

# Health system strengthening at Options

## What we do

We work with local partners to deliver evidence-based approaches that help build resilient and responsive health systems. Over the last decade, we have:

- Supported countries as they decentralise their health systems, driving lasting change at local level.
- Improved health security through an evidence-based multi-sectoral approach, bringing together disparate actors to promote good health outcomes.
- Accelerated progress towards universal health coverage, ensuring quality services are efficiently financed, accountable and equitable.
- Built sustainable and resilient health systems that can withstand and respond to external shocks such as health emergencies and the effects of climate change.

## What we've achieved

### Decentralising health governance

Since 2019, Options has worked with over 117 sub-national governments to adapt a decentralised approach to evidence-informed planning, budgeting, delivery and monitoring of services.

Decentralising health governance: We have supported **26 counties in Kenya** and **18 states in Nigeria**...

...to use data from health information management systems to inform annual work-plans, budgets and performance reviews.

In Kenya and Nigeria, this has contributed to an **allocation of \$93 million** to health at sub-national level since 2019.

This will avert an estimated **678,000 unintended pregnancies and 2,000 maternal deaths** in Kenya and Nigeria by 2030.



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### Improving health security

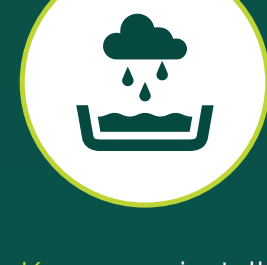
Our support has helped health systems to mitigate and adapt to external changes and emerging threats.



In **Sierra Leone**, we redesigned the Ebola specimen transport communication system, **halving the test result turnaround time to 12 hours** within 6 months. This enabled rapid treatment of patients and contact tracing.



In **Nepal**, we supported the renovation of 851 facilities to provide shock-proof and essential health services in **14 earthquake affected districts**.



In **Kenya**, we installed rainwater harvesting systems in 44 facilities and solar panels in 33, contributing to a **17,208kgs reduction in carbon emission** over six months in 2018.



Through the technical assistance received from the program, we were able to establish [a] cordial relationship with our Treasury counterpart, something that was always lacking over the years. This year we were able to access all the financial data we needed to formulate the annual work plan for the financial year 2022/23 and align it with the PBB." **County Health Records Information Officer, Kenya**

### Green energy saves mother's lives

Many health facilities struggle with power outages, some do not have electricity. Investing in solar power can increase resilience and reduce utility bills of facilities.



#### Health facilities' power supply is inadequate

More than a third of rural health facilities in Bungoma and a quarter of sub-country hospitals in Kenya are not connected to the grid.



Among facilities with access to electric power, an average of eleven or more outages in three months were reported in the latest Energy Audit Survey.



#### Power essential functions need power

Electricity is vital for high quality maternal care as blood banks, laboratories, vaccine fridges and medical emergency equipment need power to function.



#### Options increased health facilities' green energy capacity

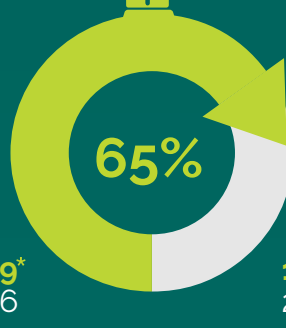
33 health facilities in Bungoma now have solar systems (total capacity of 57.5 Kwp) and 13 facilities have solar heated water.

### Strengthening government stewardship of high-quality, equitable and well-financed health systems

Our partnerships with governments and local actors have driven country-owned improvements in the quality, financing and accountability of health services.

In Nepal, we help the government to improve health service delivery through policy development, health worker training and clinical mentorship.

From 1997 to 2017, these efforts contributed to a **65% reduction in maternal mortality**.



Under our Women's Integrated Sexual Health programme (WISH), we have helped 7 countries to improve their stewardship of high-quality family planning and sexual and reproductive health services.



Across Madagascar, Pakistan, Uganda and Zambia, our work drove an increase in evidence based action planning, leading to improvements in clinical training and mentorship and policy adaptations to adapt to emerging issues such as the COVID pandemic.

In Kenya and Nigeria, we support governments to institute pro-poor financing schemes to increase health coverage for the most marginalised. For example:



In 2019, Jigawa State Nigeria launched the Jigawa Contributory Health Scheme, providing access to basic healthcare services without financial burden.



We supported Kericho and Nandi Counties in Kenya to increase the number of mothers enrolled in the free maternal health package by 23% and increased the number of National Health Insurance Fund accredited health facilities by 66% from 2019 to 2021.

## Options health system strengthening achievements



### from 2014 to 2015

**Sierra Leone:** Options awarded silver medal by the UK government for our work in responding to the Ebola outbreak.



### 2016

**Malawi:** Enhanced financial management and democratic accountability in health sector, by supporting 8 districts to move from 0% reporting improved partner coordination in 2015 to 100% reporting this in 2016.



### 2018 - 2022

**Nigeria:** Supported 13,544 girls and young women to access SRH products and technologies.



### 2020

**Madagascar:** Successfully advocated in partnership with the National Health Commission at the National Assembly to remove taxes on FP commodities, highlighting the potential return on.



### 2021

**Ghana:** Facilitated the launch of Ghana's 12-year Mental Health Policy which seeks to ensure provision of quality mental healthcare in the country.

### 2015



**Nepal:** Essential health services restored at 851 facilities in 14 earthquake-affected districts.

### 2017 to 2019



**Nepal:** Supported the Government of Nepal to roll out One Stop Crisis Management Centres (OCMC) across 55 districts, to coordinate and integrate a health systems response to tackle gender-based violence.

### 2021



**Nigeria:** Supported the Niger State government to institute management reforms leading to an additional 350 (+5.43%) health workers being recruited in 2021.

### 2019 - 2022



**Kenya:** Contributed to an increase of 18% in skilled birth attendance and of 25% in the number of facilities able to provide EmONC services through initiatives that strengthen health care workforce and enable facility access to funds for quality improvement.

### 2022



**Nepal:** Completed a health systems analysis to examine health systems performance, challenges and progress at provincial and local levels of government since decentralisation and inform Nepal's new Health Sector Strategy.

## What we've learned

- Health systems strengthening requires a politically informed and adaptive approach. To introduce needed reforms, implementers must have a deep understanding of the key actors involved in decision making and the barriers and opportunities to change.
- Strengthening institutional resilience is critical if the health system is to ensure the continuity of essential services during shocks or acute crises. Government, health providers and civil society need to be in the driving seat to ensure responses are locally led and contextually appropriate.
- Where evidence informs decision making the benefits are clear. More effort is required to strengthen routine data collection, information sharing, and the capacity of actors across the system to analyse and use data during plans, budgets and reviews.
- Health pressures and gains cannot be managed by health care professionals alone. Coordination is needed across sectors and with communities to identify innovations that can address the root causes of health threats and promote sustainable solutions.