in only one performance indicator; indicators for informal management and political culture appeared to be more important influences. However, some indicators for informal management were themselves associated with decentralization but not any of the political culture indicators. **Conclusion:** Good management practices in the study led to decentralized local health systems rather than vice versa. Any apparent association between decentralization and performance seems to be an artifact of the informal management, and the wider political culture in which a local health system is embedded strongly influences the performance of local health systems.

Keywords: BRAZIL/STRENGTHENING HEALTH SYSTEMS.

ATUN, R. A, SAMYSHKIN, Y. A, DROBNIEWSKI, F AND OTHERS. **Barriers to Sustainable Tuberculosis Control in the Russian Federation Health System**. *Bull. World Health Organ.* 2005;83: 3:217-223

URL: http://www.who.int/entity/bulletin/volumes/83/3/217.pdf

Abstract: The Russian Federation has the eleventh highest tuberculosis burden in the world in terms of the total estimated number of new cases that occur each year. In 2003, 26% of the population was covered by the internationally recommended control strategy known as directly observed treatment (DOT) compared to an overall average of 61% among the 22 countries with the highest burden of tuberculosis. The Director-General of WHO has identified two necessary starting points for the scaling-up of interventions to control emerging infectious diseases. These are a comprehensive engagement with the health system and a strengthening of the health system. The success of programmes aimed at controlling infectious diseases is often determined by constraints posed by the health system. We analyze and evaluate the impact of the arrangements for delivering tuberculosis services in the Russian Federation, drawing on detailed analyses of barriers and incentives created by the organizational structures, and financing and provider-payment systems. We demonstrate that the systems offer few incentives to improve the efficiency of services or the effectiveness of tuberculosis control. Instead, the system encourages prolonged supervision through specialized outpatient departments in hospitals (known as dispensaries), multiple admissions to hospital and lengthy hospitalization. The implementation, and expansion and sustainability of WHO-approved methods of tuberculosis control in the Russian Federation are unlikely to be realized under the prevailing system of service delivery. This is because implementation does not take into account the wider context of the health system. In order for the control programme to be sustainable, the health system will need to be changed to enable services to be reconfigured so that incentives are created to reward improvements in efficiency and outcomes.

Keywords: COUNTRY EXPERIENCES--tuberculosis/RUSSIA.

B

BALADELLI, PP. **Encuentro Nacional la Atención Primaria de Salud (APS) Renovada, en el Marco del Sistema General de Seguridad Social en Salud (SGSSS) Descentralizado – Reforma de la Ley 100 Y Garantía del Derecho a la Salud**. Washington, D.C: OPS; 2005:5

URL: http://www.col.ops-

oms.org/eventos/2005/encuentroaps/memorias/plenaria/may25/discursoinicial250505.pdf

Abstract: Debate regional para la renovación conceptual y operacional de la APS. Un debate nacional está vigente sobre la necesidad de reformas o ajustes a la Ley 100 de 1993. En este contexto y frente al objetivo social de garantizar el derecho a la salud de la población colombiana, surgen iniciativas, experiencias y propuestas de integrar modelos de atención orientados por la APS en el SGSSS como una manera de buscar un mayor equilibrio entre los objetivos de eficiencia financiera, acceso universal a los servicios de salud, equidad y resultados en salud individual y colectiva.

Keywords: PRIMARY HEALTH CARE/COLOMBIA.

BANCO INTERAMERICANO DE DESARROLLO. **Mejorar la Salud de la Niñez**. *In*: Jarque, CM. **Los Objetivos de Desarrollo del Milenio en América Latina y el Caribe: Retos, Acciones y Compromisos.** Washington, D.C: BID; 2004:106-119

URL: http://www.iadb.org/sds/doc/Cap7SaludNinez.pdf

Abstract: La salud de la niñez está fuertemente asociada al nivel de desarrollo, a la pobreza, a la desigualdad y al acceso a los servicios de salud de una comunidad. Históricamente, el desarrollo económico y social, el mejoramiento de la nutrición, la disminución de la pobreza y la reducción de la desigualdad, se acompañaron de mejoras en la salud de la niñez y de reducciones importantes en su mortalidad. En la segunda mitad del siglo XX, la supervivencia infantil se vio además positivamente influenciada por factores más específicos como la reducción de la fecundidad, la adopción de políticas de género y la emigración hacia áreas urbanas con mejores servicios sociales, en particular los de salud sexual y reproductiva. También influyeron positivamente la introducción masiva de tecnologías sanitarias de bajo costo y aplicación sencilla, como las vacunas, las sales de rehidratación oral y los antibióticos de amplio espectro. Estos factores incidieron fuertemente en todas las regiones del mundo sobre la salud de la niñez y los indicadores que la miden. De esta forma, en dos a tres décadas, aun países con relativamente bajo nivel de desarrollo, pudieron mejorar la supervivencia infantil hasta alcanzar niveles cercanos a los experimentados, pocas décadas antes, únicamente por países con mayor nivel de desarrollo. A través de una amplia gama de proyectos y programas, particularmente en el suministro de agua potable y saneamiento, desde su creación el BID ha apoyado fuertemente los esfuerzos de los países de América Latina y el Caribe, dirigidos a modificar las determinantes de la salud infantil.

Keywords: LATIN AMERICA AND THE CARIBBEAN/SCALING-UP--maternal and child health.

BENNETT, S. **Proposal for a Health Systems Action Network (HSAN) Supporting Countries to Achieve or Exceed the Health MDGs by 2015: Draft for Consultation and Discussion**. 2005:11

URL: http://www.phrplus.org/Pubs/Proposal-HSAN.pdf

Abstract: Building upon discussions held at the WHO sponsored Montreux Challenge meeting (4-5 April 2005) we would like to invite partners to further develop the idea of a 'health systems action network' (HSAN). As part of a wider consultation, a meeting will be held during the 2005 Global Health Council Conference to consult about the need for and possible role for HSAN, given other international developments. Potential partners from developing country governments, bilateral and multilateral agencies, civil society organizations and other nonstate actors are all welcome. First thoughts on the potential goals, scope and role of such a network are set out below, to stimulate this debate.

Keywords: STRENGTHENING HEALTH SYSTEMS.

BENNETT, S AND FAIRBANK, A. **The System-wide Effects of the Global Fund to Fight AIDS, Tuberculosis and Malaria: A Conceptual Framework**. Bethesda, MD: Partners for Health Reform Plus (PHRPlus); 2003:55

URL: http://www.phrplus.org/Pubs/Tech031_fin.pdf

Abstract: While the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) has an explicit focus on three diseases rather than on entire national health systems, certain operations of the Global Fund are designed to ensure a good fit between the disease-specific focus and health care systems. In addition, the GFATM may have system-wide effects due to the sheer magnitude of the resources it is distributing (particularly in low income countries) and its emphasis on efficient and rapid disbursement. These effects could be on equity, efficiency, access, quality, and sustainability of health systems, which in turn influence the utilization and coverage of non-focal services, and, ultimately, the burden of diseases from sources other than the focal diseases. The effects could be intentional or unintentional, and the unintentional effects could have positive or negative consequences for health system performance. To help anticipate possible effects of the GFATM on the broader health system, and to provide a basis for monitoring and evaluating how the Global Fund disbursements affect national health care systems, this paper presents a conceptual framework that identifies the channels through which GFATM disbursements might have health system-wide effects. In doing so, it reviews the design, selection, and implementation processes associated with GFATM grant-making as well as the strategies and content of approved proposals, and discusses the potential effects each activity or strategy will have on the stewardship, resource development, financing, and service delivery functions of the health care system. The report concludes that it is of critical importance to monitor and evaluate the effects of the Global Fund on broader health systems, and identifies four aspects of systems that the Global Fund appears particularly likely to affect, namely: the policy environment, the public/private mix, human resources, and pharmaceuticals and commodities.

Keywords: SCALING-UP--General/SCALING-UP--HIV/AIDS -tuberculosis - malaria.

BINSWANGER, HP. **Scaling Up HIV/AIDS Programs to National Coverage**. *SCIENCE.* 2000;288:2173-76

URL: http://med.stanford.edu/act-now/course/Binswanger_scaling_up.pdf

Abstract: The most important issue in the fight against HIV/AIDS is how to scale up existing programs that are only reaching small numbers of people to the national level. Here, I present suggestions on how to tackle the daunting challenge of building truly national HIV/AIDS programs, based on insights gained from participatory, decentralized rural development experiences and from HIV/AIDS programs.

Keywords: SCALING-UP--HIV/AIDS/COUNTRY EXPERIENCES--HIV/AIDS/AFRICA.

BRUGHA, R, DONOGHUE, M, STARLING, M, NDUBANI, P, SSENGOOBA, F, FERNANDES, B, AND WALT, G. **The Global Fund: Managing Great Expectations.** *Lancet.* 2004;364: 9428:95-100

URL:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15234862&dopt=Abstract

Abstract: The Global Fund to fight AIDS, Tuberculosis, and Malaria was created to increase funds to combat these three devastating diseases. We report interim findings, based on interviews with 137 national-level respondents that track early implementation processes in four African countries. Country coordinating mechanisms (CCMs) are country-level partnerships, which were

formed quickly to develop and submit grant proposals to the Global Fund. CCM members were often ineffective at representing their constituencies and encountered obstacles in participating in CCM processes. Delay in dissemination of guidelines from the Global Fund led to uncertainty among members about the function of these new partnerships. Respondents expressed most concern about the limited capacity of fund recipients--government and non-government--to meet Global Fund conditions for performance-based disbursement. Delays in payment of funds to implementing agencies have frustrated rapid financing of disease control interventions. The Global Fund is one of several new global initiatives superimposed on existing country systems to finance the control of HIV/AIDS. New and existing donors need to coordinate assistance to developing countries by bringing together funding, planning, management, and reporting systems if global goals for disease control are to be achieved.

Keywords: SCALING-UP--HIV/AIDS -tuberculosis - malaria.

BRUGHA, R., STARLING, M., AND WALT, G. **GAVI, the First Steps: Lessons for the Global Fund**. *Lancet.* 2002;359: 9304:435-8

URL:
http://www.thelancet.com/journals/lancet/article/PIIS0140673602076079/fulltext

Abstract: The Global Alliance for Vaccines and Immunization (GAVI) is seen as a model for the new Global Fund to Fight AIDS, Tuberculosis and Malaria, to be launched early in 2002. We did an assessment in four African countries to report the experiences of ministries of health and their partners in applying to GAVI for funds to strengthen health systems and for new vaccines. Countries welcomed the introduction of hepatitis B vaccine, safe injection equipment, and the financial support to strengthen immunisation programmes. All reported that the pace of the application process was too rapid. District visits revealed low staffing levels, insufficient transport and fuel, poorly functioning cold chains, and infrequent supervision. Information systems were unreliable, which will be an obstacle to GAVI when monitoring and rewarding improvements in immunisation coverage. Also, the high cost of expensive new vaccines will be difficult to sustain if GAVI funding stops at the end of its 5 year commitment. Our study suggests that applications for support and planning for AIDS, tuberculosis, and malaria control under the new Global Fund, will be more complex and demanding on already over-stretched ministries of health. Further, the rapid onset of activities, coupled with uncertainty about the time-scale of donor commitment, could be problematic. A limited and carefully assessed set of initial activities, focusing on where and how to strengthen existing country systems, is more likely to be successful and could provide useful models for scaling-up to larger programmes in different contexts.

Keywords: SCALING-UP--HIV/AIDS -tuberculosis - malaria.

BRUNDTLAND, GH AND WOLFENSOHN, JD. **A Killer Returns: Scale Up the Global Fight Against Tuberculosis**. web: *International Herald Tribune.* 2003:1

URL: http://www.iht.com/articles/2003/03/25/edgro_ed3_.php

Abstract: Since 1993, 10 million tuberculosis patients have been treated successfully worldwide, more than 90 percent of them in developing countries. A total of 155 countries have now adopted the DOTS strategy, which is vital to ensuring high cure rates and preventing the spread of infection. China and India have shown remarkable progress in expanding population coverage while maintaining high cure rates. Some 50,000 new tuberculosis patients are put on effective therapy each month in India alone. In China, active tuberculosis cases fell by 35 percent in areas applying DOTS over the last decade. Other countries, such as Peru and Vietnam, have

already surpassed 2005 targets for tuberculosis detection and treatment. But only a third of all people with tuberculosis are being treated under DOTS programs. We must move much faster in scaling up and reaching out to communities at greatest risk. The life and hope of those living with the AIDS virus is being extended by treating them with anti-retroviral medicines. DOTS must become part of the treatment package for the millions of people infected with both the AIDS virus and tuberculosis.

Keywords: SCALING-UP / STATE OF THE ART--tuberculosis.

C

CANADA. OFFICE OF THE PRIME MINISTER. **A 10-year Plan to Strengthen Health Care**. *Canada News.* 2004:6

URL: http://pm.gc.ca/eng/news.asp?id=260

Abstract: In recent years, through an ongoing dialogue between governments, patients, health care providers and Canadians more generally, a deep and broad consensus has emerged on a shared agenda for renewal of health care in Canada. This agenda is focused on ensuring that Canadians have access to the care they need, when they need it. Foremost on this agenda is the need to make timely access to quality care a reality for all Canadians. First Ministers remain committed to the dual objectives of better management of wait times and the measurable reduction of wait times where they are longer than medically acceptable. First Ministers also recognize that improving access to care and reducing wait times will require cooperation among governments; the participation of health care providers and patients; and strategic investments in areas such as: increasing the supply of health professionals (e.g. doctors, nurses and pharmacists); effective community based services, including home care; a pharmaceuticals strategy; effective health promotion and disease prevention, and adequate financial resources.

Keywords: STRENGTHENING HEALTH SYSTEMS/SCALING-UP—general/CANADA.

CASSELS, A AND JANOVSKY , K. **Better Health in Developing Countries: Are Sector-wide Approaches the Way of the Future?** *Lancet.* 98;352: 9142:1777-79

URL: http://www.thelancet.com/journals/lancet/article/PIIS0140673698053501/fulltext

Abstract: Most aid for health in developing countries comes in the form of projects. Each project—whether it is for supporting essential health services in one district, for a national immunisation programme, for strengthening health-care management, or for reproductive health services—is separately developed and negotiated between the donor and the national authorities concerned with implementation. Increasingly, however, national governments and international agencies are asking whether this is the best way of going about business...

Keywords: STRENGTHENING HEALTH SYSTEMS.

CHIMZIZI, R., HARRIES, A. D., GAUSI, F., GOLOMBE, C., MANDA, E., KHONYONGWA, A., SALANIPONI, F. M., LIBAMBA, E., SCHOUTEN, E. J., MWANSAMBO, A., AND MPAZANJE, R. **Scaling up HIV/AIDS and Joint HIV-TB Services in Malawi**. *Int J Tuberc Lung Dis.* 2005;9: 5:582-4

URL: 15875933

Abstract: Two country-wide surveys were undertaken to assess progress in scaling up human immunodeficiency virus/ acquired immune-deficiency syndrome (HIV/AIDS) and HIV-tuberculosis (TB) services in the public health sector in Malawi between 2002 and 2003. In 2003, 118 sites were performing

counseling and HIV testing compared with 70 in 2002. There were 215 269 HIV tests carried out in 2003 compared with 149 540 in 2002, the largest increases being in pregnant women (from 5059 to 26791), patients with TB (from 2130 to 3983) and patients/clients attending health facilities (from 35 407 to 79 584). In 2003, 3703 patients with AIDS were started on antiretroviral therapy compared with 1220 patients in 2002.

Keywords: MALAWI/SCALING-UP--tuberculosis - HIV/AIDS.

CHOPRA, M. **ARV Treatment and Health Systems: Avoiding the Pitfalls** . *AIDS BULLETIN.* 2005;14: 1

URL: http://www.mrc.ac.za/aids/march2005/arvtreatment.htm

Abstract: The need to take a health systems approach to tackling the challenges of implementing these programmes at scale. The danger of just taking a disease-specific approach is that these tend to focus on more 'micro-level' solutions, such as outreach for focal diseases, or financial incentives for priority services. There is also the long-held complaint of health workers in South Africa about the continual disruption caused either by numerous workshops and training for different health programmes and health 'campaigns'. In contrast, a health systems approach aims to increase the range of options and tackle root causes of the challenges of delivering health interventions. For example, a health systems approach to HIV interventions would emphasis integrating HIV with TB, STD and community health programmes. In the present discussion on ARV treatment programmes, a health systems approach would focus on building upon and strengthening other chronic health programmes such as those for diabetes and hypertension. In this way the benefits of investments in the ARV treatment programme will accrue to several, not single, health priorities.

Keywords: STRENGTHENING HEALTH SYSTEMS.

CORDERO, D, SALGADO, R, AND DRASBECK, C. **An Analysis of the IMCI Implementation Process in Four Countries of Latin America**. Arlington, VA: BASICS II for the United States Agency for International Development and the Pan American Health Organization; 2004:33

URL: http://www.basics.org/pdf/FINAL%20Short%20Program%20Review.pdf

Abstract: This report is a synthesis of lessons learned about the early implementation phase of Integrated Management of Childhood Illness in four countries (Bolivia, El Salvador, Honduras, and Nicaragua). It is not an evaluation of the impact of the strategy on child health indicators, but rather a documentation of the processes and feedback from front-line staff in health facilities about their experiences. The specific objectives of this review were to identify the main achievements and difficulties and to summarize the lessons learned from the process of implementing IMCI in order to facilitate future implementation.

Keywords: STATE OF THE ART—maternal and child health/SCALING-UP—country experiences/BOLIVIA/HONDURAS/NICARAGUA/EL SALVADOR.

CURTIS, C., MAXWELL, C., LEMNGE, M., KILAMA, W. L., STEKETEE, R. W., HAWLEY, W. A., BERGEVIN, Y., CAMPBELL, C. C., SACHS, J., TEKLEHAIMANOT, A., OCHOLA, S., GUYATT, H., AND SNOW, R. W. **Scaling-up Coverage with Insecticide-treated Nets against Malaria in Africa: Who should Pay?** *Lancet Infect Dis.* 2003;3: 5:304-7

URL: http://download.thelancet.com/pdfs/journals/1473-3099/PIIS1473309903006121.pdf

Abstract: Insecticide-treated nets (ITNs) have been shown to reduce the burden

of malaria in African villages by providing personal protection and, if coverage of a community is comprehensive, by reducing the infective mosquito population. We do not accept the view that scaling-up this method should be by making villagers pay for nets and insecticide, with subsidies limited so as not to discourage the private sector. We consider that ITNs should be viewed as a public good, like vaccines, and should be provided via the public sector with generous assistance from donors. Our experience is that teams distributing free ITNs, replacing them after about 4 years when they are torn and retreating them annually, have high productivity and provide more comprehensive and equitable coverage than has been reported for marketing systems. Very few of the free nets are misused or sold. The estimated cost would be an annual expenditure of about US$295 million to provide for all of rural tropical Africa where most of the world's malaria exists. This expenditure is affordable by the world community as a whole, but not by its poorest members. Recently, funding of this order of magnitude has been committed by donor agencies for malaria control.

Keywords: AFRICA/COUNTRY EXPERIENCES--malaria.

D

DARMSTADT, G.L., BHUTTA, Z.A., COUSENS, S., ADAM, R. WALKER, N., DE BERNIS, L. **Evidence-based, Cost-effective Interventions: How Many Newborn Babies Can We Save?** *Lancet.* 2005; 365:9463: 977-988.

URL: **http://www.thelancet.com/journals/lancet/article/PIIS0140673605710886/fulltext**

Abstract: In this second article of the neonatal survival series, we identify 16 interventions with proven efficacy (implementation under ideal conditions) for neonatal survival and combine them into packages for scaling up in health systems, according to three service delivery modes (outreach, family-community, and facility-based clinical care). All the packages of care are cost effective compared with single interventions. Universal (99%) coverage of these interventions could avert an estimated 41–72% of neonatal deaths worldwide. At 90% coverage, intrapartum and postnatal packages have similar effects on neonatal mortality—two-fold to three-fold greater than that of antenatal care. However, running costs are two-fold higher for intrapartum than for postnatal care. A combination of universal—ie, for all settings—outreach and family-community care at 90% coverage averts 18–37% of neonatal deaths. Most of this benefit is derived from family-community care, and greater effect is seen in settings with very high neonatal mortality. Reductions in neonatal mortality that exceed 50% can be achieved with an integrated, high-coverage programme of universal outreach and family-community care, consisting of 12% and 26%, respectively, of total running costs, plus universal facility-based clinical services, which make up 62% of the total cost. Early success in averting neonatal deaths is possible in settings with high mortality and weak health systems through outreach and family-community care, including health education to improve home-care practices, to create demand for skilled care, and to improve care seeking. Simultaneous expansion of clinical care for babies and mothers is essential to achieve the reduction in neonatal deaths needed to meet the Millennium Development Goal for child survival.

Keywords: SCALING-UP/STATE OF THE ART- maternal and child health.

DAVIES, M. **Performance Measurement in Integrated Health Systems**. Halifax, CA: Canadian College of Health Service Executives; 2002:133

URL: http://www.regionalization.org/Regionalization/Reg_Davies.pdf

Abstract: Many approaches to measuring system performance have been proposed as frameworks or are being used by health systems in Canada and other countries. This paper addresses the research question: "how are integrated health systems in Canada measuring system performance and using this information to improve performance?" The research includes reviews of six models for measuring health system performance, and approaches used by the World Health Organization, United Kingdom, New Zealand, and some examples from the United States. More detailed analysis is provided of performance measurement in four Canadian integrated health systems: Simon Fraser Health District, Capital Health (Edmonton), Saskatoon District Health, and Capital Health (Halifax). The paper concludes with a proposed performance framework based on eight principles and recommendations for further research.

Keywords: STRENGTHENING HEALTH SYSTEMS.

DAVIS, K. **Will Consumer-Directed Health Care Improve System Performance?** *The Commonwealth Fund.* 2004

URL: http://www.cmwf.org/usr_doc/davis_cdhc-hsr_ib_773.pdf

Abstract: Consumer-directed health care plans have attracted attention as a method for managing rising health care spending by giving consumers greater financial control over their health care. However, increased cost-sharing—the principal tool used by these plans to achieve lower spending—may also cause patients to consume less care, even when that care is essential. Research studies have found that lower-income individuals and those with serious health concerns will particularly be at risk, as these consumers bear the burden of higher out-of-pocket costs. Instead of focusing solely on financial incentives, the real goal should be to encourage quality and efficiency among health systems, physicians, and hospitals.

Keywords: STRENGTHENING HEALTH SYSTEMS.

DE SAVIGNY, D, KASALE, H, MBUYA, C, AND REID, G. **In Focus: Fixing health systems**. Canda: IDRC 2004; 126

URL: http://web.idrc.ca/en/ev-64763-201-1-DO_TOPIC.html

Abstract: The daunting health challenges now confronting Africa, and the rest of the developing worked, have been well publicized. Malaria, HIB/AIDS, tuberculosis, malnutrition, anemia: all devastating epidemics whose effects are multiplied by conditions of poverty. In Tanzania, however, recent experience and research are providing cause for optimism. In 1993, the World Development Report suggested that mortality rates could be significantly reduced if resources were directed more in line with local "burden of disease." The TEHIP program was founded to test this idea. After a decade of research and experience, the verdict is in: the idea is solid, and has produced some remarkable results. Two districts in Tanzania, for example, have seen child mortality rates fall by more that 40%. This book presents the TEHIP story. It is a story of hope, and hols important lessons that can be applied widely throughout the countries of the developing world, and beyond.

Keywords: STRENGTHENING HEALTH SYSTEMS.

E

ELZINGA, G., RAVIGLIONE, M. AND MAHER, D. **Scale-Up: Meeting Targets in Global Tuberculosis Control.** *Lancet.* 2003. 363:814-819.

URL: **http://www.thelancet.com/journals/lancet/article/PIIS0140673604156985/fulltext**

Abstract: Despite great progress, global targets for tuberculosis case detection and cure might not be reached by 2005. In particular, there is a serious case-detection gap between estimated annual incident cases and those reported under the strategy for tuberculosis control branded as DOTS. Delays in reaching targets result in lack of effect on incidence of disease, which is of particular concern in regions where incidence is increasing—eg, sub-Saharan Africa and the former Soviet Union. Four key actions will speed up progress towards reaching global targets: 1) equipping national tuberculosis programmes to have a stewardship role in engaging all health providers in implementing the DOTS strategy; 2) establishing the feasibility of national certification systems of DOTS coverage; 3) promoting community action to contribute to patient care and to voice demand for the DOTS strategy; and 4) increasing support to sub-Saharan Africa for implementation of a strategy of expanded scope to counter HIV-1-fuelled tuberculosis. Despite great progress during the past decade in the adoption and implementation of the strategy for tuberculosis control branded as DOTS, the global targets of detecting at least 70% of all estimated infectious cases and curing at least 85% of those might not be reached by 2005. Here, we provide the background to this situation by first outlining the principles of tuberculosis control that underpin the DOTS strategy and the formulation of the global targets. We then briefly review global progress over the past 5 years towards reaching the targets, and global trends in disease epidemiology. Consideration of the specific constraints identified in the highest-burden countries and of the main overall constraints to scaling up implementation of the DOTS strategy leads to key proposals for overcoming these constraints and for speeding up progress towards meeting the global control targets for tuberculosis.

Keywords: SCALING-UP--Tuberculosis

EVANS, A. R. **Opportunities for TB Collaboration.** *The Child Survival Collaborations and Resources Group. (CORE).* 2003:52

URL: **www.coregroup.org/working_groups/TB_report-final.pdf**

Abstract: CORE and USAID's Bureau for Global Health sponsored a one-day workshop, "Opportunities for TB Collaboration," on February 27, 3003 in Washington D. C. at the Academy for Educational Development. Over 50 people attended, including representatives from international organizations, private voluntary organizations (PVOs), universities and various private-sector organizations, as well as other health professionals. The workshop's objectives for participants were:

• To gain understanding of the technical rationale and patterns of implementation of current TB control strategies;
• To increase awareness about PVO TB programming experiences
• To initiate a dialogue about potential collaboration between CORE Group members and other TB partners.

Direct Observation of Treatment, Short-course (DOTS) Strategy is a comprehensive approach to treat the disease and manage health and community services that participate in treatment. Treatment success is significantly greater with DOTS than traditional treatment approaches. A person observes the patient take medication every day, records the doses,

and reports progress in supervisory contacts. The DOTS Strategy focuses on those with active pulmonary disease, and not those who are infected but without disease or who have non-pulmonary disease.
Advocacy is needed to bring governments to the view that TB is a problem and that there is an effective means to control and cure it. It is critical that there be sufficient drugs available to fully treat cases in order to avoid the development of multiple drug-resistant TB (MDR-TB), which is more difficult and expensive to treat. The prevailing view is that it is better not to start treatment than to have incomplete treatment. The entire program must work well in order not to have incomplete treatment and to have sufficient volume of cases. All components for the DOTS strategy need to be set up before launching the program. Cases must be properly managed and documented. International response to the epidemic of TB includes expansion of the DOTS strategy in many countries and the formation of global organizations and funding mechanisms to treat disease and slow the spread of the disease.

Keywords: STATE OF THE ART—tuberculosis.

EVANS, T AND BENNETT, S. **Making Health Systems Work**. *Health Systems Action Network.* 2005:4

URL: http://www.phrplus.org/Pubs/HSANFull_article.pdf

Abstract: Health systems face challenges unlike those they have ever faced before. Widespread economic crisis in low income countries during the 1980s contributed to their decline, but economic problems and low or dwindling health budgets have been exacerbated by a range of other emerging issues. Globalization has increased labor migration from the South to the North and made it harder for countries to retain qualified health staff. Reforms in the public sector, such as decentralization and privatization, although often designed to improve accountability and responsiveness, have sometimes been implemented in ways that have further undermined health systems. Boundaries between public and private sectors have become blurred: drugs purchased by the public sector have leaked into informal drug markets, government health workers have moonlighted in the private sector, or imposed private charges when they see patients in public health facilities. This has occurred particularly in weak and fragile states, including those plagued by conflict, where there has been a broader erosion of state capacity. On top of all this, health systems face increasingly difficult health challenges, from HIV/AIDS in particular, but also from the rise in associated infectious diseases (such as TB), and the rapid emergence of non-communicable diseases. While these problems are manifest at country level, their increasingly complex and global nature means that they cannot be resolved entirely by individual countries alone. Many of the health system problems described above are long standing, but they have come under the spotlight recently, because of increasing recognition of the obstacles that weak health systems pose to the achievement of the Millennium Development Goals and other global health goals. The momentum generated by global health initiatives, such as the Global Fund and GAVI, has been frustrated by weak health systems which have hindered the rapid scale up of known effective interventions. At the same time, the unprecedented mobilization of resources for AIDS, TB and malaria, means that we now have the opportunity for concerted and coordinated health systems strengthening action. There seems to be increasing convergence across global health initiatives in terms of the obstacles cited as being the most critical constraints to scale up. These typically include limited human resources, weak national health governance, slow procurement systems, poor financial management systems and limited prospects for sustainability, no or limited health information, and lack of

coordination of initiatives, amongst other factors.

Keywords: STRENGTHENING HEALTH SYSTEMS/SCALING-UP--HIV/AIDS - tuberculosis - malaria.

F

FIFTH JOINT MEETING OF MALARIA AND INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI TASK FORCES. **The Role of Malaria Control and IMCI in Health Systems Strengthening for Improved Health Service Delivery**. 2004:6

URL: http://www.afro.who.int/whd2005/imci/meet-ann-reports/

Abstract: INTRODUCTION WHO AFRO, Division of Prevention and Control of Communicable Disease has since 2000, conducted the annual Joint Task Forces meetings of Malaria Control and Integrated Management of Childhood Illness (IMCI) established by the Regional Director of WHO /AFRO. The purpose of these meetings has been to review the progress of the implementation of Malaria Control and IMCI and to get recommendations from partners and countries on ways of improving implementation. Health Sector Reform (HSR) has had impact on the delivery of health services especially in the areas of availability of drugs and supplies, supervision, referral and provision of quality health care in countries where it has been implemented. The Fifth Joint Task Forces Meeting of Malaria and Integrated Management of Childhood Illness was organized around the theme: **The Role of Malaria control and IMCI in Health Systems Strengthening for improved Health Service Delivery** in order to examine the impact of HSR on IMCI and Malaria Control and to make recommendations on the role of IMCI and Malaria control in contributing towards the improvement of the health systems,. The meeting was convened in Maputo, Mozambique from 21 to 24 September 2004. It enabled countries and partners to share their experiences on how to effectively scale up Malaria Control interventions and IMCI strategies in the context of the ongoing HSR, in order to contribute to the achievement of the Abuja Targets and the Millennium Development Goals (MDGs). **OBJECTIVES: General objective:** To contribute to the strengthening of the health system for improved delivery of IMCI and Malaria Control interventions **Specific objectives:** To review the impact of Health Sector Reforms on IMCI strategy and Malaria Control Program interventions at country level —To propose solutions that will allow IMCI and Malaria Control Programs to strengthen the health system for improvement in their delivery (the delivery of interventions) —To identify mechanisms for strengthening public-private partnerships. **METHOD OF WORK:** The method of work included plenary presentations followed by discussions and thematic group discussions. Key issues were discussed and recommendations made. Poster sessions allowed countries and partners to present their achievements and newly developed materials.

Keywords: STRENGTHENING HEALTH SYSTEMS/SCALING-UP--malaria.

FITZGERALD, J, DAHI-REGIS, M, GOMEZ, P, AND DEL RIEGO, A. **A Multidisciplinary Approach to Scaling up HIV/AIDS Treatment and Care: the Experience of the Bahamas**. *Rev. Panam Salud Publica.* 2005;17: 1:66-72

URL: http://www.scielosp.org/pdf/rpsp/v17n1/24033.pdf

Abstract: Las Bahamas han estado poniendo en práctica un proceso de ampliación intensivo, práctico e integrado que ha provocado un rápido aumento del número de personas con infección por VIH o sida que tienen acceso al tratamiento con antirretrovíricos y a la atención de salud. Este

proceso de rápida ampliación se ha visto facilitado por el establecimiento de un equipo multidisciplinario con gran experiencia en ciertas áreas clave, por la creación de una metodología para identificar carencias en los servicios de salud, y por la adopción de un plan que aprovecha los recursos existentes y los logros obtenidos en el pasado. Sigue habiendo la necesidad de preparar recursos humanos con la capacidad para responder a las exigencias del proceso de ampliación, así como de identificar nuevas fuentes de financiamiento para garantizar su sustentabilidad.

Keywords: SCALING-UP--HIV/AIDS/BAHAMAS.

FREEDMAN, L, WIRTH, M, WALDMAN, R, CHOWDHURY, M, AND ROSENFIELD, A. **Background Paper of the Task Force on Child Health and Maternal Health**. New York, NY: Millenium Project; 2003:79

URL: http://www.unmillenniumproject.org/documents/tf04apr18.pdf

Abstract: The MDGs are a clarion call for a new kind of action. By focusing on critical dimensions of development drawn from the UN conferences of the 1990s, and by mobilizing an unprecedented level of political endorsement for the MDG agenda, the world community has announced its willingness to alter the relationships of power and resource distribution that determine the course of development. Health forms a central plank in that agenda. Substantial evidence suggests that health is a crucial pre-condition for economic growth and, conversely, that economic development, if it is properly directed, can yield enormous advances in public health [1]. Equally important, health is a fundamental attribute of a life with dignity, intrinsically valuable and so, in itself, a goal of development. In fact, while improvements in health and economic development are surely connected, experience proves that significant advances in children's health and women's health and in life expectancy can occur if the right investment and policy decisions are made, even in the absence of overall growth.

Keywords: SCALING-UP/STATE OF THE ART—maternal and child health.

FRIEDMAN, EA. **Guidance to the Global Fund to Fight AIDS, Tuberculosis and Malaria and Support for Human Resources for Health**. Washington, D.C.: Physicians for Human Rights (PHR); 2005:29

URL: http://www.phrusa.org/campaigns/aids/pdf/guidance_global-fund.pdf

Abstract: Significant support of the health workforce is possible through the Global Fund. Scaling up coverage of malaria, tuberculosis, and especially HIV/AIDS interventions requires significant increases in health workforce capacity in many countries, especially in sub-Saharan Africa. The Global Fund can help pay for the cost of this health workforce expansion. Furthermore, health staff that provide HIV/AIDS, tuberculosis, and malaria interventions often deliver other health services as well. This is because interventions for these three diseases are frequently integrated into primary and other health services, rather than having separate facilities and staff to deliver these interventions.7 Therefore, support for human resources needed to improve coverage of interventions for the three diseases will also benefit other health services and contribute to positive health outcomes in other areas, such as maternal and child survival. Human resources support related to overall health system strengthening must adhere to the requirements of health system strengthening interventions. These activities must be linked the core mission of the Global Fund, advancing the fight against AIDS, tuberculosis, and malaria. According to the Guidelines for Proposals, proposals that include health system strengthening activities must "demonstrate that [these activities] are necessary prerequisites to improving coverage in the fight against any or all of the three diseases."As

will be discussed below, this is the fundamental requirement of health system strengthening interventions. The stronger this connection between the interventions and fighting at least one of the diseases can be made, the more favorably the TRP can be expected to view the proposal.

Keywords: SCALING-UP--HIV/AIDS -tuberculosis - malaria.

G

GERICKE, C, KUROWSKI, C, RANSON, M, AND MILLS, A. **Feasibility of Scaling-up Interventions: The Role of Intervention Design**. Bethesda, MD: Disease Control Priorities Project (DCPP); 2003:39

URL: http://www.fic.nih.gov/dcpp/wps/wp13.pdf

Abstract: This paper, from the Disease Control Priorities Project, contributes to a body of work which examines the constraints to scaling up health interventions, as well as the options for eliminating these constraints, from a health systems perspective. The first objective of this paper is to provide a conceptual framework to analyze the importance of intervention design in expanding access to and use of health services. The second objective is to examine existing evidence and experience of simplifying interventions which place the least burden on scarce capacity in low resource settings. The authors conclude that analyzing key health interventions with this framework is useful in categorizing interventions on their degree of complexity, identifying supply and demand side constraints, and can point to potential areas for improvement. The framework is also a useful tool when considering expansion of existing programmes or new interventions. It also allows for national comparisons, as well as with other regions, programmes or countries. The authors argue that a key research priority should be to examine the effectiveness and implementation characteristics of simple and inexpensive health interventions, and how best to implement them in highly constrained settings. [adapted from author].

Keywords: SCALING-UP--general.

GILLESPIE, S. **Scaling-up Community-driven Development: A Synthesis of Experience**. Washington, D.C: Food Consumption and Nutrition Drive (FCND); 2004:79

URL: http://www.ifpri.org/divs/fcnd/dp/papers/fcndp181.pdf

Abstract: While many community-driven development (CDD) initiatives may be successful, their impact is often limited by their small scale. Building on past and ongoing work on CDD, this study addresses the fundamental question: how can CDD initiatives motivate and empower the greatest number of communities to take control of their own development? What are the key contextual factors, institutional arrangements, capacity elements, and processes related to successful scaling-up of CDD, and, conversely, what are the main constraints or limiting factors, in different contexts? Drawing upon recent literature and the findings from five case studies, key lessons on how best to stimulate, facilitate, and support the scaling-up of CDD in different situations, along with some major challenges, are highlighted. Lessons include the need for donors and supporters of CDD, including governments, to think of the *process* beyond the project, and of transformation or transition rather than exit. Donor push and community pull factors need to be balanced to prevent .supply-driven, demand-driven development.. Overall, capacity is pivotal to successful CDD and its successful scaling-up over time. Capacity is more than simply resources, however; it also includes motivation and commitment, which, in turn, requires appropriate incentives at all levels. Capacity development

takes time and resources, but it is an essential upfront and ongoing investment, with the capacity and commitment of facilitators and local leaders being particularly important. A .learning by doing. culture. One that values adaptation, flexibility, and openness to change. Needs to be fostered at all levels, with time horizons adjusted accordingly. The building of a library of well-documented, context-specific experiences through good monitoring, evaluation, and operational research will be useful in advocating for improvements in the contextual environment. Ultimately, for CDD to be sustained, it should be anchored within existing contextual systems (government), frameworks (e.g., PRSP), and processes (decentralization), even where these are imperfect.

Keywords: SCALING-UP--general.

GONSALVES, J AND ARMONIA, R. **Scaling Up: Can We Bring More Benefits To More People More Quickly?: An Executive Summary**. Global Forum on Agricultural Research (GFAR); 3

URL: http://www.egfar.org/documents/02_-_Meetings/Conferences/GFAR_2000/Session_2/gfar1805.PDF

Abstract: To be able to properly plan the scaling up process, Workshop participants believe that it is important to be able to identify and recognize the "sparks" that led to the successful spread of certain innovations particularly those that started small scale. Whether they happened spontaneously or were planned, these sparks were always there to begin with. Probably the most recognizable spark that signals the time to scale up is when pilot projects succeed. However, it is also important to realize that the sparks can come from people – local champions or visionaries or external players like development practitioners and donors who need to show impact as part of their accountabilities... This GOING TO SCALE Workshop held April 10-14, 2000 at the IIRR Campus Silang, Cavite, Philippines was a follow through to the discussions o the CGIAR NGO Committee last October 22-23, 1999 at the World Bank, Wahington, D.C.

Keywords: SCALING-UP--general.

GONZALES, F, ARTEAGA, E, AND HOWARD-GRABMAN, L. **Scaling Up The Warmi Project: Lessons Learned, Mobilizing Bolivian Communities Around Reproductive Health**. Washington, D.F: Save the Children Fund (SCF); 98:11

URL: http://www.coregroup.org/resources/Saveboli.pdf

Abstract: This paper describes the lessons learned form scaling up the Warmi Project, developed and implemented by Save the Children/Bolivia. The original Warmi Project, carried out from 1990 – 1993, was intended to demonstrate what could be done to reduce maternal and perinatal mortality at the community level in isolated rural areas with limited access to health services. Significant reductions in perinatal mortality rates were achieved, as were improved practices related to prenatal care, breastfeeding and immunization. Increased participation by women in community planning and decision-making was also realized. By 1998, the project had grown to reach over 200 000 women. The scaling-up strategies, outlined in this document, include developing, implementing and documenting a successful demonstration project, dissemination of methods and results, advocating to build consensus and influence policy, defining organizational structure of the national project, mobilizing resources, provide training and technical assistance, establish agreements and coordinate with partners, and monitoring and evaluation. The expansion of this project offers a wealth of experience in how participatory approaches can be brought to a national level through flexibility, negotiation, coordination across institutions, understanding of the external

environment (health problems, government and donor priorities) and by establishing common goals. [adapted from author].

Keywords: SCALNIG-UP/COUNTRY EXPERIENCES-- maternal and child health/BOLIVIA.

GUPTA, R., IRWIN, A., RAVIGLIONE, M. C., AND KIM, J. Y. **Scaling-Up Treatment for HIV/AIDS: Lessons Learned from Multidrug-Resistant Tuberculosis**. *Lancet.* 2004;363: 9405:320-4

URL: http://www.accessmed-msf.org/documents/lancetAIDSMDRtb.pdf

Abstract: The UN has launched an initiative to place 3 million people in developing countries on antiretroviral AIDS treatment by end 2005 (the 3 by 5 target). Lessons for HIV/AIDS treatment scale-up emerge from recent experience with multidrug-resistant tuberculosis. Expansion of treatment for multidrug-resistant tuberculosis through the multipartner mechanism known as the Green Light Committee (GLC) has enabled gains in areas relevant to 3 by 5, including policy development, drug procurement, rational use of drugs, and the strengthening of health systems. The successes of the GLC and the obstacles it has encountered provide insights for building sustainable HIV/AIDS treatment programmes. This article, published in The Lancet, considers strategies for providing antiretroviral treatment to three million people with HIV/AIDS by 2005 (the '3 by 5' target), drawing on lessons from the Green Light Committee's expansion of treatment for multidrug-resistant tuberculosis (MDR-TB). It highlights the successes of the Green Light Committee (GLC) in the areas of policy development, drug procurement, rational drug use and strengthening of health systems. Key achievements include increasing the number of patients with access to drugs, and improved treatment outcomes for patients (thereby minimizing drug resistance). However, a drawback is identified in the GLC's highly centralized system, particularly its slow and inefficient processes for exchanging information with projects. The authors maintain that HIV/AIDS will require a less centralized approach than that used for MDR-TB, especially taking into account the range of parties involved in financing, technical assistance and drug procurement. However, they conclude that lessons learned from the GLC in scaling up MDR-TB treatment can provide insights for building sustainable HIV/AIDS treatment programmes. They emphasize the importance of strengthening health systems to ensure that affordable, high quality antiretrovirals reach programmes and are used appropriately, preventing the spread of drug resistance at the same time as saving lives. [adapted from author].

Keywords: STRENGTHENING HEALTH SYSTEMS/SCALING-UP--tuberculosis - HIV/AIDS.

H

HANSON, C. **Expanding DOTS in the Context of a Changing Health System**. Geneva: WHO; 2003:66

URL: http://whqlibdoc.who.int/hq/2003/WHO_CDS_TB_2003.318.pdf

Abstract: In conjunction with mounting responses to the various public health priorities, many countries are striving to strengthen their health systems to make them more equitable, effective, efficient, responsive, and sustainable. These health sector reforms - or health system strengthening efforts - often result in changes in the way disease control is prioritised, planned, delivered, and monitored; the changes offer both opportunities and challenges, in terms of maintaining current TB control efforts and in expanding DOTS. This paper, produced by the World Health Organization (WHO), discusses the challenges of expanding DOTS in the context of health sector reform. It offers some considerations that may facilitate

increased involvement of the National TB Control Programme (NTP) in a health sector reform process, encourage increased technical inputs into health systems planning, and promote the strategic positioning of TB control in the context of changing health systems. Lessons learned from Cambodia, Ghana, Kenya, Kyrgyzstan, Malawi, Mexico, Philippines, South Africa, Uganda, and Zambia are the foundation for these considerations and are cited throughout the document. [adapted from authors].

Keywords: SCALING-UP—tuberculosis.

HANSON, K, RANSON, MK, OLIVEIRA-CRUZ, V, AND MILLS, A. **Expanding Access to Priority Health Interventions: a Framework for Understanding the Constraints to Scaling-Up**. *Journal of International Development.* 2003;15: 1:1-14

URL: http://www3.interscience.wiley.com/cgi-bin/abstract/102522935/ABSTRACT

Abstract: The Commission on Macroeconomics and Health recommended a significant expansion in funding for health interventions in poor countries. However, there are a range of constraints to expanding access to health services: as well as an absolute lack of resources, access to health interventions is hindered by problems of demand, weak service delivery systems, policies at the health and cross-sectoral levels, and constraints related to governance, corruption and geography. This special issue is devoted to analysis of the nature and intensity of these constraints, and how they can best be overcome.

Keywords: SCALING-UP--constraints.

HELFENBEIN, S AND SEVERO, CA. **Scaling Up HIV/AIDS programs: A Manual for Multisectoral Planning**. Boston: MSH; 2004:155

URL: http://www.synergyaids.com/documents/ScalingUp_HIVAIDSProgs.pdf

Abstract: This manual is invaluable to anyone involved in planning national HIV/AIDS programs. Planning a national HIV/AIDS program at scale is critical to implementing an effective program. Scaling up requires that many sectors work together to develop the plan and commit their resources to the implementation of program activities. The advantage of multisectoral planning is that the process creates the partnerships through which activities will be carried out. Planning and implementing HIV/AIDS programs occur in four stages: (1) the strategy stage, where a country collects baseline data and defines its national goal, (2) the stage of creating partnerships, designing activities, and allocating resources to achieve the goal, (3) the capacity-building stage, and (4) the day-to-day implementation of activities and the institutionalization of processes and systems. This manual is invaluable to those responsible for the second stage. The manual is intended for anyone involved in planning national HIV/AIDS programs (such as staff of ministries of health, consulting groups, and international agencies). It includes tips for facilitators of the national planning process and can be used at the regional as well as the national level. Examples from Tanzania and other countries bring the process to life.

Keywords: SCALING-UP--HIV/AIDS.

HERMIDA, J., ROBALINO, M.E., VACA, L., AYABACA, P., ROMERO, P., VIEIRA, L. **Scaling Up and Institutionalizing Continuous Quality Improvement in the Free Maternity and Child Care Program in Ecuador.** LACHSR Report Number 65. Published for the U.S. Agency for International Development (USAID) by the Quality Assurance Project. 2005:46.

Abstract: The present document reports on an operations research study conducted by the Quality Assurance Project (QAP) to examine the process of institutionalizing a Continuous Quality Improvement (CQI) process within

the context of the reforms introduced by the Law for the Provision of Free Maternity Services and Child Care. The objectives of the study were: a) Describe and document the process , methods, and results of scaling-up and institutionalizing a quality assurance mechanism within the Free Maternity Program of the Ministry of Health of Ecuador; b) Explore associations between the degree of institutionalization achieved and the presence of reforms introduced by the Law, believed to be favorable to the QA institutionalization process; and c) Synthesize lessons learned that can be adapted and applied in other Latin American countries.

Keywords: SCALING-UP/COUNTRY EXPERIENCES—maternal and child health/ECUADOR.

HUICHO, L., DAVILA, M., CAMPOS, M., DRASBEK, C., BRYCE, J., AND VICTORA, C. G. **Scaling Up Integrated Management of Childhood Illness to the National Level: Achievements And Challenges in Peru**. *Health Policy Plan.* 2005;20: 1:14-24

URL: http://heapol.oxfordjournals.org/cgi/reprint/20/1/14

Abstract: This paper presents the first published report of a national-level effort to implement the Integrated Management of Childhood Illness (IMCI) strategy at scale. IMCI was introduced in Peru in late 1996, the early implementation phase started in 1997, with the expansion phase starting in 1998. Here we report on a retrospective evaluation designed to describe and analyze the process of taking IMCI to scale in Peru, conducted as one of five studies within the Multi-Country Evaluation of IMCI Effectiveness, Cost and Impact (MCE) coordinated by the World Health Organization. Trained surveyors visited each of Peru's 34 districts, interviewed district health staff and reviewed district records. Findings show that IMCI was not institutionalized in Peru: it was implemented parallel to existing programmes to address acute respiratory infections and diarrhoea, sharing budget lines and management staff. The number of health workers trained in IMCI case management increased until 1999 and then decreased in 2000 and 2001, with overall coverage levels among doctors and nurses calculated to be 10.3%. Efforts to implement the community component of IMCI began with the training of community health workers in 2000, but expected synergies between health facility and community interventions were not realized because districts where clinical training was most intense were not those where community IMCI training was strongest. We summarize the constraints to scaling up IMCI, and examine both the methodological and policy implications of the findings. Few monitoring data were available to document IMCI implementation in Peru, limiting the potential of retrospective evaluations to contribute to programme improvement. Even basic indicators recommended for national monitoring could not be calculated at either district or national levels. The findings document weaknesses in the policy and programme supports for IMCI that would cripple any intervention delivered through the health service delivery system. The Ministry of Health in Peru is now working to address these weaknesses; other countries working to achieve high and equitable coverage with essential child survival interventions can learn from their experience.

Keywords: SCALING-UP/COUNTRY EXPERIENCES-- maternal and child health/PERU.

J

JOHNS, B. AND BALTUSSEN, R. **Accounting for the Cost of Scaling-Up Health Interventions**. *Health Econ.* 2004;13: 11:1117-24

URL: http://www3.interscience.wiley.com/cgi-bin/abstract/107629521/ABSTRACT

Abstract: Recent studies such as the Commission on Macroeconomics and Health have highlighted the need for expanding the coverage of services for HIV/AIDS, malaria, tuberculosis, immunisations and other diseases. In order for policy makers to plan for these changes, they need to analyse the change in costs when interventions are 'scaled-up' to cover greater percentages of the population. Previous studies suggest that applying current unit costs to an entire population can misconstrue the true costs of an intervention. This study presents the methodology used in WHO-CHOICE's generalized cost effectiveness analysis, which includes non-linear cost functions for health centres, transportation and supervision costs, as well as the presence of fixed costs of establishing a health infrastructure. Results show changing marginal costs as predicted by economic theory.

Keywords: SCALING-UP--HIV/AIDS -tuberculosis - malaria.

JOHNS, B. AND TORRES, T. T. **Costs of Scaling Up Health Interventions: A Systematic Review**. *Health Policy Plan.* 2005;20: 1:1-13

URL: http://heapol.oxfordjournals.org/cgi/reprint/20/1/1

Abstract: National governments and international agencies, including programmes like the Global Alliance for Vaccines and Immunizations and the Global Fund to Fight AIDS, Tuberculosis and Malaria, have committed to scaling up health interventions and to meeting the Millennium Development Goals (MDGs), and need information on costs of scaling up these interventions. However, there has been no systematic attempt across health interventions to determine the impact of scaling up on the costs of programmes. This paper presents a systematic review of the literature on the costs of scaling up health interventions. The objectives of this review are to identify factors affecting costs as coverage increases and to describe typical cost curves for different kinds of interventions. Thirty-seven studies were found, three containing cost data from programmes that had already been scaled up. The other studies provide either quantitative cost projections or qualitative descriptions of factors affecting costs when interventions are scaled up, and are used to determine important factors to consider when scaling up. Cost curves for the scaling up of different health interventions could not be derived with the available data. This review demonstrates that the costs of scaling up an intervention are specific to both the type of intervention and its particular setting. However, the literature indicates general principles that can guide the process: (1) calculate separate unit costs for urban and rural populations; (2) identify economies and diseconomies of scale, and separate the fixed and variable components of the costs; (3) assess availability and capacity of health human resources; and (4) include administrative costs, which can constitute a significant proportion of scale-up costs in the short run. This study is limited by the scarcity of real data reported in the public domain that address costs when scaling up health interventions. As coverage of health interventions increases in the process of meeting the MDGs and other health goals, it is recommended that costs of scaling up are reported alongside the impact on health of the scaled-up interventions.

Keywords: STATE OF THE ART--HIV/AIDS - tuberculosis - malaria.

JONG-WOOK, L. **Global Health Improvement and WHO: Shaping the Future**. *Lancet.* 2003;362: 9401:2083-8

URL: **http://www.thelancet.com/journals/lancet/article/PIIS0140673603151070/fulltext**

Abstract: To improve health-care access and outcomes while narrowing equity gaps, WHO will promote the scaling-up of health-care systems based on the principles of primary health care. In the World health report 2003, the model of health-care system development led by primary health care is discussed. The report emphasizes both the broad ethical commitment to equity which grounds a system based on primary health care and such a system's integrated service structure—"principled, integrated care". From a systems perspective, the potential conflict between primary health care as a discrete level of care and as an overall approach to responsive, equitable health-service provision can be reconciled.

Keywords: PRIMARY HEALTH CARE/STRENGTHENING HEALTH SYSTEMS.

K

KEKKAKU (THE JAPANESE SOCIETY FOR TUBERCULOSIS). **Tuberculosis in Asia**. 2002;77: 10:693-7

URL: 12440145

Abstract: 1. Philippines: The development, expansion and maintenance of pilot area activities: Cristina B. Giango (Technical Division, Cebu Provincial Health Office, the Philippines) In 1994, the Department of Health developed the new NTP policies based on WHO recommendations and started a pilot project in Cebu Province in collaboration with the Japan International Cooperation Agency. To test its feasibility and effectiveness, the new NTP policies were pre-tested in one city and one Rural Health Unit. The test showed a high rate of three sputum collection (90%), high positive rate (10%), and high cure rate (80%). Before the new guidelines were introduced, the new policy was briefed, a baseline survey of the facility was conducted, equipment was provided, and intensive training was given. Recording/Reporting forms and procedures were also developed to ensure accurate reporting. Supervision, an important activity to ensure effective performance, was institutionalized. Laboratory services were strengthened, and a quality-control system was introduced in 1995 to ensure the quality of the laboratory services. With the implementation of DOTS strategy, barangay health workers were trained as treatment partners. In partnership with the private sector, the TB Diagnostic Committee was organized to deliberate and assess sputum negative but X-ray positive cases. The implementation of the new NTP guidelines in Cebe Province has reached a satisfactory level, the cure rate and positive rate have increased, and laboratory services have improved. Because of its successful implementation, the new NTP guidelines are now being used nationwide.

Keywords: COUNTRY EXPERIENCES--tuberculosis/ASIA.

KHALEGHIAN, P. **Decentralization and Public Services: The Case of Immunization.** Washington, DC: World Bank; *World Bank Policy Research Working Papers.* 2003;2989

URL: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=636351

Abstract: Khaleghian studies the impact of political decentralization on childhood immunization, an essential public service provided in almost all countries. He examines the relationship empirically using a time-series data set of 140 low- and middle-income countries from 1980 to 1997. The author

finds that decentralization has different effects in low- and middle-income countries. In the low-income group, decentralized countries have higher coverage rates than centralized ones, with an average difference of 8.5 percent for measles and DTP3 vaccines. In the middle-income group, the reverse effect is observed: Decentralized countries have lower coverage rates than centralized ones, with an average difference of 5.2 percent for the same vaccines. Both results are significant at the 99 percent level. Modifiers of the decentralization-immunization relationship also differ in the two groups. In the low-income group, development assistance reduces the gains from decentralization. In the middle-income group, democratic government mitigates the negative effects of decentralization, and decentralization reverses the negative effects of ethnic tension and ethno-linguistic fractionalization, but institutional quality and literacy rates have no interactive effect either way. Similar results are obtained whether decentralization is measured with a dichotomous categorical variable or with more specific measures of fiscal decentralization. The study confirms predictions in the theoretical literature about the negative impact of local political control on services that have public goods characteristics and inter-jurisdictional externalities. The author discusses reasons for the difference between low- and middle-income countries. This paper - a product of Public Services, Development Research Group - is part of a larger effort in the group to study the delivery of essential health services.

Keywords: SCALING-UP--maternal and child health.

KNIPPENBERG, R., LAWN, J. E., DARMSTADT, G. L., BEGKOYIAN, G., FOGSTAD, H., WALELIGN, N., AND PAUL, V. K. **Systematic Scaling Up of Neonatal Care in Countries**. *Lancet.* 2005;365: 9464:1087-98

URL: http://www.gujhealth.gov.in/family-wel/pdf/Scaling%20up%20neonatal%20care.pdf

Abstract: Every year about 70% of neonatal deaths (almost 3 million) happen because effective yet simple interventions do not reach those most in need. Coverage of interventions is low, progress in scaling up is slow, and inequity is high, especially for skilled clinical interventions. Situations vary between and within countries, and there is no single solution to saving lives of newborn babies. To scale up neonatal care, two interlinked processes are required: a systematic, data-driven decision-making process, and a participatory, rights-based policy process. The first step is to assess the situation and create a policy environment conducive to neonatal health. The next step is to achieve optimum care of newborn infants within health system constraints; in the absence of strong clinical services, programmes can start with family and community care and outreach services. Addressing missed opportunities within the limitations of health systems, and integrating care of newborn children into existing programmes--eg, safe motherhood and integrated management of child survival initiatives--reduces deaths at a low marginal cost. Scaling up of clinical care is a challenge but necessary if maximum effect and equity are to be achieved in neonatal health, and maternal deaths are to be reduced. This step involves systematically strengthening supply of, and demand for, services. Such a phased programmatic implementation builds momentum by reaching achievable targets early on, while building stronger health systems over the longer term. Purposeful orientation towards the poor is vital. Monitoring progress and effect is essential to refining strategies. National aims to reduce neonatal deaths should be set, and interventions incorporated into national plans and existing programmes.

Keywords: SCALING-UP / STATE OF THE ART--maternal and child health.

KOHL, R, COOLEY, L, AND TACHER, L. **Scaling-Up: A Conceptual and Operational Framework**. Washington, DC: Management Systems International (MSI); 2004?:33

Abstract: This framework paper corresponds to the first of these tasks. It draws heavily from the existing literature on scaling up, strategic planning, and organizational development. It also incorporates lessons learned from 11 years of applied research carried out by MSI under the Implementing Policy Change Program with funding from USAID. This framework is currently being used in filed tests with MacArthur reproductive health grantees in Nigeria and Mexico. The remainder of this paper is divided into three parts. Part II discusses the concept of caling up and offers several typologies and guiding questions for understanding and assessing alternative scaling up strategies. Part III provides a framework for developing and implementing a detailed scaling up strategy and implementation plan. Part IV presents a preliminary and selected list of hypotheses and lessons learned regarding successful scaling up.

Keywords: SCALING-UP--general.

L

LANGE, J. M., PERRIENS, J., KURITZKES, D., AND ZEWDIE, D. **What Policymakers Should Know About Drug Resistance and Adherence In The Context of Scaling-Up Treatment of HIV Infection**. *AIDS.* 2004;18 Suppl 3:S69-74

URL: **http://www.aidsonline.com/pt/re/aids/pdfhandler.00002030-200406003-00013.pdf;jsessionid=CUPaqTElbpAKFUvlnGW4HUVSIH17jfILAGUweqSgCNWjyrqxxmcZ!-710276437!-949856032!9001!-1?index=1&results=1&count=10&searchid=1&nav=search&database=lwwovft**

Abstract: With the imminent massive scale up of antiretroviral therapy in developing countries concerns have been raised regarding the spectre of widespread viral drug resistance. These concerns should not lead to a slowing of the pace at which these life-preserving medications are made available to the millions in need in those countries. With proper HAART regimens and proper adherence, development of drug resistance is not a common event. Increasing simplicity of antiretroviral drug regimens, as well as supportive services, promote adherence and have been shown to lead to extremely high therapeutic success rates in both developed and developing countries. Moreover, the possibility of drug resistance has not discouraged industrialized countries from offering universal access to antiretrovirals. If anything, the situation in developing countries, where few patients have been previously exposed to suboptimal drug regimens and where a public health approach may be taken to the treatment of HIV infection, is in many respects more favorable to the prevention of widespread viral drug resistance than that in the developed world. This conclusion is underscored by available evidence presented in this supplement. Experience in developing countries also suggests that greater treatment access will help alleviate HIV-related stigma and provide major new incentives for individuals to learn their serostatus, thus strengthening prevention efforts.

Keywords: STATE OF THE ART--HIV/AIDS.

LATIN AMERICA AND CARIBBEAN REGIONAL HEALTH SECTOR REFORM INITIATIVE. **Scaling Up Health Systems To Respond To The Challenge of HIV/AIDS In Latin America And The Caribbean**. Washington, D.C.: PAHO; 2003:97

URL:
http://www.lachsr.org/documents/scalinguphealthsystemstorespondtohivaids-EN.pdf

Abstract: Health systems all over Latin America and the Caribbean are suffering the consequences of a lack of organization and planning for the increase in the demand for—and use of— services. The advent of a new infectious disease undermines already limited capacity to ensure access to quality care for everyone according to established standards. Few governments in the region have managed to implement the necessary policies and expend resources for a comprehensive response to HIV/AIDS. The HIV/AIDS pandemic is occurring at a time when most countries throughout the region are reducing social spending, thus damaging already resource-constrained health facilities and health systems by limiting funding. The current barriers to effective AIDS treatment programs are analogous in many ways to the conditions of the MDR-TB epidemic, so that the management of MDR-TB treatment programs through the mechanism of the Green Light Committee (GLC) can offer practical lessons for the challenge of delivering HIV/AIDS treatment to poor communities worldwide. Beyond parallel concerns of cost, objections center on the problem of inadequate local infrastructure and management capacities. Given infrastructure weakness and institutional inefficiency, it could be argued that even if drugs for HIV were available at no cost, the systems for delivering them to those in need might still not be there. Situations like this reflect real gaps in poor countries' health care delivery apparatus. Yet, their existence is not an excuse for inertia and resignation and non-traditional infrastructure and institutional capacity are present, and proven mechanisms for scaling up delivery exist.

Keywords: STATE OF THE ART--HIV/AIDS/LATIN AMERICA AND THE CARIBBEAN.

LISTER, S. **'Scaling-Up' In Emergencies: British NGOs after Hurricane Mitch**. *Disasters.* 2001;25: 1:36-47

URL: 11244644

Abstract: This article examines research on NGO 'scaling-up' in a disaster context and links it to a broader discussion on whether scaling-up is a useful concept for understanding NGO processes in an emergency. Using concepts of scaling-up from development literature, research findings from a study of the responses of British NGOs to Hurricane Mitch in Central America are presented. The article assesses the extent and type of scaling-up that occurred, constraints faced by the agencies and the impact of scaling-up on support to partners. Broader issues relating to scaling-up post-Mitch are also explored. The conclusion suggests that while the concept of scaling-up is useful, the tendency for its use to refer to organisational growth has limited a wider understanding and evaluation of the role of Northern NGOs in humanitarian crises.

Keywords: SCALING-UP--general/CENTRAL AMERICA.

LLOYD, LS. **Best Practices for Dengue Prevention and Control in the Americas**. Washington, DC: EHP; 2003:120

URL: http://www.ehproject.org/PDF/Strategic_papers/SR7-BestPractice.pdf

Abstract: In response to the growing need of health staff to address dengue prevention and control, the United States Agency for International Development (USAID) Bureau for Latin America and Caribbean requested a document that describes current thinking and practices for the prevention and control of dengue fever. The conceptual framework for the document is that of comprehensive, integrated dengue prevention and control, a framework the Pan American Health Organization (PAHO) proposed in 1994. This framework is supported by the U.S. Centers for Disease Control and Prevention (CDC), Dengue Branch, and the World Health Organization (WHO). The document adopts the 10 key elements for a comprehensive, integrated dengue program that PAHO enumerated in

the "Decalogue" (2001). These elements address all aspects of comprehensive dengue prevention and control: • Integrated epidemiological and entomological surveillance:

- Advocacy and implementation of intersectoral actions
- Effective community participation
- Environmental management and addressing basic services
- Patient care within and outside of the health system
- Case reporting
- Incorporation of the subject of dengue/health into formal education
- Critical analysis of the use and function of insecticides
- Formal health training of professionals and workers both in the medical and social sciences
- Emergency preparedness.

These 10 elements reflect the five key elements that WHO defined (1996) as essential components for the global strategy on dengue. These 10 elements reflect the five key elements that WHO defined (1996) as essential components for the global strategy on dengue.

Keywords: SCALING-UP--Infectious diseases.

LUSH, L. **Service Integration: An Overview of Policy Developments**. *International Family Planning Perspectives.* 2002;28: 2:71-76

URL: http://www.guttmacher.org/pubs/journals/2807102.pdf

Abstract: During the 1990s, the rising prevalence of HIV and sexually transmitted infections (STIs) in low-income countries heightened international concern about the lack of means of control. The number of new HIV infections reached five million in 2001, of which 70% occurred in Sub-Saharan Africa, where more than 8% of adults are now infected.1 The number of new STIs throughout the world totaled 340 million in 1999.2 Because these infections contribute to the spread of HIV,3 many HIV prevention efforts focus on managing STIs in addition to providing health education and promoting condom use.4 At the 1994 International Conference on Population and Development (ICPD), the international community made a commitment to providing a comprehensive package of reproductive and sexual health services, including management of HIV and STIs.5 Particular emphasis was placed on controlling these infections through existing mainstream services—the maternal and child health and family planning services offered at most primary health care outlets in the developing world.

Keywords: STATE OF THE ART--HIV/AIDS.

M

MARGOLIS, P. A., STEVENS, R., BORDLEY, W. C., STUART, J., HARLAN, C., KEYES-ELSTEIN, L., AND WISSEH, S. **From Concept to Application: The Impact of a Community-Wide Intervention to Improve the Delivery of Preventive Services to Children**. *Pediatrics.* 2001;108: 3:E42

URL: http://pediatrics.aappublications.org/cgi/reprint/108/3/e42

Abstract: OBJECTIVE: To improve health outcomes of children, the US Maternal and Child Health Bureau has recommended more effective organization of preventive services within primary care practices and more coordination between practices and community-based agencies. However, applying these recommendations in communities is challenging because they require both more complex systems of care delivery within organizations and more complex interactions between them. To improve the way that preventive health care services are organized and delivered in 1 community, we designed, implemented, and assessed the impact of a health care system-level approach, which involved addressing multiple care delivery processes, at multiple levels in the community, the practice,

and the family. Our objective was to improve the processes of preventive services delivery to all children in a defined geographic community, with particular attention to health outcomes for low-income mothers and infants. DESIGN: Observational intervention study in 1 North Carolina county (population 182 000) involving low- income pregnant mothers and their infants, primary care practices, and departments of health and mental health. An interrupted time-series design was used to assess rates of preventive services in office practices before and after the intervention, and a historical cohort design was used to compare maternal and child health outcomes for women enrolled in an intensive home visiting program with women who sought prenatal care during the 9 months before the program's initiation. Outcomes were assessed when the infants reached 12 months of age. INTERVENTIONS: Our primary objective was to achieve changes in the process of care delivery at the level of the clinical interaction between care providers and patients that would lead to improved health and developmental outcomes for families. We selected interventions that were directed toward major risk factors (eg, poverty, ineffective care systems for preventive care in office practices) and for which there was existing evidence of efficacy. The interventions involved community-, practice-, and family-level strategies to improve processes of care delivery to families and children. The objectives of the community-level intervention were: 1) to achieve policy level changes that would result in changes in resources available at the level of clinical care, 2) to engage multiple practice organizations in the intervention to achieve an effect on most, if not all, families in the community, and 3) to enhance communication between, among, and within public and private practice organizations to improve coordination and avoid duplication of services. The objective of the practice-level interventions was to overcome specific barriers in the process of care delivery so that preventive services could be effectively delivered. To assist the health department in implementing the family-level intervention, we provided assistance in hiring and training staff and ongoing consultation on staff supervision, including the use of structured protocols for care delivery, and regular feedback data about implementation of the program. Interventions with primary care practices focused on the design of the delivery system within the office and the use of teamwork and data in an "office systems" approach to improving clinical preventive care. All practices (N = 8) that enrolled at least 5 infants/month received help in assessing performance and developing systems (eg, preventive services flow sheets) for preventive services delivery. Family-level interventions addressed the process of care delivery to high-risk pregnant women (<100% poverty) and their infants....

Keywords: SCALING-UP--maternal and child health.

McCoy, David. **Expanding Treatment Access and Strengthening HIV /AIDS Programmes in Ways that Strengthen the Broader Health Systems Agenda: Issues for The Global Fund to Fight HIV/AIDS, TB and Malaria** . *AIDS Bulletin.* 2005;14: 1:5

URL: http://www.mrc.ac.za/aids/march2005/expanding.htm

Abstract: This article is based on work done and consultations held in EQUINET and the IDRC/SDC Research Matters network. It has been drafted as a position paper for the Global Fund for AIDS, TB and Malaria (GFATM). It aims to raise concerns around health systems strengthening for sustainable ART expansion and the manner in which the GFATM can respond to such concerns. It is presented for discussion.

Keywords: STRENGTHENING HEALTH SYSTEMS/SCALING-UP--HIV/AIDS - tuberculosis - malaria.

McPake, B, Yepes, FJ, Lake, S, and Sanchez, LH. **Is The Colombian Health System Reform Improving the Performance of Public Hospitals in Bogota?** *Health Policy Plan.* 2003;18: 2:182-94

URL: **http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=12740323&dopt=Abstract**

Abstract: Many countries are experimenting with public hospital reform - both increasing the managerial autonomy with which hospitals conduct their affairs, and separating 'purchaser' and 'provider' sides of the health system, thus increasing the degree of market pressure brought to bear on hospitals. Evidence suggesting that such reform will improve hospital performance is weak. From a theoretical perspective, it is not clear why public hospitals should be expected to behave like firms and seek to maximize profits as this model requires. Empirically, there is very slight evidence that such reforms may improve efficiency, and reason to be concerned about their equity implications. In Colombia, an ambitious reform programme includes among its measures the attempt to universalize a segmented health system, the creation of a purchaser-provider split and the transformation of public hospitals into 'autonomous state entities'. By design, the Colombian reform programme avoids the forces that produce equity losses in other developing countries. This paper reports the results of a study that has tried to track hospital performance in other dimensions in the post-reform period in Bogota. Trends in hospital inputs, production and productivity, quality and patient satisfaction are presented, and qualitative data based on interviews with hospital workers are analyzed. The evidence we have been able to collect is capable of providing only a partial response to the study question. There is some evidence of increased activity and productivity and sustained quality despite declining staffing levels. Qualitative data suggest that hospital workers have noticed considerable changes, which include greater responsiveness to patients but also a heavier administrative burden. It is difficult to attribute specific causality to all of the changes measured and this reflects the inherent difficulty of judging the effects of large-scale reform programmes as well as weaknesses and gaps in the data available.

Keywords: STRENGTHENING HEALTH SYSTEMS/COLOMBIA.

Medlin, C. **Scaling Up Health Investments in Developing Countries: Lessons about What Works**. 2004:9

URL: **http://www.igh.org/publications/WP751.pdf**
http://www.wiltonpark.org.uk/documents/conferences/WP751/pdfs/WP751.pdf

Abstract: Have the innovative global financing mechanisms to fight HIV/AIDS and other diseases enabled more effective delivery of aid? Which recipient countries have made significant strides forward? What lessons do they offer others? How have they dealt with known and/or anticipated "bottlenecks" affecting e.g. scaling up, programme management, drug procurement and supply, and recruitment and training of staff? What additional steps are needed? This conference is by invitation only.

Keywords: STATE OF THE ART--HIV/AIDS.

Mukherjee, J. S., Farmer, P. E., Niyizonkiza, D., McCorkle, L., Vanderwarker, C., Teixeira, P., and Kim, J. Y. **Tackling HIV in Resource Poor Countries**. *BMJ.* 2003;327: 7423:1104-6

URL: **http://bmj.bmjjournals.com/cgi/content/full/327/7423/1104**

Abstract: Focusing on prevention of HIV will not prevent the deaths of the millions already infected. The international community must adopt a strategy that links treatment and prevention. Despite recent proposals to expand access to antiretroviral treatment for people with HIV in resource poor settings, debate continues about the cost effectiveness of prevention

and treatment strategies. This debate delays the urgent action needed to implement a comprehensive global AIDS strategy. To underscore the need to link prevention with treatment, we review the effect of HIV on economic and human development, the ways in which HIV prevention and treatment are mutually reinforcing, and the requirements for scaling up the response.

Keywords: STATE OF THE ART--HIV/AIDS.

N

NAYLOR, DAVID C. **Measuring Health System Performance: Problems and Opportunities in the Era of Assessment and Accountability**. 2001:34 slides

URL: http://www.oecd.org/dataoecd/47/54/1959851.pdf

Abstract: The proceedings from the OECD/Canada conference, "Measuring Up: Improving health system performance in OECD countries", held in November 2001 in Ottawa, looks at progress in pursuing a performance measurement and improvement "cycle". The conference volume reviews recent developments in five contrasting countries - Canada, the Netherlands, Sweden, the United Kingdom and the United States. It provides selected international comparisons on key aspects of performance, such as quality of hospital care and long-term care, equity of access and efficiency. It also outlines the range of levers, both economic and non-economic, that policy makers and healthcare managers can use to secure performance improvements. The final chapter of the conference proceedings presents the views of health ministers from Canada, France, Mexico, the United Kingdom and the United States on health system performance assessment.

Keywords: STRENGTHENING HEALTH SYSTEMS.

NSUTEBU, E. F., WALLEY, J. D., MATAKA, E., AND SIMON, C. F. **Scaling-Up HIV/AIDS and TB Home-Based Care: Lessons from Zambia**. *Health Policy Plan.* 2001;16: 3:240-7

URL: http://heapol.oxfordjournals.org/cgi/reprint/16/3/240

Abstract: Home-based care coverage in Africa is currently very low and likely to reduce drastically in the near future. This paper investigates the low coverage of home-based care programmes in Africa and uses two home-based care projects in Zambia as case studies. The very limited involvement of governments in the provision of home-based care services appears to be one of the main reasons behind the low coverage of home-based care in Africa. Governments therefore should provide some form of basic home-based care services and/or strengthen support to other institutions providing home-based care. In order to facilitate governments' involvement in home-based care activities, an analysis of tasks performed by community nurses and volunteers is used to identify tasks that government, missionary or NGO employed nurses may be able to provide without, or with very limited, donor assistance. However, further research and development is needed to develop affordable, feasible and sustainable home care programmes that can be implemented by staff working in government, NGO and missionary health facilities. In addition, innovative strategies are required to establish effective partnerships between the NGO, missionary and government health facilities.

Keywords: COUNTRY EXPERIENCES--tuberculosis - aids/ZAMBIA.

NYONATOR, F. K., AWOONOR-WILLIAMS, J. K., PHILLIPS, J. F., JONES, T. C., AND MILLER, R. A. **The Ghana Community-Based Health Planning and Services Initiative for Scaling Up Service Delivery Innovation**. *Health Policy Plan.* 2005; 20: 1:25-34

URL: http://heapol.oxfordjournals.org/cgi/reprint/20/1/25

Abstract: Research projects demonstrating ways to improve health services often fail to have an impact on what national health programmes actually do. An approach to evidence-based policy development has been launched in Ghana which bridges the gap between research and programme implementation. After nearly two decades of national debate and investigation into appropriate strategies for service delivery at the periphery, the Community-based Health Planning and Services (CHPS) Initiative has employed strategies tested in the successful Navrongo experiment to guide national health reforms that mobilize volunteerism, resources and cultural institutions for supporting community-based primary health care. Over a 2-year period, 104 out of the 110 districts in Ghana started CHPS. This paper reviews the development of the CHPS initiative, describes the processes of implementation and relates the initiative to the principles of scaling up organizational change which it embraces. Evidence from the national monitoring and evaluation programme provides insights into CHPS' success and identifies constraints on future progress.

Keywords: GHANA/ PRIMARY HEALTH CARE.

O

OLIVEIRA-CRUZ, V, KARA, H, AND MILLS, A. **Approaches to Overcoming Constraints to Effective Health Service Delivery: A Review of the Evidence**. *Journal of International Development.* 2003;15: 1:41-65

URL: http://www3.interscience.wiley.com/cgi-bin/abstract/102522937/ABSTRACT

Abstract: This paper reviews the current evidence base regarding efforts to overcome constraints to effective health service delivery in low and middle-income countries. A systematic literature review was chosen as the approach to gather and analyze existing knowledge about how to improve the close-to-client health system. We focused on three levels of constraints: community and household, the health services delivery level itself, and health sector policy and strategic management. In total, 116 studies were reviewed and their main findings presented. The results should be interpreted with caution due to the considerable limitations in the existing evidence base.

Keywords: SCALING-UP--constraints.

OLIVEIRA-CRUZ, V, KUROWSKI, C, AND MILLS, A. **Delivery of Priority Health Services: Searching for Synergies within the Vertical versus Horizontal Debate**. *J. Int. Dev.* 2003: 15:67-86

URL: http://www3.interscience.wiley.com/search/allsearch?mode=viewselected&product=journal&ID=102522934&view_selected.x=45&view_selected.y=7&view_selected=view_selected

Abstract: A key issue in the expansion of access to priority health services is how best to implement scaling up efforts. In this paper, we explore the relative merits of vertical and horizontal delivery modes; review the literature on the impact of vertical programmes on health systems and on experiences of integrating these programmes; and analyzes health interventions in terms of their different modes of delivery within the health

system infrastructure. We conclude that expanding access to priority health services requires the concerted use of both modes of delivery, according to the capacity of health systems as it changes over time.

Keywords: SCALING-UP--general.

OLUWOLE, D., MASON, E., AND COSTELLO, A. **Management of Childhood Illness in Africa. Early Evaluations show Promising Results**. *BMJ.* 2000;320: 7235:594-5

URL: http://bmj.bmjjournals.com/cgi/reprint/320/7235/594

Abstract: This article reports the positive evaluation results of the integrated management of childhood illness (IMCI) strategy for the last 3 years of operation in 28 countries in Africa. The strategy aimed to improve case management skills of health workers through training with locally adapted guidelines such as the use of clinical algorithms to detect the most common causes of childhood illnesses. In addition, the strategy was designed to improve the health system of the region, including the provision of essential drugs. A final component of the program seeks to optimize family and community practices in relation to child health, particularly care seeking behavior. Overall, the benefits include more rational drug use, increased attendance, improved provider morale, and improved perceptions of quality of care by mothers. Although its initial effects are rather small, it should be recognized that the proper implementation of IMCI should contribute to a steady reduction in childhood mortality in Africa.

Keywords: SCALING-UP--maternal and child health/AFRICA.

OMS. COMISIÓN SOBRE MACROECONOMÍA Y SALUD. **Invertir en Salud: Resumen de las Conclusiones de la Comisión sobre Macroeconomía y Salud**. Ginebra: OMS; 2001:36

URL: http://www.who.int/macrohealth/infocentre/advocacy/en/invertir_en_salud_es.pdf

Abstract: Hoy día se conocen bien los vínculos entre la mala salud y la pobreza. Las personas pobres y malnutridas tienen más probabilidades de enfermar y corren mayor riesgo de morir de sus dolencias que las que disponen de más medios y mejor salud. La mala salud contribuye también a la pobreza. Las personas que enferman tienen más probabilidades de empobrecerse y permanecer en esa situación que las más sanas, porque las afecciones debilitantes impiden a los adultos ganarse la vida. Además, la enfermedad mantiene a los niños alejados de la escuela, lo que reduce sus oportunidades de tener una vida adulta productiva. En la actualidad, las epidemias de VIH/SIDA, malaria y tuberculosis están empeorando, y en los países en desarrollo se está produciendo una rápida erosión de los progresos sociales y económicos de los últimos 20 años. Las enfermedades de la infancia, agravadas por la malnutrición, causan millones de defunciones prevenibles entre los niños y se ha avanzado poco en la reducción de la mortalidad materna y perinatal. En el año 2000, la Comisión Nacional sobre Macroeconomía y Salud se propuso analizar los vínculos entre la salud y la pobreza y demostrar que las inversiones en salud pueden acelerar el desarrollo económico. Centró su trabajo en las poblaciones más pobres de los países más desfavorecidos y demostró que soportan una carga desproporcionada de mortalidad y sufrimiento evitables, son más propensas a las enfermedades debido a la malnutrición, el saneamiento insuficiente y la insalubridad del agua, y es menos probable que tengan acceso a la atención médica, incluso cuando la necesitan con urgencia. Las enfermedades graves pueden empobrecer a

las familias durante muchos años, porque éstas dejan de percibir ingresos y venden sus bienes para cubrir los costos del tratamiento y otras deudas. El Informe señaló también que intervenciones capaces de salvar vidas, como las medidas preventivas y el acceso a los medicamentos esenciales, no llegan a los pobres. La Comisión afirma que, a lo largo del próximo decenio, el mundo puede obtener logros apreciables en la lucha contra enfermedades que tienen una repercusión desproporcionada en la salud y el bienestar de los pobres si se incrementan las inversiones en servicios de salud esenciales y se fortalecen los sistemas sanitarios.

Keywords: SCALING-UP--general.

ORBINSKI, J. **The G8 Fails Global Health**. *CMAJ.* 2002;167: 5:481-2

URL: http://www.cmaj.ca/cgi/reprint/167/5/481

Abstract: People living with HIV/AIDS, tuberculosis and malaria cannot afford to wait for the G8 members to live up to their responsibilities as global economic leaders. Dr. Banu Khan, Head of the National AIDS Coordinating Body in Botswana, was so blunt as to declare that he fears the "extinction" of his people because of HIV/AIDS.[4] His words, and those of the millions being denied access to essential medicines, are not hyperbole, they are statements of fact. The G8 leaders would be well advised to listen to this good advice and to check their political rhetoric at the door.

Keywords: SCALING-UP--general.

ORGANIZACIÓN MUNDIAL DE LA SALUD. **Capítulo 4: Cómo Reforzar los Sistemas de Salud**. *In*: Organización Mundial De La Salud. **Informe sobre la Salud en el Mundo 2004 - Cambiemos el Rumbo de la Historia**. Geneva: OMS; 2004:9

URL: http://www.who.int/whr/2004/chapter4/es/

Abstract: La iniciativa de tratamiento plantea un enorme desafío para los sistemas de salud de los países más castigados por el VIH/SIDA. Lo ideal sería que esos sistemas funcionaran de forma eficaz y eficiente y atendieran a la totalidad de la población. En la mayoría de los casos, sin embargo, están mal dirigidos e insuficientemente financiados, y a veces apenas están operativos. En este capítulo se examinan las condiciones necesarias para fortalecerlos a fin de aplicar la iniciativa, procurando al mismo tiempo mejorar y ampliar muchas otras intervenciones sanitarias relacionadas tanto con las enfermedades transmisibles como con las dolencias crónicas no transmisibles. Se muestra que se requiere urgentemente un esfuerzo de envergadura, que exigirá un aumento masivo de las transferencias de recursos de los países ricos a los pobres.

Keywords: SCALING-UP—general/STRENGTHENING HEALTH SYSTEMS.

ORGANIZACIÓN MUNDIAL DE LA SALUD. **Un Marco Ampliado de DOTS para el Control Eficaz de la Tuberculosis**. Ginebra: OMS; 2002:26

URL: http://whqlibdoc.who.int/hq/2003/WHO_CDS_TB_2002.297_spa.pdf

Abstract: La estrategia ampliada pone iguales énfasis en las dimensiones técnicas, de gestión, sociales y políticas de DOTS, reconoce el acceso a la atención de TB como un derecho humano y reconoce el control de la TB como un bien social con grandes beneficios a la sociedad. Subraya la contribución del control de la TB a la mitigación de la pobreza, al reducir la gran carga socioeconómica que la enfermedad produce en los pobres. El programa de DOTS debe ser una actividad integral de salud con cobertura para toda la nación que incluya las actividades de TB en todo el sistema de salud, a todos los niveles, incluidos los establecimientos de salud periféricos y la comunidad. Debe ser un bien público con grandes beneficios a la sociedad, y proporcionar los recursos suficientes para

alcanzar la meta mundial del control de la TB. Las experiencias sobre los efectos de las reformas del sector de la salud sobre la ejecución de DOTS son variables. Sin embargo, pueden hacerse algunas generalizaciones. Algunas políticas de reforma del sistema pueden mejorar el entorno para DOTS. Estos incluyen mayor sostenibilidad de financiamiento, la participación del gobierno local y de la comunidad en la prestación de servicios de salud, así como la creación de los mecanismos formales para colaborar con el sector privado. Las medidas para mejorar la eficiencia y la equidad también pueden significar el establecimiento de prioridades más transparente centradas en los problemas de salud, con grandes beneficios a la sociedad, aquellos que especialmente afectan a los pobres y para las que hay intervenciones, sumamente eficaces en función a los costos. Ya que DOTS satisface todos estos criterios, esta política podría resultar beneficiosa para el control de la TB. Sin embargo, algunas políticas pueden plantear una amenaza para el control eficaz de la TB si no se manejan adecuadamente. La implementación irreflexiva de las estrategias de descentralización podría debilitar la ejecución de DOTS. La ausencia del fortalecimiento adecuado de capacidades técnicas al nivel local o fallas en las transferencias de los recursos necesarios, puede dar lugar a un deterioro de la supervisión y puede afectar profundamente a la cobertura de tratamiento, así como su calidad y resultados.

Keywords: SCALING-UP--tuberculosis.

ORTÚN, V AND GERVAS, J. **Objetivo 28. Atención Primaria de Salud.** *in*: SERPAS. **Informe SERPAS 2000**. Madrid: SERPAS; 2000:6

URL:
http://www.ua.es/dsp/matdocente/documents/mpysp/sespas/capi28.pdf

Abstract: La Atención Primaria ha mejorado en España en los últimos 15 años. Es dificultoso llevar a cabo una evaluación rigurosa de la Atención Primaria en España. La dificultad deriva de la carencia de un sistema de información estatal, con variables y definiciones constantes, que aporte datos acerca de cuestiones tan básicas como la utilización por grupos de edad, sexo y clase social. Carecemos, por ejemplo, de perfiles sistemáticos de morbi-mortalidad por áreas o zonas de salud, con lo que es difícil estudiar la adecuación entre necesidades y dotaciones. Es decir: ¿por qué se hace un centro de salud aquí y no allí?, o ¿por qué se le dota con determinado número y tipo de profesionales?, o, de enorme interés, cuál ha sido el impacto de la reforma sanitaria sobre la morbi-mortalidad de las distintas zonas y áreas ? Sin esta información la evaluación será siempre superficial, y por aproximación. La carencia imposibilita la evaluación rigurosa y la limita a la comparación del sistema reformado con el de "cupo".

Keywords: PRIMARY HEALTH CARE.

P

PAGNONI, F., CONVELBO, N., TIENDREBEOGO, J., COUSENS, S., AND ESPOSITO, F. **A Community-Based Programme to Provide Prompt and Adequate Treatment of Presumptive Malaria in Children**. *Trans R Soc Trop Med Hyg.* 97;91: 5:512-7

URL: 9463653

Abstract: A community-based programme to ensure prompt and adequate treatment of presumptive episodes of clinical malaria in children has been established in a rural province of Burkina Faso. The implementation strategy was based on training a core group of mothers in every village and supplying community health workers with essential antimalarial drugs specially packed in age-specific bags containing a full course of

treatment. Drugs were sold under a cost-recovery scheme. The programme was run in 1994 by the national malaria control centre (CNLP), and in 1995 it was developed to the provincial health team (PHT). Knowledge and awareness of malaria increased with the intervention. Drug consumption by age group was compatible with the distribution of disease, and no major problem of misuse emerged. The actual implementation costs of the intervention were US$ 0.06 per child living in the province. An evaluation of the impact of the intervention on the severity of malaria, using routine data from the health information system and taking as an indicator the proportion of malaria cases which were recorded as severe in health centres, was performed. In 1994, when the intervention was implemented on a provincial scale by CNLP, this proportion was lower than the average of the 4 preceding years (3.7% vs. 4.9%). In 1995, when the programme was implemented by the PHT, the proportion of severe cases was lower in health centres achieving a programme coverage of > or = 50% in their catchment area compared with the others (4.2% vs. 6.1%). Our experience shows that a low-cost, community-based intervention aimed at providing children with prompt and adequate treatment of presumptive episodes of clinical malaria is feasible, and suggests that it may lead to a reduction in the morbidity from severe malaria.

Keywords: COUNTRY EXPERIENCES--malaria/BURKINA FASO.

PANAMÁ. MINISTERIO DE SALUD. **Atención Primaria de Salud: Una Revisión de Prácticas y Tendencias**. Panamá: Panamá. Ministerio de Salud; 2004:44

URL: http://www.ops-oms.org.pa/fulltex/APS.pdf

Abstract: En este documento se pretende retomar el compromiso sociopolítico adoptado por 134 naciones, la OMS y UNICEF en 1978. El propósito es brindar información a un amplio público, y los contenidos del mismo pueden ser utilizados con diferentes propósitos, ya que se busca estimular el interés del lector y abrir caminos para el desarrollo de nuevas líneas de investigación sobre los temas presentados. El documento concluye con un listado de algunas resoluciones y declaraciones de la OPS/OMS asó como con compromisos e iniciativas relacionadas con las mismas. Igualmente, se añadieron referencias para lecturas adicionales recomendadas, que fueron elegidas por su relevancia., actualidad y utilidad para el debate.

Keywords: PRIMARY HEALTH CARE.

PAN-AMERICAN HEALTH ORGANIZATION / WORLD HEALTH ORGANIZATION (134TH SESSION OF THE EXECUTIVE COMMITTEE). **Scaling Up of Treatment within a Comprehensive Response to HIV/AIDS**. Washington, D.C.: PAHO; 2005:10

URL: http://www.paho.org/english/gov/ce/ce134-13-e.pdf

Abstract: More than 2 million people are living with HIV/AIDS in Latin America and the Caribbean. Despite progress in certain regions and countries, its spread is increasing, especially in the Caribbean and Central America. AIDS continues to threaten the social and economic fabric of societies in the Region, with the greatest burden falling on the poor and vulnerable, especially women and youth. There are now demonstrated, successful interventions against HIV/AIDS, in the fields of both prevention and treatment. The increasing availability of antiretroviral therapy (ART) and lower prices make universal treatment a realizable goal. Deaths can be significantly reduced by policies to provide universal access to ART. In addition, it has been shown that comprehensive care and support, including the provision of ART, are key for prevention. The "3 by 5" initiative, announced by WHO's Director-General, Dr. Jong-wook Lee, is an opportunity for scaling-up health systems and services in the Region.

Worldwide the initiative aims to provide antiretrovirals to 3 million people living with HIV and AIDS by the end of 2005 which, in this Region, corresponds to the Nuevo Leon Special Summit goal for the Americas of treating 600,000 people by the next Summit in 2005. PAHO, in partnership with Member States and development partners, is committed to supporting countries in reaching this goal. This document reviews the status of the epidemic in the Region and the progress made in the Americas. It requests the Executive Committee to endorse PAHO's focused approach to the "3 by 5" initiative within a comprehensive response to the prevention, care, and treatment of HIV/AIDS. CE134/13 (Eng.)

Keywords: COUNTRY EXPERIENCES--HIV/AIDS/LATIN AMERICA AND THE CARIBBEAN.

PAN-AMERICAN HEALTH ORGANIZATION / WORLD HEALTH ORGANIZATION (38TH SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE). **Scaling Up Health Systems for an Integrated Response to HIV/AIDS**. Washington, DC: PAHO; 2004

URL: http://www.paho.org/english/gov/ce/spp/spp38-07-e.pdf

Abstract: Several countries in the Americas and elsewhere have shown that a balanced approach encompassing sustained prevention efforts, reduction of HIV stigma and greater access to comprehensive care, support, and treatment can curb the upward trend of the disease and the threat it imposes to the social fabric of societies. Demonstrated successes in countries such as Bahamas, Brazil, Chile, and Costa Rica can be models for replication by other countries. Since the introduction of widespread ART in the Bahamas, for example, there has been a 44% reduction in new HIV cases as well as a 56% reduction in AIDS deaths. These achievements have been attributed to early government response, strong civil society participation, multisectoral mobilization, balanced interventions in both prevention and treatment, and a human rights perspective in all strategies and actions. Haiti, the poorest country in the Hemisphere, has excellent examples of integrated prevention and care efforts with a strong community component. Thus, prevention, care, support, and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic.

Keywords: COUNTRY EXPERIENCES--HIV/AIDS/BAHAMAS/BRAZIL/CHILE/COSTA RICA /HAITI.

PAN-AMERICAN HEALTH ORGANIZATION / WORLD HEALTH ORGANIZATION (44TH DIRECTING COUNCIL). **Primary Health Care in the Americas: Lessons Learned over 25 years and Future Challenges**. Washington, DC: PAHO; 2003:18

URL: http://www.paho.org/english/gov/cd/cd44-09-e.pdf

Abstract: Twenty-five years after the historic landmark of Alma-Ata, the people of the Americas have made gains in health as a result of priority PHC activities in education and health promotion, food and nutrition, water supply and sanitation, maternal and child care and family planning, immunization, the prevention and control of endemic diseases, the treatment of prevalent illnesses and injuries, and access to essential drugs. The collective experience amassed in the implementation of primary care has enriched the theory and practice of public health. It has also led to new challenges and priorities for the achievement of equity in health, in public health policy and in population-based health interventions, underscoring the validity of the redistributive component inherent in the goal of HFA.

Keywords: LATIN AMERICA AND THE CARIBBEAN/ PRIMARY HEALTH CARE.

PHRPLUS/ALBANIA. **Toolkits for Strengthening Primary Health Care**. Bethesda, MD: ABT Associations Inc; 2005:158

URL: http://www.phrplus.org/Pubs/Tool012_fin.pdf

Abstract: In Albania, the PHR*plus* Project developed and tested a series of tools designed to introduce family medicine concepts and strengthen primary health care (PHC) services. Toolkits were developed and tested in four pilot PHC centers in one region, and are now ready to be used in additional PHC settings in Albania or adapted for use elsewhere. PHC facility managers will find the toolkits useful reference materials when developing strategies and tools to improve quality of care and monitor and evaluate PHC strengthening efforts. This series comprises three toolkits: (1) PHC Service Delivery Toolkit; (2) PHC Quality Improvement (QI) Toolkit; and (3) PHC Health Information Systems (HIS) Toolkit. Each Toolkit and accompanying forms are hyper-linked on the table of contents to facilitate navigation through the document.

Keywords: PRIMARY HEALTH CARE/ALBANIA.

PICCIOTTO, R. **Scaling Up: A Development Strategy for the New Millennium**. WEB: Global Policy Project; 2004:22

URL: http://www.globalpolicyproject.org/scaling.html

Abstract: The universal endorsement of the millennium development goals has helped to reverse a decline in the share of national incomes allocated to aid. But it has yet to generate binding commitments or concrete plans. Halfway to the 2015 deadline, progress is partial, halting and insufficient to meet most goals. To accelerate progress, scaling up is needed. This will require four distinct but interrelated changes: (i) a shift towards higher order development objectives - through the millennium development goals; (ii) a broader development policy paradigm going beyond aid to encompass trade, foreign investment, intellectual property, migration, environmental and other policies; (iii) a restructuring of development metrics, standards and instruments; (iv) a re-conceptualization of projects as instruments of social learning and global networking. The recommended evolution towards the higher plane of global development would extrapolate secular trends that have already propelled the development business forward from the pioneering era when projects were conceived as vehicles of resource transfer at the margin of public investment programs to their use as pillars of country based comprehensive development frameworks. The expansion of the development policy paradigm beyond aid is linked to the emerging conception of development as a social transformation process that takes place in an increasingly interconnected global economy. The reconsideration of development concepts and capacity building instruments reflects the lessons of experience and the overarching need to strike a balance between hierarchical, individualistic and relational conceptions of development. Finally, the need for social learning underlies the use of projects as incubators for policy experimentation and innovation and the imperative of mobilizing resources and skills commensurate to the challenge explains the emergence of new partnerships combining the legitimacy of governments, the ethics of the civil society and the innovative energies of the private sector.

Keywords: SCALING-UP--general.

PIO, A., LUELMO, F., KUMARESAN, J., AND SPINACI, S. **National Tuberculosis Programme Review: Experience over the Period 1990-95**. *Bull World Health Organ.* 97;75: 6:569-81

URL: http://www.who.int/docstore/gtb/publications/refsubject.html#Comm_Care_1999

Abstract: Since 1990 the WHO Global Tuberculosis Programme (GTB) has promoted the revision of national tuberculosis programmes to strengthen

the focus on directly observed treatment, short-course (DOTS) and close monitoring of treatment outcomes. GTB has encouraged in-depth evaluation of activities through a comprehensive programme review. Over the period 1990-95, WHO supported 12 such programme reviews. The criteria for selection were as follows: large population (Bangladesh, Brazil, China, Ethiopia, India, Indonesia, Mexico, and Thailand); good prospects of developing a model programme for a region (Nepal, Zimbabwe); or at advanced stage of implementation of a model programme for a region (Guinea, Peru). The estimated combined incidence of smear-positive pulmonary tuberculosis was 82 per 100,000 population, about 43% of the global incidence. The prevalence of infection with human immunodeficiency virus (HIV) was variable, being very high in Ethiopia and Zimbabwe, but negligible in Bangladesh, China, Nepal and Peru. The programme reviews were conducted by teams of 15-35 experts representing a wide range of national and external institutions. After a 2-3-month preparatory period, the conduct of the review usually lasted 2-3 weeks, including a first phase of meetings with authorities and review of documents, a second phase for field visits, and a third phase of discussion of findings and recommendations. The main lessons learned from the programme reviews were as follows: programme review is a useful tool to secure government commitment, reorient the tuberculosis control policies and replan the activities on solid grounds; the involvement of public health and academic institutions, cooperating agencies, and nongovernmental organizations secured a broad support to the new policies; programme success is linked to a centralized direction which supports a decentralized implementation through the primary health care services; monitoring and evaluation of case management functions well if it is based on the right classification of cases and quarterly reports on cohorts of patients; a comprehensive programme review should include teaching about tuberculosis in medical, nursing, and laboratory workers' schools; good quality diagnosis and treatment are the essential requirements for expanding a programme beyond the pilot testing; and control targets cannot be achieved if private and social security patients are left outside the programme scope. The methodology of comprehensive programme review should be recommended to all countries which require programme reorientation; it is also appropriate for carrying out evaluations at 4-5-year intervals in countries that are implementing the correct tuberculosis control policies.

Keywords: STATE OF THE ART--tuberculosis.

POLICY PROJECT. **Targeting: a Key Element of National Contraceptive Security Planning**. *Policy Issues in Planning & Finance.* 2003: 3:13

URL: http://www.policyproject.com/pubs/policyissues/PF3_Eng.pdf

Abstract: Piloting and scaling-up (expanding implementation to a national scale) are two other components necessary for implementing a targeting strategy.[14] The pilot test permits early identification of trouble spots and provides an opportunity for revision of the operational plan before full-scale implementation. It also provides an early indication of impacts on demand among both current clients and new target groups. After a pilot test, additional planning is required to scale up the strategy to the broader program. Human and financial resource requirements for scaling-up can be substantial. Phasing in the scale-up spreads some of the costs over time; however, defining the sequence of the phasing may involve considerable political dialogue and logistics planning.

Keywords: SCALING-UP--general.

R

RAO SESHADRI, S. **Constraints To Scaling-Up Health Programmes: A Comparative Study of Two Indian States**. *Journal of International Development.* 2003;15: 1:101-14

URL: http://www3.interscience.wiley.com/cgi-bin/abstract/102522936/ABSTRACT

Abstract: This paper analyses constraints to scaling-up successful health interventions and opportunities for relaxing such constraints in Tamil Nadu and Karnataka states. The analytical framework used in the paper categorizes constraints by the level at which they operate. A comparison of the implementation of selected health programmes in Karnataka and Tamil Nadu is appropriate since there are good chances of replicating each others' successes. The case study indicates that in order to scale-up interventions, a combination of actions is required, including: adequate community involvement; clear focusing of objectives and information systems for measuring achievements against them; good technical design; and specific measures to address constraints at the policy and strategic management level.

Keywords: SCALING-UP—general/INDIA.

RIMON, M. M., KHENG, S., HOYER, S., THACH, V., LY, S., PERMIN, A. E., AND PIECHE, S. **Malaria Dipsticks Beneficial for IMCI in Cambodia**. *Trop Med Int Health.* 2003;8: 6:536-43

URL: http://www.blackwell-synergy.com/doi/abs/10.1046/j.1365-3156.2003.01045.x?cookieSet=1

Abstract: OBJECTIVES: The Integrated Management of Childhood Illness (IMCI) approach and new clinical treatment guidelines to control malaria among children less than 5 years old were introduced recently in Cambodia. This study was conducted to finalize the malaria part of the national IMCI fever chart. METHODS: A total of 323 sick children 2-59 months old were studied at rural health centres in northern Cambodia from February to April 2000. Cases with fever (by axillary temperature or history) or anaemia (by palmar pallor) were tested with dipsticks for Plasmodium falciparum and Plasmodium vivax in high and low malaria risk areas and, if positive, treated with anti-malarials. RESULTS: The draft IMCI chart identified children with malaria safely and effectively (sensitivity 14 of 15, approximately 93% and specificity 292 of 308, approximately 95%). The study confirmed the potential of malaria dipsticks as a part of IMCI case management. CONCLUSION: The Cambodian Ministry of Health will use the studied malaria chart during the Early Implementation Phase of IMCI. Dipsticks able to detect P. falciparum and P. vivax with high sensitivity and acceptable cost will be needed for this purpose. To promote the rational use of dipsticks, the National Centre for Malaria Control, Parasitology and Entomology (Centre National de Malaridogie, Parasitologie et Entomologie, CNM) should list all known malaria risk areas in the country and prepare detailed local maps guiding case management especially in transitional zones.

Keywords: SCALING-UP--malaria/CAMBODIA/COUNTRY EXPERIENCES--malaria.

ROBB-MCCORD, J AND VOET, W. **Scaling Up Practices, Tools, and Approaches in the Maternal and Neonatal Health Program**. Baltimore, MD: JHPIEGO; 2003:24

URL: http://www.mnh.jhpiego.org/resources/scaleupMNH.pdf

Abstract: This report documents how the MNH Program has scaled up practices and approaches at the global, regional, and country levels, and provides a qualitative description of the Program's expanded reach, breadth, impact, and sustainability.

Keywords: SCALING-UP--maternal and child health.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH. **The Challenges of TB and Malaria Control**. London, UK: Royal College of Physicians of Edinburgh; 2005:21

URL: http://www.dfid.gov.uk/consultations/final-consultation-tb-malaria.pdf

Abstract: The DFID has identified a number of key challenges to global action against TB and malaria, as well as options for how the UK can best support a scaled-up, co-ordinated response in support of developing countries' plans to control these diseases. Respondents' views will help DFID to assess future priorities for this work, and to identify opportunities in 2005 and beyond to accelerate the international response. Specific questions for the consultation are set out. Background: The British Government is determined to play its role in reducing the global burden of these 2 diseases. The UK currently supports programmes at country level to scale up effective interventions against TB and malaria. Increasingly, it funds the broader health sector plans of developing country governments through sector wide programming and poverty reduction budget support which help improve the way health services diagnose and treat all major causes of illness. The UK is also a major donor to the Global Fund to fight AIDS, TB and malaria, and an active member of the Stop TB and Roll Back Malaria Partnerships. It provides finance to the European Commission and the World Bank, both of which also support health systems strengthening and TB and malaria programmes. It supports research programmes to find new ways to reach the poorest populations with effective prevention and treatment. Viewpoints will be used to: — Deepen understanding of the main challenges for TB and malaria control, and the ways in which developing countries can be supported to scale up effection prevention and treatment for poor people. —- Learn from the way the Government has operated in the past - what works and what doesn't. This includes DFID work as part of international forums and partnerships as well as at country level. —- Inform the way the DFID works in the future, in line with the up-to-date evidence and DFID's comparative advantage - and which will have real value in supporting countries to put effective programmes into place.

Keywords: STRENGTHENING HEALTH SYSTEMS/SCALING-UP--tuberculosis – HIV/AIDS – malaria.

RUXIN, J. **ARV Scale-Up: A Threat to the Health System**. 2004

URL: http://apha.confex.com/apha/132am/techprogram/paper_94831.htm

Abstract: The rapid rise of international financing for HIV/AIDS programs has a startling and potentially damaging ramification: the dismantling of existing health programs and systems. With medical resources at a premium in all poor developing countries, the ability of new funds to draw medical personnel from one medical area (such as child health) to AIDS treatment is enormous. The necessary response is tight donor and government coordination that can help provide a unified plan that takes advantage of new funds and promotes the overall scaling up of the health system. This approach is currently being taken in Rwanda while other countries struggle to come to terms with their newly-found wealth in health.

Keywords: RWANDA/COUNTRY EXPERIENCES--HIV/AIDS.

RUXIN, J., PALUZZI, J. E., WILSON, P. A., TOZAN, Y., KRUK, M., AND TEKLEHAIMANOT, A. **Emerging Consensus in HIV/AIDS, Malaria, Tuberculosis, and Access to Essential Medicines**. *Lancet.* 2005;365: 9459:618-21

URL: http://www.earthinstitute.columbia.edu/images/TheLancetHealth.pdf

Abstract: The working group on malaria puts forward a global plan for scaling up country-level malaria activities and proposes a measurable target for malaria: "reduce malaria morbidity and mortality by 75% by 2015 from the 2005 baseline level".8 At the core of an operational framework is the

implementation of integrated packages of effective antimalarial interventions designed to improve health nationally while also promoting economic development locally. An integral part of this global plan is the building of stronger national health systems as a platform for delivering essential antimalarial commodities and effective interventions. The public good will be best served by free provision of insecticide-treated nets, application of residual insecticides, and provision of effective antimalarial medicines and diagnostics. Adequate information systems and effective management are paramount to monitor and assess progress for improved implementation and resource allocation. An intensified programme of research is necessary to develop new, improved, and affordable tools such as alternative antimalarial, insecticides, and diagnostics.

Keywords: STATE OF THE ART--HIV/AIDS - tuberculosis - malaria.

S

SACHS, J. D. AND MCARTHUR, J. W. **The Millennium Project: A Plan for Meeting the Millennium Development Goals**. *Lancet.* 2005;365: 9456:347-53

Abstract: The core challenge of the MDGs is in the financing and implementation of the interventions at scale—for two reasons. One is the sheer range of interventions that should be sequenced and integrated to reach the goals. The second is the need for national scaling-up to bring essential MDG-based investments to most of the population by 2015. Scale-up needs to be carefully planned and overseen to ensure successful and sustainable implementation. The amount of planning is much more complex than for any one project, and requires a working partnership between government, the private sector, non-governmental organizations, and civil society. Previously, scaling up has been immensely successful when governments are committed to doing it, communities are encouraged to participate in the process and implementation, and long-term, predictable financing has been available.

Keywords: SCALING-UP--general.

SACHS, JD. **Macroeconomics and Health: Investing In Health for Economic Development**. Geneva: WHO; 2001:213

URL:
http://www.un.org/esa/coordination/ecosoc/docs/RT.K.MacroeconomicsHealth.pdf

Abstract: The Commission examined the evidence relating to organizational requirements for scaling up and some of the key constraints that will have to be overcome. Fortunately, the essential interventions highlighted here Macroeconomics and Health are generally not technically exacting. Few require hospitals. Most can be delivered at health centers, at smaller facilities that we refer to as health posts, or through outreach services from these facilities. We call these collectively the *close-to-client (CTC)* system, and this system should be given priority to make these interventions widely accessible. Producing an effective CTC system is no small task. National leadership, coupled with capacity and accountability at the local level, is vital. This will require new political commitments, increased organizational and supervisory capacity at both local and higher levels, and greater transparency in public services and budgeting—all backed by more funding. These, in turn, must be built on a foundation of strong community-level oversight and action, in order to be responsive to the poor, in order to build accountability of local services, and in order to help ensure that families take full advantage of the services provided. Some recent global

initiatives for disease control, including those for TB, leprosy, guinea-worm disease, and Chagas disease, have proved highly successful in delivering quality interventions and, in some cases, changing attitudes and behaviors in some very difficult situations over large geographical areas. An important feature of these initiatives is the inclusion of rigorous systems of monitoring, evaluation, reporting, and financial control as mechanisms for ensuring that objectives are met, problems are detected and corrected, and resources are fully accountable. The result is a growing body of evidence concerning both the degree of progress achieved and the operational and managerial strategies that contribute to success. Lessons from these experiences can provide useful operational guidance, especially for the delivery of interventions at the close-to-client level.

Keywords: SCALING-UP--general.

SAVE THE CHILDREN. **State of the Worlds Newborns**. Washington, D.C: Save the Children; 2001:28

URL: http://www.savethechildren.org/publications/newborns_report.pdf

Abstract: People in industrialized nations accustomed to specialized medical attention and hospital-based care find it hard to imagine that millions of babies die every year for the lack of such simple, low-cost expedients as regularly giving two doses of tetanus toxoid vaccine to a mother during pregnancy, arming a skilled birth attendant with a simple delivery kit (a plastic sheet, a bar of soap, string to tie the umbilical cord, and a razor to cut it), or encouraging a mother to exclusively breastfeed and keep her baby warm. Yet these are examples of measures we know can help save countless newborn lives in developing countries. The challenge now is to make these and other simple, affordable measures more widely available and used, while working to develop new and better community-based measures to treat certain newborn complications, such as infections and birth asphyxia.

Keywords: STATE OF THE ART--maternal and child health.

SCOTT, V. E., CHOPRA, M., CONRAD, L., AND NTULI, A. **How Equitable is the Scaling Up of HIV Service Provision in South Africa?** *S Afr Med J.* 2005;95: 2:109-13

URL: 15751205

Abstract: OBJECTIVES: To assess the extent of inequalities in availability and utilization of HIV services across South Africa. DESIGN: Cross-sectional descriptive study. SETTING: Three districts reflecting different socio-economic conditions, but with similar levels of HIV infection, were purposively sampled. OUTCOME MEASURES: Availability and utilization of HIV services and management and support structures for programmes were assessed through the collection of secondary data supplemented by site visits. RESULTS: There were marked inequalities in service delivery between the three sites. Compared with two poorer sites, clinics at the urban site had greater availability of HIV services, including voluntary counseling and testing (100% v. 52% and 24% respectively), better uptake of this service (59 v. 9 and 5.5 clients per 1000 adults respectively) and greater distribution of condoms (15.6 v. 8.2 condoms per adult male per year). Extra counselors had also been employed at the urban site in contrast to the other 2 sites. The urban site also had far more intensive management support and monitoring, with 1 manager per 12 health facilities compared with 1 manager per more than 90 health facilities at the other 2 sites. CONCLUSION: The process of scaling up of HIV services seems to be accentuating inequalities. The urban site in this study was better able to utilize the extra resources. In contrast, the poorer sites have thus far been unable to scale up the response to HIV even with the availability of extra

resources. Unless policy makers pay more attention to equity, efficacious interventions may prove to be of limited effectiveness.

Keywords: SCALING-UP/STATE OF THE ART--HIV/AIDS.

SEGALL, M. **District Health Systems in a Neoliberal World: A Review of Five Key Policy Areas**. *Int J Health Plann Manage.* 2003;18 Suppl 1:S5-26

URL: http://www3.interscience.wiley.com/cgi-bin/abstract/106561859/ABSTRACT

Abstract: District health systems, comprising primary health care and first referral hospitals, are key to the delivery of basic health services in developing countries. They should be prioritized in resource allocation and in the building of management and service capacity. The relegation in the World Health Report 2000 of primary health care to a 'second generation' reform--to be superseded by third generation reforms with a market orientation--flows from an analysis that is historically flawed and ideologically biased. Primary health care has struggled against economic crisis and adjustment and a neoliberal ideology often averse to its principles. To ascribe failures of primary health care to a weakness in policy design, when the political economy has starved it of resources, is to blame the victim. Improvement in the working and living conditions of health workers is a precondition for the effective delivery of public health services. A multidimensional programme of health worker rehabilitation should be developed as the foundation for health service recovery. District health systems can and should be financed (at least mainly) from public funds. Although in certain situations user fees have improved the quality and increased the utilization of primary care services, direct charges deter health care use by the poor and can result in further impoverishment. Direct user fees should be replaced progressively by increased public finance and, where possible, by prepayment schemes based on principles of social health insurance with public subsidization. Priority setting should be driven mainly by the objective to achieve equity in health and wellbeing outcomes. Cost effectiveness should enter into the selection of treatments for people (productive efficiency), but not into the selection of people for treatment (allocative efficiency). Decentralization is likely to be advantageous in most health systems, although the exact form(s) should be selected with care and implementation should be phased in after adequate preparation. The public health service should usually play the lead provider role in district health systems, but non-government providers can be contracted if needed. There is little or no evidence to support proactive privatization, marketization or provider competition. Democratization of political and popular involvement in health enhances the benefits of decentralization and community participation. Integrated district health systems are the means by which specific health programmes can best be delivered in the context of overall health care needs. International assistance should address communicable disease control priorities in ways that strengthen local health systems and do not undermine them. The Global Fund to Fight AIDS, Tuberculosis and Malaria should not repeat the mistakes of the mass campaigns of past decades. In particular, it should not set programme targets that are driven by an international agenda and which are achievable only at the cost of an adverse impact on sustainable health systems. Above all the targets must not retard the development of the district health systems so badly needed by the rural poor.

Keywords: PRIMARY HEALTH CARE.

SEITA, A. **Think PHC, Do TB Integration-Based Scale Up of Tuberculosis Control in Japan**. Takemi Research Fellowship; 2003:13

URL: http://www.hsph.harvard.edu/takemi/RP217.htm

Abstract: Failure of tuberculosis control in developing countries is often blamed on ill-functioning health systems. Successful scale up of tuberculosis control therefore necessitates scale up of health systems. However, how to make the optimal use of available resources to meet the need is a parallel dilemma for many countries. In 1950, Japan faced the dilemma. Tuberculosis was extremely prevalent and was considered as the "national disease." The health system was not functioning well and economic situations were considerably poor. Japanese approach was to address tuberculosis extensively and scale up tuberculosis control in line with the framework for the health system scale up. The basic financing, payment and organizational mechanisms for tuberculosis control were the same for the health system control. However, specific mechanisms were added: e.g., governmental subsidies for financing and tuberculosis advisory committees for payment. This integration-based scale up worked very well in Japan, as tuberculosis mortality declined extremely rapidly. Japanese experience is however not simply replicable in developing countries because of the external uniqueness that Japan enjoyed: particularly the rapid economic and social development. Still, the philosophy that Japanese official built, that is to say addressing tuberculosis extensively while keeping primary health care always in mind, or "Think PHC, Do TB," is still meaningful at the present time.

Keywords: PRIMARY HEALTH CARE/SCALING-UP—tuberculosis/JAPAN

SIMMONS, R., BROWN, J., AND DIAZ, M. **Facilitating Large-Scale Transitions to Quality of Care: An Idea whose Time Has Come**. *Stud Fam Plann.* 2002;33: 1:61-75

URL: http://www.reprolatina.net/website_english/dinamicas/publications/pdf/Facilitating%20large-scale%20Transition.pdf

Abstract: In the field of reproductive health, investigation of the transfer of knowledge gained from demonstration and pilot projects to large public-sector programs typically has not been considered a relevant domain for research or other investigation. This article draws on a range of research in the social sciences and presents two frameworks for understanding the critical attributes of successful expansion of small-scale innovations. Seven key lessons are developed using examples from family planning where scaling up was an explicit objective, including the early Taichung Study of Taiwan, the Chinese Experiment in Quality of Care, the Bangladesh MCH-FP Extension Project, the Navrongo Project in Ghana, and the Reprolatina Project in Brazil. Unless small, innovative projects concern themselves from the outset with determining how their innovations can be put to use on a larger scale, they risk remaining irrelevant for policy and program development.

Keywords: SCALING-UP--general.

SPINACI, S. **The MDGs and their Relation to Health and Development Policy**. Geneva: WHO; 2004:27 slides

URL: http://www.who.int/macrohealth/events/parliamentarians/en/

Abstract: This presentation states that there are many constraints to scaling-up essential health services:

- Financial constraints
  - Domestic and external resources
  - Share of public health spending in low-income countries
  - Impoverishing out-of pocket payments

- The burden of debt
- Health systems constraints
  - Supply of health services
  - Health sector policy and strategic management
- Political constraints
  - Governance and overall policy framework

Keywords: SCALING-UP—general.

SUAREZ, P. G, WATT, C. J, ALARCON, E, PORTOCARRERO, J, AND ZAVALA, D. **The Dynamics of Tuberculosis In Response to 10 Years of Intensive Control Effort in Peru**. *J Infect Dis .* 2001;184: 4:473-8

URL: **http://www.journals.uchicago.edu/JID/journal/issues/v184n4/010083/010083.web.pdf**

Abstract: Improved tuberculosis (TB) case detection and cure rates are expected to accelerate the decline in incidence of TB and to reduce TB-associated deaths. Time series analyses of case reports in Peru showed that the per capita TB incidence rate was probably steady before 1991. Case reports increased between 1990 and 1992 as a result of improved case detection. Although diagnostic efforts have continued to increase since 1993, the incidence of new pulmonary TB cases has declined in every department of the country, with a national rate of decline 5.8% per year (range, 1.9%–9.7%). This elevated rate of decline suggests that 27% (19%–34%) of cases (158,000) and 70% (63%–77%) of deaths (91,000) among smear-positive patients were averted between 1991 and 2000. This is the first demonstration that a significant number of TB cases can be prevented through intensive short-course chemotherapy in a high-burden country.

Keywords: COUNTRY EXPERIENCES--tuberculosis/PERU.

T

TAN, D. H., UPSHUR, R. E., AND FORD, N. **Global Plagues and The Global Fund: Challenges in the Fight Against HIV, TB And Malaria**. *BMC Int Health Hum Rights.* 2003;3: 1:2

URL: http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=155543&blobtype=pdf

Abstract: BACKGROUND: Although a grossly disproportionate burden of disease from HIV/AIDS, TB and malaria remains in the Global South, these infectious diseases have finally risen to the top of the international agenda in recent years. Ideal strategies for combating these diseases must balance the advantages and disadvantages of 'vertical' disease control programs and 'horizontal' capacity-building approaches. DISCUSSION: The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) represents an important step forward in the struggle against these pathogens. While its goals are laudable, significant barriers persist. Most significant is the pitiful lack of funds committed by world governments, particularly those of the very G8 countries whose discussions gave rise to the Fund. A drastic scaling up of resources is the first clear requirement for the GFATM to live up to the international community's lofty intentions. A directly related issue is that of maintaining a strong commitment to the treatment of the three diseases along with traditional prevention approaches, with the ensuing debates over providing affordable access to medications in the face of the pharmaceutical industry's vigorous protection of patent rights. SUMMARY: At this early point in the Fund's history, it remains to be seen how these issues will be resolved at the programming level. Nevertheless, it is clear that significant structural changes are required in such domains as global

spending priorities, debt relief, trade policy, and corporate responsibility. HIV/AIDS, tuberculosis and malaria are global problems borne of gross socioeconomic inequality, and their solutions require correspondingly geopolitical solutions.

Keywords: SCALING-UP-- tuberculosis, malaria, HIV/AIDS.

TANDON, A. **Attaining Millennium Development Goals in Health: Isn't Economic Growth Enough?** Washington, D.C.: IDB; 2005:13

URL: http://www.adb.org/Documents/EDRC/Policy_Briefs/PB035.pdf

Abstract: This policy brief examines the empirical evidence on major determinants of health MDGs using under-five (child) mortality as an example. Reduction between 1990 and 2015 by two thirds in the under five mortality rate is one of the targets for the MDG of reducing child mortality. We examine the issue of macroeconomic growth and attainment of this MDG target: Is economic growth sufficient for attaining the two-thirds reduction in under-five mortality? If not, what else needs to be done to make sure that this target is met? The remainder of the policy brief is organized as follows. The next section looks at the elasticity of under-five mortality vis-à-vis economic growth. Subsequently, other determinants of under-five mortality are reviewed. The brief concludes with a discussion and some policy implications.

Keywords: SCALING-UP--general.

TEKLEHAIMANOT, A, SINGER, B, SPIELMAN, A, TOZAN, Y, AND SCHAPIRA, A. **Coming To Grips with Malaria in the New Millennium**. London: UN Millenmium Project; 2005:147

URL: http://www.unmillenniumproject.org/documents/malaria-complete-lowres.pdf

Abstract: This document discusses major challenges to implementing malaria control programs designed to reduce the burden that malaria imposes on society and describes circumstances that obstruct the attainment of necessary resources. The Working Group on Malaria puts forward key strategies for effective scaling up of integrated packages of locally relevant malaria control interventions in endemic countries and makes a number of recommendations that require priority action. Success in overcoming challenges to implementation should enable many countries to develop and maintain effective malaria control programs and thereby achieve the Millennium Development Goal and target for malaria by the year 2015. An analysis of the global cost of scaling up a set of antimalarial interventions was commissioned by WHO in support of the UN Millennium Project's Working Group on Malaria. The global cost for 2005–15 is estimated to be $31.9 billion, which corresponds to about $3 billion per year.3 Costing details and assumptions are presented in chapter 7. The results of a preliminary needs assessment for nationwide scaled-up malaria control in Ethiopia between 2005 and 2015 are presented in appendix 1. This needs assessment indicates that the total cost of an integrated package of interventions for the next 10 years is estimated to be about $2.6 billion in Ethiopia. Although the initial cost of the intervention package is estimated to be large, intervention costs should decrease progressively because the capital costs and number of malaria cases will decrease over time. The annual per capita costs are estimated to decrease from $6.20 to $2.40 between 2005 and 2010 and from $2.40 to $0.84 between 2010 and 2015.

Keywords: SCALING-UP / STATE OF THE ART--malaria.

TOOLE, M, SNELL, B, HOLMES, W, MALAU, C, PERERA, RS, FAUGHAN, C, CREATI, M, MORGAN, C, PARNELL, B, AND CLEMENTS, J. **Harnessing the New Global Health Resources to Build Sustainable Health Systems**. s.n: Centre for International Health and the Australian Burnet Institute; 2003:48

URL: **http://www.burnet.internationalhealth.edu.au/freestyler/gui/files/Health%20systems%20paper%2C%20April%202004.pdf**

Abstract: We summarize trends in health indicators in low and middle income countries and conclude that the most significant gains in the past few decades have been due to a decrease in those communicable childhood diseases that have been the focus of selective primary health care programs. Despite these gains, key health indicators in some countries, especially in sub-Saharan Africa, have deteriorated since the early 1990s as a result of HIV/AIDS, prolonged conflict, economic decline, and political instability. There has been practically no progress in reducing unacceptably high maternal mortality during the past decade. We note that a few developing countries have achieved dramatic improvements in population health as a result of longstanding political commitment to comprehensive primary health care programs financed by the public sector. We assess both the positive and negative impact of vertically administered programs, such as the Expanded Programme on Immunization, on the performance of health systems, especially at the district level.

Keywords: STRENGTHENING HEALTH SYSTEMS.

TRAVIS, P, BENNETT, S, HAINES, A, PANG, T, BHUTTA, Z, HYDER, AA, PIELEMEIER, NR, MILLS, A, AND EVANS, T. **Overcoming Health-Systems Constraints to Achieve the Millennium Development Goals**. *Lancet.* 2004;364:900-06

URL: http://www.abtassociates.com/articles/lancet-paper.pdf

Abstract: Effective interventions exist for many priority health problems in low income countries; prices are falling, and funds are increasing. However, progress towards agreed health goals remains slow. There is increasing consensus that stronger health systems are key to achieving improved health outcomes. There is much less agreement on quite how to strengthen them. Part of the challenge is to get existing and emerging knowledge about more (and less) effective strategies into practice. The evidence base also remains remarkably weak, partly because health-systems research has an image problem. The forthcoming Ministerial Summit on Health Research seeks to help define a learning agenda for health systems, so that by 2015, substantial progress will have been made to reducing the system constraints to achieving the MDGs.

Keywords: STRENGTHENING HEALTH SYSTEMS.

U

US AGENCY FOR INTERNATIONAL DEVELOPMENT. **Appendix D Country Reports: Nicaragua.** *in*: US Agency For International Development. **Management and Leadership Program: Self Assessment**. Washington, DC: USAID; 2004:D16-D24

URL: http://www.poptechproject.com/pdf/04_175_022apps.pdf

Abstract: M&L has been highly responsive to the needs of USAID/Nicaragua in the implementation of its strategy. MSH staff members are highly competent and professional, with a depth of experience that makes them uniquely competent for their work in the country. Despite the wide variety of activities and agencies participating under M&L in Nicaragua, there is a

certain interconnectedness and reinforcement of experience and learning that ties them together. It is clear that some of the new assignments are taking M&L beyond its health sector work, but this is directly in response to USAID/Nicaragua. All of the work builds on MSH's extraordinary experience in Nicaragua and true expertise in the development of management and leadership capacity and implementations of systems.

Keywords: NICARAGUA/SCALING-UP--country experiences.

US. CONSULATE. MUMBAI-INDIA. **U.S. Partnering to Fight Malaria, Tuberculosis in Africa**. WEB: US. Consulate. Mumbai-india; 2004

URL: http://mumbai.usconsulate.gov/wwwhwashnews2486.html

Abstract: Each year, more than 30 million African women become pregnant in malaria-endemic areas and are at risk for Plasmodium falciparum malaria infection during pregnancy. Most women live in areas with relatively stable malaria transmission, where the major impact of infection during pregnancy is related to anemia in the mother and the presence of parasites in the placenta. The resulting impairment of fetal nutrition contributing to low birth weight (LBW) is a leading cause of poor infant survival and development in Africa. HIV infection diminishes even more a pregnant woman's ability to control P. falciparum infections. The prevalence and intensity of malaria infection during pregnancy is higher in women who are HIV-infected. Women with HIV infection are more likely to have symptomatic infections and to have an increased risk for malaria-associated adverse birth outcomes. WHO has recommended intermittent preventive treatment (IPT) using the antimalarial drug, sulfadoxine-pyrimethamine (SP), as the preferred approach to reduce the adverse consequences of malaria during pregnancy in areas with stable transmission. Since more than 70% of pregnant women in Africa attend antenatal clinics, IPT provides a highly effective base for programmes through use of safe and effective antimalarial drugs in treatment doses which can be linked to antenatal clinic visits. The potential of IPT to attain high levels of program coverage and its benefit in reducing maternal anemia and LBW makes it a preferred strategy in sub-Saharan Africa. In HIV-negative pregnant women, two doses of IPT provides adequate protection, but a minimum of three doses appears to be necessary in HIV positive women. Outside of areas with stable transmission in Africa and in other regions of the world, while malaria in pregnancy is a risk for both the mother and fetus, there is no evidence that IPT is worthwhile. USAID played a key role in supporting the original studies in Africa that documented the efficacy of IPT in preventing the impact of malaria on both HIV positive and HIV negative pregnant women and their offspring. Many countries have already changed their malaria in pregnancy policies. Currently, through a coalition of partners, USAID is assisting ministries of health in about 10 African countries to implement IPT and distribute ITNs as part of a package of health interventions at the antenatal clinic level. Over the last year this technical assistance has contributed significantly to revision of outdated policies in Senegal, Ghana, Rwanda, and Zambia and to increased implementation of revised policies in DRC, Tanzania, and Kenya. Among women attending antenatal services in Tanzania, delivery of intermittent preventive therapy has increased from below 30 percent to over 60 percent.

Keywords: SCALING-UP--HIV/AIDS -tuberculosis - malaria/ AFRICA.

UTENRIKSDEPARTEMENTET (NORWEGIAN MINISTRY OF FOREIGN AFFAIRS). **Health, Poverty and Development: Norwegian Perspectives and inputs to the WSSD Process**. Web: s.f:3

URL: http://odin.dep.no/ud/norsk/teema/p30000969/p300000916/032001-990603/dok-bn.html

Abstract: The main recommendation of the CMH is that the world's low- and middle-income countries, in partnership with high-income countries, should scale up the access of the world's poor to essential health services. Cost-effective measures do exist, but they do not match the need on a global scale and they do not reach those who need them the most: the poor. International initiatives such as Roll Back Malaria, Stop TB, the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM), all of which are supported by Norway, seek to respond to these challenges and to mobilize fresh resources to combat the diseases of poverty. The CMH makes a strong case for substantial increases in support to health development. While increased spending by governments in poor countries is needed, it seems clear that the adequate development of basic health services in the poorest countries requires donors to make long-term and predictable commitments to financial support. Although the health sector clearly has an important role to play in promoting the health agenda, other sectors are often responsible for the action needed to mitigate risk factors. More comprehensive and innovative cross-sectoral cooperation between the health sector and environment and infrastructure authorities, bilateral and UN agencies, NGOs and public-private partnerships is needed. Public-private partnerships have proved useful in areas such as pollution control and waste disposal.

Keywords: NORWAY/SCALING-UP--general.

UVIN, P AND MILLER, D. **Scaling Up: Thinking Through the Issues**. The World Hunger Program; 2000

URL: http://www.globalpolicy.org/ngos/role/intro/imp/2000/1204.htm

Abstract: Some important questions about scaling-up need to be answered. What role do the participants that expand the ranks of the scaled up organizations play within these organizations or within their funded projects? Is there a relationship between donor support of scaling-up and constituent participation? In what way will this new interest in scaling-up affect the rank and file of the participation movement? Has the redirection of development assistance toward scaling-up initiatives been effective? As Edwards and Hulme stated it: "how can [NGOs] increase their development impact without losing their traditional flexibility, value-base and effectiveness at the local level?" This article proposes a first scientific look at scaling up. It does not present any grand theory of scaling up, nor is it the result of detail ed comparative field research. Rather, it represents what can be called a "pre-theory:" the development of some clear definitions and taxonomies, which can constitute the basis for scientific investigation and discussion. Indeed, only when there is an understanding of the dimensions of the concept of scaling up can donor and beneficiary, participant and observer, scholar and practitioner, begin to communicate in a way that can address the questions above. This article will also supply the interested reader with a foray into the existing literature, suggesting paths for further reading.

Keywords: SCALING-UP--general.

W

WFUNA MODEL UN BEIJING. **Position Paper of World Health Organization Produced by the Northwestern Polytechnical University**. Web: WFUNA; 2004:5

URL:

http://www.wfuna.org/what/education/beijingmun/position_papers_mun_beijing/poschwho.cfm

Abstract: The Millennium Development Goals (MDGs) adopted by the United Nations in 2000 place health at the heart of development. Three of the eight goals, eight of the 18 targets required to achieve them, and 18 of the 48 indicators of progress are health-related, and all of the others have important indirect effects on health. World Health Organization (WHO), as the United Nations specialized agency for health, has been devoting itself in contributing to the achievement of the MDGs. WHO supports national efforts to achieve the Goals through an extensive body of normative and technical work in the areas of maternal health, control of communicable diseases, HIV/AIDS, water and sanitation, access to medicines, and environmental health. Furthermore, WHO has been taking an irreplaceable role in tracking progress and measuring the achievements. However, despite progress in some cases, WHO is concerned that many developing countries especially the countries in south Asia from the Asian-Pacific area are not currently on track to achieve their health-related MDG objectives. Without significantly strengthened commitments from both developed and developing countries, the MDGs will not be met globally, and outcomes in some of the poorest countries will remain far below the hoped-for achievements.

Keywords: SCALING-UP--general.

WHO. 3x5 Initiative. **Scaling Up Provision of Anti-Retrovirals to Injecting Drug Users and Non Injecting Drug Users in Asia**. Geneva: WHO; 2002?:39

URL: http://www.ahrn.net/library_upload/uploadfile/AHRN_ARVforIDU.pdf

Abstract: This report was prepared to support WHO efforts to introduce and scale up anti-retroviral therapy (ARV) according to the "WHO 3x5" initiative which is designed to provide three million people with ARV by the year 2005. The International Harm Reduction Association (IHRA) together with regional harm reduction networks was asked to recommend strategies for scaling up ARV to injecting drug users (IDU) and to identify the potential role of the harm reduction networks. This report gives a regional and country specific overview of the current situation with regards to the provision of services including ARV to IDU/DU in Asia. It provides an analysis of the political environment that impedes or facilitates the provision of ARV to IDU, and offers some recommendations for scaling up ARV and identifies possible models of care. To gather the information for this report a survey/questionnaire was designed (see annex 2) and implemented in 12 countries designated by the terms of reference for this investigation: Bangladesh, Cambodia, China, India, Indonesia, Iran, Laos, Malaysia, Myanmar, Nepal, Pakistan, Thailand and Vietnam. Where possible, country coordinators were identified, chosen on the basis that they had access to the organizations working in the field of drug use and/or HIV prevention, care and support.

Keywords: SCALING-UP--infectious diseases.

WHO. Commission on Macroeconomics and Health. **Investing In Health: A Summary of the Findings of the Commission on Macroeconomics and Health**. Geneva: WHO; 2001:32

URL:
http://www.who.int/macrohealth/infocentre/advocacy/en/investinginhealth02052003.pdf

Abstract: The links between ill health and poverty are now well known. Poor and malnourished people are more likely to become sick and are at higher

risk of dying from their illness than are better off and healthier individuals. Ill health also contributes to poverty. People who become ill are more likely to fall into poverty and to remain there than are healthier individuals because debilitating illness prevents adults from earning a living. Illness also keeps children away from school, decreasing their chances of a productive adulthood. Today the epidemics of HIV/AIDS, malaria, and TB are worsening, and developing countries are experiencing a rapid erosion of the social and economic gains of the past 20 years. Childhood diseases, compounded by malnutrition, are responsible for millions of preventable child deaths and there has been little progress in reducing maternal and perinatal mortality. In 2000, the Commission on Macroeconomics and Health set out to examine the links between health and poverty and to demonstrate that health investment can accelerate economic growth. The Commission focused its work on the world's poorest people in the poorest countries. It demonstrated that impoverished people share a disproportionate burden of avoidable deaths and suffering; the poor are more susceptible to diseases because of malnutrition, inadequate sanitation, and lack of clean water, and are less likely to have access to medical care, even when it is urgently needed. Serious illness can impoverish families for many years as they lose income and sell their assets to meet the cost of treatment and other debts. The Report also signaled that existing, lifesaving interventions, including preventive measures and access to essential medicines, do not reach the poor. The Commission states that over the coming decade the world can make sizeable gains against the diseases which have a disproportionate impact on the health and welfare of the poor by investing more money in essential health services and by strengthening health systems.

Keywords: SCALING-UP--general.

WORLD BANK. AGRICULTURE & RURAL DEVELOPMENT DEPARTMENT. **Scaling-Up the Impact of Good Practices in Rural Development : A Working Paper to Support Implementation of The World Bank ' s Rural Development Strategy**. Washington, D.C.: World Bank; 2003:102

URL: http://www-wds.worldbank.org/servlet/WDS_IBank_Servlet?pcont=details&eid=000160016_20040130163125

Abstract: A key thrust in the implementation of the Bank's new rural development strategy is identifying and "scaling-up good practice investments and innovations in rural development. " Historically, successful World Bank projects have been one-time investments without strategies for leveraging projects to a larger scale or to broader coverage to increase efficiency and developmental impact in a country or region. The Bank believes that scaling-up good practices must become an integral part of national rural development strategies to reduce rural poverty and support broad-based rural development. This working paper, written in support of the Bank ' s rural development strategy, is intended to contribute to the development of a framework for thinking about scaling-up. The paper begins with a review of the literature on scaling-up in rural development and other contexts to develop an understanding of basic concepts and terms. Drawing from the literature review and interviews, the authors develop a working definition of the term scaling-up and a provisional framework for analyzing experiences of scaling-up in rural development. Then, to evaluate the provisional framework, the authors apply it to a few well-documented case studies of rapid scaling-up. The final sections of the paper draw lessons from the application of the framework to the case studies and identify key areas for moving forward to support scaling-up impacts in rural development.

Keywords: SCALING-UP--general.

WORLD HEALTH ORGANIZATION. **Chapter 7: Health Systems: Principles Integrated Care**. *In:* World Health Organization. **World Health Report 2003 – Shaping the Future.** Geneva: WHO; 2003: 30.

URL: http://www.who.int/whr/2003/chapter7/en/index.html

Abstract: To meet the formidable challenges described earlier, this chapter calls for the reinforcement of health systems to be based on the core principles of primary health care as outlined at Alma-Ata in 1978: universal access and coverage on the basis of need; health equity as part of development oriented to social justice; community participation in defining and implementing health agendas; and intersectoral approaches to health. These principles remain valid, but must be reinterpreted in light of the dramatic changes in the health field during the past 25 years. Four important issues that health systems must confront are examined: the global health workforce crisis, inadequate health information, lack of financial resources, and the stewardship challenge of implementing pro-equity health policies in a pluralistic environment. Confronting the global health challenges examined in the previous chapters requires health systems to be strengthened. Without this, the health goals described in this report will remain beyond reach. The lessons learnt from past successes, including the skills and strategies developed from the experiences of tackling polio and SARS, must be applied in combating the HIV/AIDS treatment emergency and in working towards the Millennium Development Goals (MDGs). Progress towards these and other objectives will not be sustainable unless specific health targets -- including the "3 by 5" target of reaching three million people in developing countries with combination antiretroviral therapy for HIV/AIDS by the end of 2005 -- support a broad horizontal build-up of the capacities of health systems.

Keywords: STRENGTHENING HEALTH SYSTEMS.

WORLD HEALTH ORGANIZATION. **Scaling Up the Response to Infectious Diseases: A Way Out of Poverty**. Geneva: WHO; 2002:128

URL: http://www.who.int/infectious-disease-report/index.html

Abstract: The report calls for a major increase in the international response to the three major killers: HIV/AIDS, TB and malaria. It begins by profiling these diseases, in terms of their spread, the relationship between the diseases and the reason why the poor are particularly vulnerable to them. The authors argue that the tools to address these diseases are available, but inequitably distributed. They set out to show that the benefits of ensuring success in this massive effort to scale up against diseases of poverty far outweigh the costs of their control. The specific benefits to poverty of targeting these diseases are outlined:

- since these diseases affect the most vulnerable, targeting them can help the most vulnerable
- by preventing adults from working, these diseases keep families in poverty
- business costs incurred by illness can be reduced
- stop losing ground against drug resistance to low cost drugs
- reduce risk of disease spread through population mobility
- reduce childhood deaths
- prevent major spread to low prevalence areas
- increase health care generally through the provision of greater resources for these disease

The document provides an outline of existing, successful interventions and describes a route for scaling up activities to fight these diseases.

Keywords: SCALING-UP / STATE OF THE ART--Infectious diseases.

WORLD HEALTH ORGANIZATION. **A Global Review of Primary Health Care: Emerging Messages**. Geneva: WHO; 2003:38

Abstract: Primary Health Care is an important feature of the health system. Over the years, it has drawn attention to the needs of the many, and has been a powerful instrument for making governments and their partners recognize that the provision of health care cannot be left to the professionals alone. Our focus on the diseases of the poor and our work on health systems is consistent with the messages of Primary Health Care. But many countries face new economic, institutional and social challenges. We will be carrying out a review which will focus on the challenges to Primary Health Care in the changing context of International health.

Keywords: PRIMARY HEALTH CARE.

WORLD HEALTH ORGANIZATION. **Millennium Health Goals: Paths to the Future**. *In*: World Health Organization. **World Health Report 2003: Shaping the Future**. Geneva: WHO; 2004:25-39

URL: http://www.who.int/whr/2003/en/

Abstract: This year's report examines the global health situation and some of the major threats to health in today's world. Drawing on many examples, the report suggests that major improvements in health for everybody are within reach, and that progress depends on collaboration among governments, international institutions, the private sector and civil society to build stronger health systems. The Millennium Development Goals (MDGs) place health at the heart of development and represent commitments by governments throughout the world to do more to reduce poverty and hunger and to tackle ill-health, gender inequality, lack of education, access to clean water and environmental degradation. Three of the eight goals are directly health-related; all of the others have important indirect effects on health. This chapter traces the origins of the MDGs and tracks the progress so far towards achieving them. It warns that without significantly strengthened commitments from both wealthy and developing countries, the goals will not be met globally.

Keywords: SCALING-UP--general.

WORLD HEALTH ORGANIZATION. **Chapter 5. Newborns: no Longer Going Unnoticed**. *In*: World Health Organization. **The World Health Report 2005 - Make Every Mother and Child Count**. Geneva: WHO; 2005:79-101

URL: http://www.who.int/whr/2005/chapter5/en/print.html

Abstract: Each year nearly 3.3 million babies are stillborn, and more than 4 million others die within 28 days of coming into the world. Deaths of babies during this neonatal period are as numerous as those in the next 11 months or those among children aged 1–4 years. Until recently there has been little real effort to tackle the specific health problems of newborns systematically; the care of the newborn has fallen through the cracks, as the continuity between maternal and child health programmes is often inadequate. Improving the health of newborns, however, does not just mean inserting a new programme: rather, it means adapting the efforts of maternal and child programmes so as to scale up services in a seamless continuum of care. This chapter ends by presenting a set of benchmarks

and scenarios for scaling up access to both maternal and newborn care, with estimates of the costs that such scenarios would entail.

Keywords: STATE OF THE ART / SCALING-UP--maternal and child health.

WORLD HEALTH ORGANIZATION. **An Expanded DOTS Framework for Effective Tuberculosis Control**. Geneva: WHO; 2002:23

URL: http://whqlibdoc.who.int/hq/2002/WHO_CDS_TB_2002.297.pdf

Abstract: This World Health Organization paper offers a background to an expanded DOTS (directly observed treatment, short-course) framework for effective tuberculosis control. It presents the rationale for the expanded DOTS framework, as well as goals, targets, guiding principles and key operations. The paper highlights the need to address the challenges of inadequate political will and lack of capacity within general public health services. It also calls for an integrated and patient-centered approach; collaboration and synergy among the public, private, and voluntary sectors; and greater emphasis on community involvement in TB care. The expanded strategy lays equal emphasis on the technical, managerial, social and political dimensions of DOTS. It focuses on sustained political commitment to increase human and financial resources, and make TB control a nation-wide activity and an integral part of the national health system. It also includes access to quality-assured TB sputum microscopy, with special attention to case detection among HIV-infected people and other high-risk groups; standardized chemotherapy to all confirmed cases of TB under proper case management conditions; uninterrupted supply of quality-assured drugs with reliable drug procurement and distribution systems; and recording and reporting systems to enable the assessment of individual patients as well as overall programme performance.

Keywords: SCALING-UP--tuberculosis.

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ZURITA, V, CAHUANA, L, CORCHO, A, RELY, K, ARACENA, B, AND BERTOZZI, S. **Study on Costs of Scaling-Up Health Interventions for the Poor in Latin-American Settings: Final Report**. Cuernavaca, Mexico: National Institute of Public Health. Division of Health Economics and Policy; 2001:30

URL: http://www.whoindia.org/EIP/CMH-Report/CMH%20Papers/05_19.pdf

Abstract: Despite the relative sophistication of the health sector in Latin America, the information available on unit costs for priority health interventions is scarce, perhaps almost as scarce as for much poorer countries in sub-Saharan Africa. Attempts to extract, from the few studies that exist, unit costs that are comparable across countries is further complicated by the lack of standardization of interventions. The very sophistication of the sector translates into health systems that rely less on definitions and norms developed by international organizations than do those in poorer countries. To take but one example, the WHO package of IMCI has little relevance in countries that have defined their primary care programs differently. An important goal of Working Group 5 (WG5) of the Commission on Macroeconomics and Health (CMH) is to estimate the region-specific unit costs of priority health interventions so as to permit rough estimates of the cost of scaling-up such interventions. The present study was intended to contribute to that information base and, in retrospect, was not an efficient means toward that end. The study exhaustively reviewed the information available in three countries - the Dominican Republic, Mexico and Peru - and concluded that although the current government efforts in investigate how much their health programs

cost, a small percentage of the few available literature, published and unpublished, was directly usable for estimating unit costs of the CMH priority health interventions. Had estimating region-specific unit costs been the only goal, it would have been far more efficient to collect data from a larger number of unit-cost studies from a larger number of countries using a far less exhaustive process of searching for data. Or, in other case, define a specific technology for every intervention to cost and reach for the unit cost of the inputs involved in their processes. The present study does enable the construction of three "cases" with the description of what unit-cost data for decision- making are available in three, very different, Latin American countries. It also provides a detailed comparison of the typologies of health interventions in these priority areas that should be useful for future efforts to standardize international reporting of coverage and costs of these interventions. The study is also instructive because it highlights the benefits to individual countries of increasing harmonization/standardization of both definitions of interventions and of costing methodologies. Without harmonization, the opportunity is lost to learn from the comparative efficiency of one's neighboring country. When difference in reported values are large (e.g. in this study in the average cost of a vaginal delivery), it is important for countries to know how much the cost differentials represents quality differences, efficiency differences or just differences in definition of services and costing methodology.

Keywords: DOMINICAN REPUBLIC/MEXICO/PERU/SCALING-UP--general.

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