African Health Observatory
PLATFORM ON HEALTH SYSTEMS AND POLICIES

AHOP Country Health Systems and Services Profile (CHSSP): An Overview

What is AHOP?

The African Health Observatory – Platform on Health Systems and Policies (AHOP) is a regional partnership that promotes evidence-informed policy-making. AHOP is hosted by the World Health Organization Regional Office for Africa (WHO AFRO) through the integrated African Health Observatory (iAHO) and is a network of centres of excellence from across the region, leveraging existing national and regional collaborations. National Centres currently include the College of Health Sciences (CHS), Addis Ababa University (AAU), Ethiopia; KEMRI Wellcome Trust (KWTRP), Kenya; the Health Policy Research Group (HPRG), University of Nigeria; the School of Public Health (SPH), University of Rwanda; and Institut Pasteur de Dakar (IPD), Senegal. AHOP draws on support from a technical consortium including the European Observatory on Health Systems and Policies (EURO-OBS), the London School of Economics and Political Science (LSE) and the Bill & Melinda Gates Foundation (BMGF).

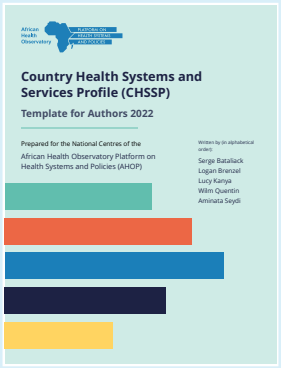
Visit the AHOP website at https://ahop.aho.afro.who.int

What is the AHOP Country Health Systems and Services Profile?

AHOP's country profiles provide a detailed description of a country's health system, and policy and reform developments over the last ten years. Each profile consists of 11 chapters covering different aspects of the country's health system as well as an analysis of health system performance and health service coverage. AHOP partners have co-developed a detailed template and editorial/authorial process guides to support the production of each country profile.

Profile template

The AHOP profile template provides detailed guidance on writing a country profile. The template draws on the African Region's "Framework of Actions" to achieve UHC and other health-related SDG targets and on the European Observatory on Health Systems and Policies experience in generating evidence and brokering knowledge to support policy makers through its Health Systems in Transition (HiT) series. The template sets out the key topics, questions and definitions to include and provides examples to guide the authors. The standardized format of the profiles supports cross-country comparisons. The template will be revised periodically in order to enhance production and readability.



Data sources

AHOP profiles rely on a range of consistent and comparable data sources including: 1) international/regional data sources, 2) national/domestic data sources, and 3) scientific literature. Authors are provided with pre-populated core data tables and figures drawn from WHO African Region and global datasets. Where more accurate national or subnational data are available, authors work with the editors to incorporate these and to highlight subnational perspectives. Data sources are identified using the following criteria:

- data credibility and validity
- national scope and potential to provide subnational-level detail
- availability and consistency of the data over time and across sources
- timeliness of the data
- ability to support subgroup- and condition-specific analyses
- public accessibility of the data
- generalizability of the data/results to the country context.

Content and structure

Each profile has a standard structure and table of contents.

Contents

Each profile is divided into two parts. Both parts request specific core content to ensure comparability across profiles. See selected examples of guidance and content below.

- Part A (Chapters 1-8) provides a country-specific and in-depth description of the health system and services with a focus on the system's building blocks or inputs/investments.

Chapter 3: Health financing

3.2 Health expenditure

Comment on the following tables and figures which are all pre-populated.

Relevant issues might include:

- main trends in health expenditure over time
- reasons for changes/position in relation to other countries
- differences between national and international data sources
- capital expenditure versus current expenditure
- funding level in comparison to Abuja target (% of government expenditure) and regional averages
- the proportion of wage-related spending (if available) or the proportion of wage-related spending in the budget.

3.9 Recent reforms on health financing

Please describe any major national reforms and policy initiatives that have had a substantial impact on health system financing since the year 2010.

Relevant issues might include:

- aims and background
- policy processes
- content and implementation
- key issues underlying the development of each reform
- how far objectives have been achieved
- the role of key national and international actors, interest groups, international agreements or pressures, and pilot projects
- any major obstacles.

Please discuss major reforms that have failed to be implemented. Note reasons why they were not implemented, independent evaluations of the reforms, and prospects for future implementation.

Chapter 7: Service delivery

7.1 Organization and governance of service delivery

7.1.1 Service delivery policies and frameworks

Please describe the government's regulatory role in relation to public and private providers at national and subnational levels (such as through setting strategic direction, regulation, standards, and guidelines).

Relevant issues might include:

- national strategies or service delivery policies
- the existence of policies or plans for specific disease areas or providers
- organizations that carry out a regulatory function, for example, the Ministry of Health, or health facility accreditation agency.

Using relevant country level documents, please list the responsible agencies and bodies responsible for the regulation of public and private providers at both national and decentralized levels where appropriate (Table 7.1).

7.4 Community-based care

Describe the organization and provision of community-based care (public and private).

Relevant issues might include:

- the range of services provided
- the different categories of community health workers
- the role of private commodity dispensers
- formal links between community-based care and health facilities.

Describe the distribution and quality of community-based care.

Relevant issues might include:

- the geographical distribution of facilities/practitioners
- national programmes to improve quality
- any data from official quality assurance reports
- differences across regions
- differences across urban and rural areas
- the reasons for any major differences.

Describe major changes in the delivery of community-based care over the last 10 years, current problems/challenges, and reform plans.

- Part B (Chapters 9-11) provides an analysis of the outputs and outcomes as well as an overview of health system performance.

Chapter 9: Performance of the health system – outputs

9.1 Access to essential services

Access to essential services has three component Vital Signs: 1) physical access; 2) financial access; and 3) socio-cultural access.

Table 9.1: Proxy indicators for each Vital Sign for access to essential services

Dimension	Indicator	Latest available value (year)	Source
Physical access	Number of medical workers per 1 000 population		
	Number of nurses and midwives per 1 000 population		
	Number of public health facilities per km2		
	Hospital beds per 10 000 population		
Financial access	Domestic general government health expenditure as % of current total health expenditure		
	Domestic general government health expenditure as % of government general expenditure		
	Out-of-pocket expenditure as % of total current health expenditure		
	Out-of-pocket expenditure per capita (Intl $)		
	Incidence of household expenditure (%) at 10% of total household income or expenditure		
Socio-cultural access	Percentage of females completing primary school		
	Percentage of females completing secondary school		
	Percentage of women participating in the labour force		
	Percentage of women reporting intimate partner violence (15–49 years)		

Comment on the data in Table 9.1. Drawing on content from previous chapters, comment on differences in access to essential services.

9.4 Resilience of the health system to sustain provision of essential services

Two Vital Signs have been identified in the Health System Performance Index relating to the resilience of the health system: 1) international health regulations (IHR) core capacity, or the ability to respond to threats and to minimize their impact and duration; and 2) inherent health system resilience, or the inbuilt capacity to anticipate, absorb, and transform itself when faced with shocks.

Briefly discuss the data on the proxy indicators listed in Table 9.4.

Table 9.4: Proxy indicators for each Vital Sign related to resilience of the health system

Dimension	Indicator	Latest available value (year)	Source
International health regulations core capacity	IHR core capacity indices for preparedness		
	IHR core capacity indices for detection		
	IHR core capacity indices for response		
Inherent system resilience	Awareness of system capacities and risks		
	Diversity of services and risks		
	Capacity for local mobilization of resources		
	Capacity to learn and transform		

In addition to the general writing instructions above, please discuss national level policies, measures, and debates on strengthening health system resilience.

Chapter 10: Health services coverage and system outcomes

10.3 Financial risk protection

Financial risk protection (FRP) aims at reducing the financial barriers communities face in accessing essential services by ensuring that the financial costs of using essential services are minimized for households and individuals. Out-of-pocket payments are recognized as one of the major barriers to accessing essential services, as utilization is influenced by a person having the funds required to use needed services.

Financial protection is monitored by looking at the proportion of the population with large household expenditures on health as a share of total household expenditure (catastrophic health expenditure).

Comment on the data in Table 10.3 based on the UHC global monitoring reports of 2010 and 2015.

Threshold	2010	2015	Latest available year	Source	AFRO Average (2010)	AFRO Average (2015)
10%						
25%						

Describe and analyse the trends, drivers, and coping mechanisms in catastrophic health expenditures, including the relationship to the benchmarks provided.

Comment on financial risk protection data or information gaps.

Chapter 11: Conclusions and key considerations

The maximum length for this chapter is 1 000 words (excluding references, tables and figures).

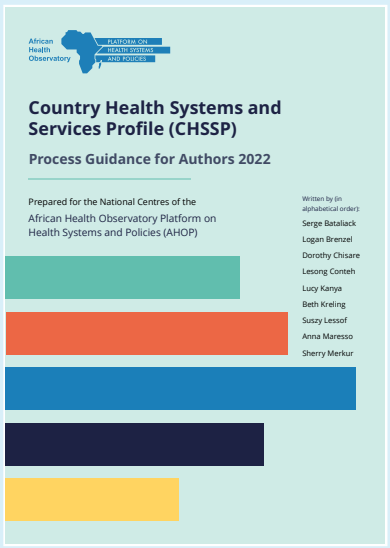
This chapter should strive to develop a narrative framework that avoids repetition of previous chapters. It should be prepared in collaboration with the editor once the other chapters have been completed.

The aim of this chapter is to:

- Highlight the main lessons learned from recent health system changes and reforms in the country.
- Summarize the remaining challenges and future prospects, in particular with regard to UHC and PHC goals.

Guidance for authors and editors

Guidance documents for authors and editors to support the production process from commissioning to dissemination, setting out roles, timelines, and key milestones, and encouraging cross-country learning across the partnership.


African Health Observatory — Platform on Health Systems and Policies

Country Health Systems and Services Profile (CHSSP)

Process Guidance for Authors 2022

Prepared for the National Centres of the African Health Observatory Platform on Health Systems and Policies (AHOP)

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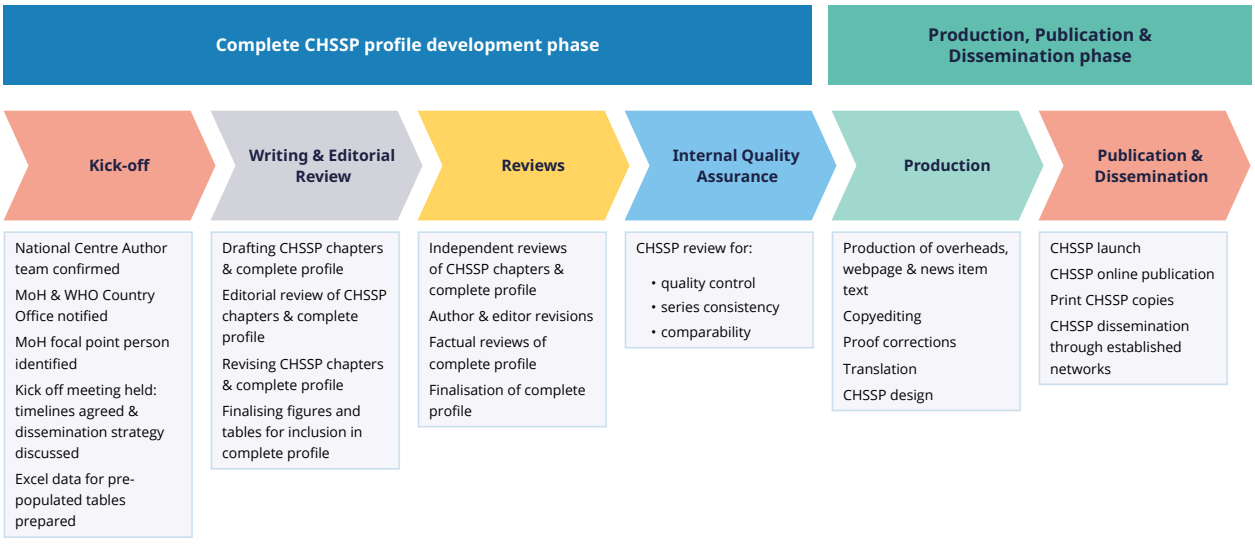
Figure 1: Simplified step-by-step CHSSP production process



The CHSSP template and process guidance are internal documents for use by project partners. These documents will be used by AHOP National Centres to produce a first round of country profiles. The documents will be revised based on the learnings from this process and made publicly available. Forthcoming profiles will be available on the Platform's website.

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