



Summary

Detailed Roadmap for Implementing Recommendations to Optimize SGSSS Resources in the Short and Medium Term

Local Health System Sustainability Project (LHSS)

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The USAID Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will strengthen local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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Submitted to: Scott Stewart, COR
Office of Health Systems
Bureau for Global Health, USAID

Submitted by: Abt Associates
6130 Executive Blvd., Rockville, MD 20852
(301) 347-5000

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SUMMARY

In 2022, the USAID Local Health System Sustainability Project (LHSS) provided technical assistance to the Colombian government to identify opportunities to optimize resources in the General Health and Social Security System (SGSSS, as per its Spanish acronym). In coordination with the Ministry of Health and Social Protection (MOH) and the National Planning Department (DNP, as per its Spanish acronym), LHSS adapted the USAID Technical Efficiency Guide (TEG) and applied it to the Colombian context.

The TEG is a tool for the systematic analysis of the most common health system inefficiencies. USAID created this tool based on experiences from health systems at the global level, enabling the tool to organize the inefficiencies by area and identify the most suitable indicators for measuring and prioritizing actions. The TEG also aims to facilitate dialogue on policy and help health sector actors and local and national governments to reach an agreement on priorities for optimizing resources.

In 2022, LHSS supported the implementation of the first phase of the TEG application in some cities prioritized by the Activity through a participatory methodology with thematic experts and relevant Colombian health sector stakeholders. The application of the tool produced a series of recommendations for addressing inefficiencies in the Colombian health system.

Accordingly, this document presents the prioritization of the recommendations derived from applying the TEG in Colombia and a Roadmap for implementing the prioritized recommendations.

METHODOLOGY

LHSS used a methodology proposed by the *Center for Disease Control and Prevention* (CDC) (Centers for Disease and Prevention, 2022¹) for the analysis of public policy implementation to construct a Roadmap to guide the implementation of recommendations for addressing inefficiencies in the Colombian health system. LHSS adapted and applied the CDC's methodology to create three stages of analysis:

1. First Stage: Analysis of *Impacts on the health system and Political and legal feasibility*,
2. Second Stage: Analysis of *Operational feasibility*,
3. Third Stage: Analysis of *Economic and budgetary impacts* in terms of costs, benefits and potential savings.

KEY FINDINGS AND RECOMMENDATIONS

The main findings of the prioritization process are described below.

FINDINGS

Table 1 presents the recommendations prioritized in the Roadmap, the entity responsible for implementing each recommendation and the strategic partner it must coordinate with for successful implementation. The full details of the Roadmap can be found in Annex 1 in Spanish.

¹ Center for Disease Control and Prevention. (2022). Office of Policy, Performance and Evaluation. Retrieved July 2023, from Policy Analysis: <https://www.cdc.gov/policy/polaris/policyprocess/policyanalysis/index.html>

Table 1. Recommendations Prioritized in the Roadmap

Dimension	Recommendation	Start of implementation	Responsible entity	Strategic partner
Service Delivery	1.1. Develop strategies such as the creation of outreach teams to promote primary health care for communities located in remote areas or with few health service providers.	2023 - Q4	MOH	DNP
Health Workforce	2.1. Increase the availability of workers in rural areas through training incentives targeting people who had to relocate from their places of origin to study, and who want to return.	2023 - Q4	MOH	Ministry of National Education
	2.4. Create diverse programs that promote post-secondary education and encourage young people in areas with few health workers to pursue education for health careers. Design and implement occupational guidance strategies that provide information on health professions and promote the importance of work in this sector. The education sector will be a key partner in implementing these strategies.	2023 - Q4	MOH	Ministry of National Education
Health Technologies	3.1., 3.2 and 3.3. Strengthen the Medication Price Information System which is an integral part of the Integrated Social Protection Information System and progressively transform it into a streamlined public pharmaceutical management system that includes data on the entire supply chain from the primary producer to the final consumer. The system should include a report on supply chain variables as well as a module for supply management, monitoring, and alerts.	2023 - Q4	MOH	INVIMA
	3.6. Apply the model and experiences from the centralized purchase of Hepatitis C medicines, incorporating the suggested improvements for the acquisition of treatments for the management of rare and neglected diseases.	2024 - Q4	MOH	ADRES
Financing & Governance	4.2. Promote the discussion and review of territorial health capacity and the availability and use of resources. This recommendation is particularly important for providing care to the uninsured population and the population with irregular migratory status.	2023 - Q3	MOH	ADRES
	4.3. and 4.5. Promote the use of information systems to foster trust in contractual relationships among health system actors and improve the efficiency of health care contracting and payment systems. Similarly, support the generation of information through auditing processes to promote a more timely and efficient analysis of expenditures by health service providers and surveillance and control bodies.	2023 - Q3	MOH	DNP

* Q: Quarter

CONCLUSIONS AND SUSTAINABILITY

This document presents a proposal for implementation of recommendations derived from applying the TEG in Colombia. This is an effort by the National Government, supported by international organizations, to mobilize resources for health care for the Venezuelan migrant population, Colombians returnees and host communities.

LHSS supported the prioritization of TEG recommendations in Colombia using a sequential process: 1) analysis of the impacts of each recommendation on the health system, as well as its political feasibility and alignment with the Government's agenda, 2) analysis of the operational

feasibility of the recommendations, which included the analysis of the possibility of implementing the changes and the prioritization of recommendations classified as early victories, and 3) analysis of costs, benefits and potential savings from implementing the proposed recommendation. In each of these phases of analysis, LHSS supported the design of criteria to identify and prioritize the recommendations that can most feasibly be implemented. Finally, the stakeholders designed a Roadmap that includes a set of actions for implementing each prioritized recommendation.

The existence of the Roadmap - created to facilitate the implementation of MOH and DNP recommendations - will promote the sustainability of the initiatives proposed in this document. Discussions among the health sector actors involved in this intervention helped to align their expectations and define their roles for implementing the proposed short- and medium-term initiatives, with the goal of producing sustainable improvements in health system efficiency.