Monitoring health systems resilience for public health functions & services

IANPHI Annual Meeting - 2025

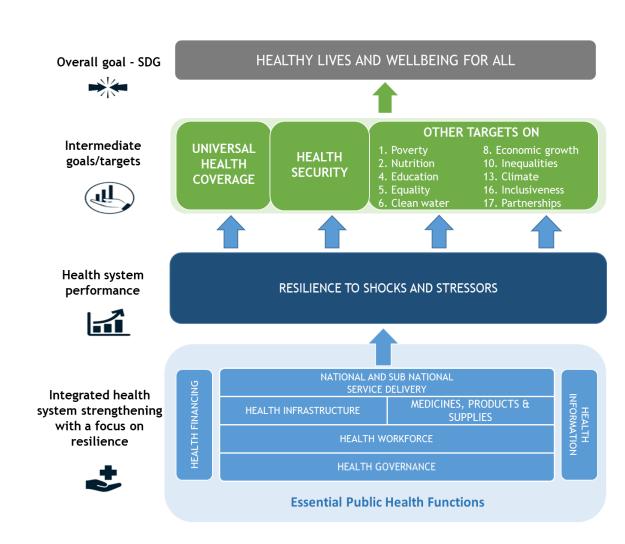
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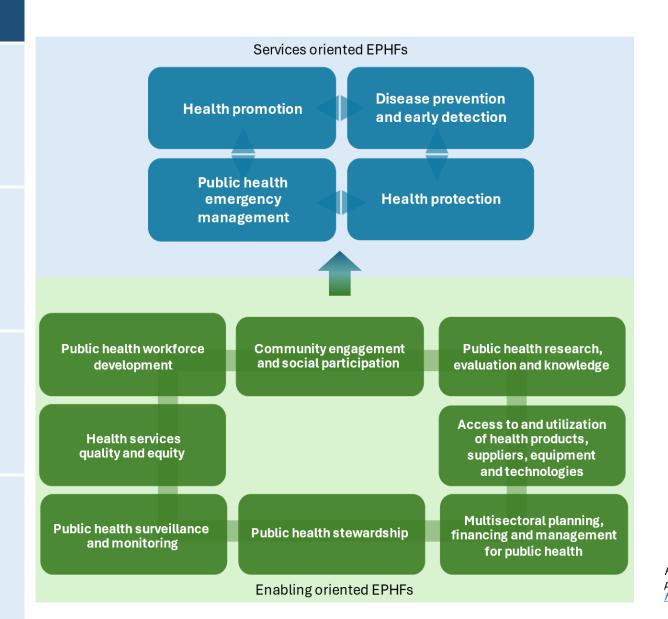
World Health Organization Headquarters

Interlinkages between health systems resilience and EPHFs

- Health systems resilience is a necessity for UHC, health security, all SDGs, and requires delivery of public health functions
- Health systems resilience capacity to anticipate, manage, and learn from disruptions, while maintaining essential health services and safeguarding public health
- Resilience is what we want to achieve
- EPHFs are a critical part of the "how"
 - E.g., by embedding public health capacities in health and allied systems to deliver the full range of public health functions & services (along with individual-focused services) in coordination with other responsible sectors



Essential public health functions - Unified List



Essential public heath functions (EPHFs) - a set of fundamental, interconnected and interdependent activities, that are required to ensure effective public health action and resilience building

Monitoring integrated delivery of public health functions is therefore a necessity for measuring and monitoring resilience

Multiple, fragmented monitoring efforts - One health system



In this era of poly-crises; prevailing gaps in applying an integrated approach to public health and resilience building

Silos and fragmentations in monitoring

Need for an integrated approach in policy, planning investments, services, monitoring and evaluation

A dedicated package for measuring and monitoring health systems resilience



Key guiding principles

- Integrated approach complementing existing measurement efforts in countries
- All hazards approach generic requirements for resilience
- System thinking across all building blocks
- Routine and emergency contexts
- Cross-cutting the emergency management cycle - prevention to recovery
- Intersectoral and community participation
- Adaptability to various contexts High to low income and FCV, different status of resilience contexts
- National to subnational and health facility levels (primary to tertiary)

Target audience: national and subnational health authorities, service providers, as well as local, regional, and global technical and donor organizations and partners working on health systems strengthening.

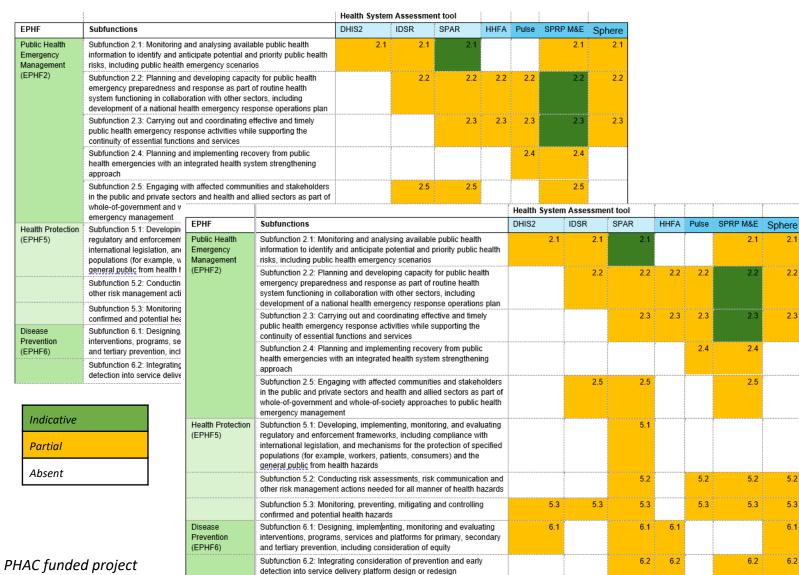
Examples of health system resilience indicators

No.	Main domain	Indicator short name	Level*		
			National	Subnational	Facility
1.	Service delivery	% facilities offering services according to nationally defined service package			✓
2.	Service delivery	% facilities conducted simulation exercise			✓
3.	Service delivery	% facilities conducted after- or intra-action reviews			✓
4.	Service delivery	% facilities that closed/discontinued services			✓
5.	Service delivery	% facilities with specified Infection Prevention and Control Assessment Framework level/score			✓
6.	Service delivery	Collaboration between facility-based and community-based delivery	✓	✓	
7.	Service delivery	% facilities sharing practices and lessons			✓
8.	Service delivery	% facilities using community voice to inform service planning			✓
9.	Service delivery	% facilities providing outreach according to community needs			✓
10.	Workforce	% subnational health workers trained in community engagement		✓	✓
11.	Workforce	% facilities with focal point for emergency management and service continuity			✓
59.	Governance	Institutional capacity for essential public health functions coordination	✓	✓	
60.	Governance	Focal point designated for IHR health services provision assessment	✓		
61.	Governance	Health in All Policies approach being implemented	✓		
62.	Governance	Recovery planning guidance	✓	✓	
63.	Governance	Designated authority with responsibility for recovery	✓	✓	
64.	Composite	IHR SPAR health services provision capacity score	✓		

Metadata					
Indicator short name					
Indicator name					
Domain					
Definition ^a					
Rationale					
Level					
Disaggregation					
Numerator					
Denominator					
Recommended data source					
Type (M&E domain)					
Additional reading and references					
Existing data collection tools					

Includes key indicators on EPHFs including multisectoral participation <u>Demonstrates that monitoring EPHFs is integral to monitoring HSR</u>

A review of health system and health security assessments tools - from EPHFs perspective - focus on public health service areas



- Mapping of 7 most widely used monitoring tools to FPHFs subfunctions
- A wide range of public health functions and services covered according to their scope
- No one tool that measures health sectors performance for both UHC and health security with due consideration of intersectoral coordination and responsibility for public health
- Need for adopting indicators and approaches that measure integration of EPHFs in terms of their synergies and mainstreaming in health and allied sectors
- To enable holistic measurement across the EPHFs, a combination of existing data sources, indicators and revision / streamlining of existing tools is needed,
 - Informed by systematic crossmapping between available data and the EPHFs considering the more granular sub functions or service areas



Agence de la santé publique du Canada

Process for integrating public health/EPHFs in health system monitoring

Process for integrating EPHFs in health systems monitoring

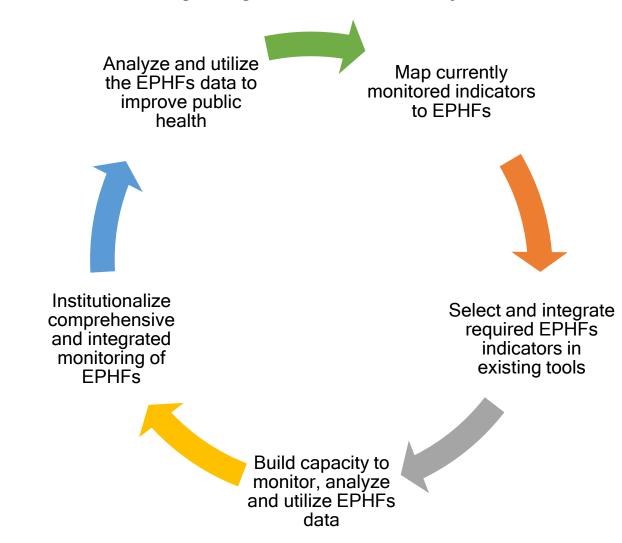
Actions and changes needed in

- Policy and planning
- Institutional capacity building
- Investments
- Monitoring and evaluation approaches

Global direction as in Lusaka Agenda: One Plan , One Budget, **One M&E**

Examples of resources for identifying and selecting EPHFs indicators

- In-county measurement frameworks and tools e.g., NHIS, indicators adopted in national health policies/plans/guidelines
- Global indicators lists e.g., WHO HSR Indicators, IHR MEF,
 Sphere handbook etc.



Sample indicators focused on enhancing integrated monitoring of EPHFs

Example of indicators to ensure integrated and comprehensive measurement of EPHFs delivery

- Current state of essential public health functions delivery ascertained considering those within and beyond the health sector
- Existing information systems and tools used in emergency management (including humanitarian response) include health promotion, prevention, and protection and community engagement activities
- National routine health information system covers all EPHFs to be delivered at national, subnational, and service delivery levels
- Health information analysis and reporting for informing policies and plans and resource allocation, prioritize all EPHFs including service oriented EPHFs and community engagement

Examples of indicators of institutional capacities at policy and planning level for enabling the EPHS delivery and measurement

- Availability of a legal and policy framework for delivery of EPHFs in routine and emergency contexts
- Existence of a national entity or structure that is responsible for multisectoral coordination of the EPHFs
- Public health emergency management plans and structures (e.g., IMS, EOC) include pillars on continuity of routine health services (clearly identifying preventive, promotive and protective services as part of the emergency management)
- Public health emergency preparedness and response plans identify and prioritize the needs of the **most vulnerable and marginalized populations**
- Availability of strategy for developing competencies of public health workforce
 in EPHFs as appropriate for their roles
- Package of essential health services to be delivered in all contexts include all service oriented EPHFs to be delivered at all levels of care including primary care

WHO's Global health strategy for 2025 - 2028

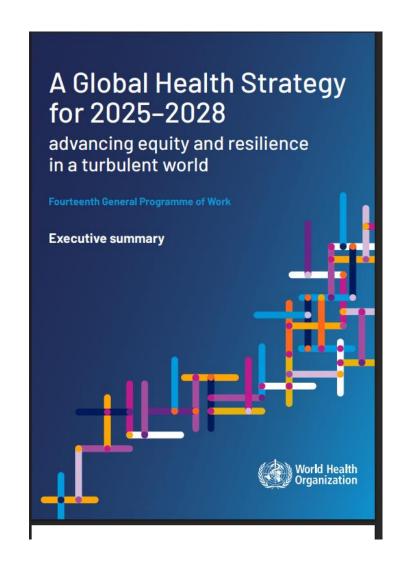
WHO's GPW-14 adopted an HSR indicator as an outcome indicator;

 Strengthening institutional capacity for EPHFs and health system resilience

With a focus on;

- Multisectoral coordination mechanisms/institutional focal points for EPHFs
- EPHFs integration in packages of essential health services
- Public health workforce

Opportunity for stronger collaborations in supporting countries – learning from current and past experiences to improve public health





ESSENTIAL PUBLIC HEALTH FUNCTIONS, HEALTH SYSTEMS, AND HEALTH SECURITY

Developing conceptual clarity and a WHO roadmap for action

UBLIC UPLSE TY ESSE 21st CENTURY HEALTH CHALLENGE

Can the essential public health functions make a difference?

Discussion Pape







WHO POSITION PAPER

Building health systems resilience for universal health coverage and



Health service continuity planning for public health emergencies

A handbook for health facilities

Interim version for field testin

Thank you



Contact: Sohel Saikat, saikats@who.int

Visit relevant resources at

https://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-care/health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/teams/primary-health-systems-resilience/ehttps://www.who.int/team

National workforce capacity to implement the essential public health functions including a focus on emergency preparedness and response





Regional landscape of national public health institutions in Africa and their role, scope and capacity in supporting health systems resilience



Health systems resilience exercises