

# Output of the Vision Design Process for Effective Health Service Delivery 2030 in the Context of SD 193 and NP-2

## Executive Summary

A collaboration between NCDD-S, MoH and GIZ DAR conducted an online workshop in February 2022 with six online sessions spread over two weeks (approximately 20 online hours) with 115 national and subnational stakeholders to generate a vision on how to increase the impact of SD 193 and NP-2 for Effective Health Service Delivery by 2030. The overall newly introduced methodology drawing on the positive resource-based approach of *Appreciate Inquiry* (AI) was highly appreciated by participants. Participants learned by doing with the cycle of AI (define, discover, dream, plan and implement), participated actively and developed actionable recommendations. Initial technical challenges of the virtual meetings were swiftly sorted out but should be mitigated completely in future events. Videography with reflective insights of participants proved as a good form of communication considering the large group. However, collaborative shared documents as a basis of discussion in breakout rooms provided both the space and time needed for in-depth meaningful output.

The vision generated identified these key topics:

- Establish a resilient *digital communication platform* between technical and administrative officers at both national and sub-national levels to tackle pending critical questions on implementation of the health sector reforms.
- Promote the use of *digital technology* at both national and sub-national levels as a new driving force to bring health service delivery closer to the citizens
- Explore options to *increase financial sources* within the legal framework, for example Public Private Partnerships (PPP) and new health service delivery models owned and managed by the province
- Modification of *administrative and organizational structures*, for example, collective digital management of ambulances or the integration of health centers into the structure of district referral hospitals
- *Capacity development* of sub-national administrative and technical officers

The above vision is also an indication of a new communication framework that could serve as a source of information for many studies highlight in NP11 and gaining the depth of understanding of these key topics by further investigating and initiating first implementations such as:

**Transfer and strengthening of Human Resources:** Build capacity of leadership, management and clinical capacity of health managers and health staff herewith offering more specialized services at PRH and DRH and better doctor coverage at HC for improving treatment of Non-Communicable Diseases (NCD's). As a result, health service delivery is brought closer to the citizen.

**Transfer of finance and opening other financing sources:** Exploring and implementing partnerships between the public and the private sector (PPP) or as provincially owned social enterprises as new legal entities of service provision. Improving service quality, infrastructure and equipment to attract a higher income groups of patients to the public facilities herewith increasing revenues. Introducing a digital financial management and human resource performance system increasing trust and accountability in the system. Exploring how to maximise revenues from existing legal resources like, user fees, equity funds, Social Security Fund (NSSF), philanthropists, insurance companies, etc.

**Digitalisation:** Using a Digital Planning and Communication Framework as a long-term vision to build a vibrant digital economy and society by developing the foundations, promoting digital adoption and digital revolution herewith bringing services closer to the citizens. For example, by a provincial administration introducing an App owned patient record system that bridges the fragmented health provider landscape by making all medical data available for the patient's respective providers and enable direct communication (and financial transactions) between patient and provider. Or as another example, using digital technology for improving health service quality like digital Patient Record Systems, disease Information Management System, Health Human Resource Management Systems, Electronic system to record and manage patient data, Website Health Information Technology Management System, Digital Financial Management System.

**Function Transfer and Re-organisation:** Exploring the options for reorganising the provision of ambulance services under one legal entity increasing access and quality combined with an App for calling the ambulance on time. Investigating the possibility of restructuring of health centers to be part of district or provincial referral hospitals to bring services closer to the citizens by acknowledging process steps patients experience undergoing treatment in the health system (clinical pathways) and the need for good communication between these facilities to increase service quality provision. Re-allocating health managers and health staff based on needs assessments using an integrated system between health posts, health centers, operating districts, and referral hospitals under the control of the municipal, district, provincial, and capital administrations. Pilot tests on the establishment of public administrative institutions, provincially owned social enterprises and PPP models for Provincial Hospitals.

**Improving Communication:** Introduce systems and processes to strengthen the communication between local administrative authorities (Council, BoG..) and technical professional persons (health staff: PHD, DO, HC) at provincial and district level. Introduce a national bi-directional communication mechanism to coordinate and gain reassurance between the national and the subnational levels. Establish regular reflection workshops for achievements and opportunities for ways forward with regular backstop support from national level to subnational level for capacity development to gain a broader understanding of technical policies, health challenges and higher administrative work to national and sub-national levels, so that both sides can understand and agree on each other. Introduce eGovernance to speed up communication process (e.g. invitation letters and national communiques) by using Telegram/WhatsApp as a digital judicial standard letter to communicate between national and sub-national levels without needing to wait for the hardcopy with stamp.

**Suggested next steps:**

1. Develop a concept and establish a comprehensive communication platform between the national and the subnational levels as the framework for investigating and implementing first trials on the above-mentioned topics. The framework should use a similar positive and pro-active methodology like Appreciative Inquiry used in this vision design process. The framework should also be able to inform the study areas raised within NP-2 for the health sector.
2. The energy created should be used to gain "Early Wins" by establishing the communication platform as such and taking up first topics for further investigation such as the "invitation letters", "ambulance services" before moving on to exploring more complex topics such as restructuring of health centers to be part of district/provincial referral hospitals and establishing health offices or re-allocating health managers/health staff based on needs.
3. An underlying theme in most topics is digitalisation as a desired driver for bringing health service closer to the citizens. The communication platform should be used to specifically

investigate alternative approaches using digital technologies seeking to transform instead of taking small steps of incremental change. The platform should be used to seek strategic alliances with stakeholders that have the potential to leave this transformation on the horizon.