



Correspondence

Evaluation of scaling-up should take into account financial access**Comment on: Evaluating the scale-up for maternal and child survival: a common framework**

We appreciate the proposition of Bryce et al. to extend the scope of evaluation beyond the mere impact of a programme.¹ With a view to refining the framework further we propose a possible extension of the framework and discuss the inclusion of a key outcome.

Firstly, this framework and the reflections that it generates are in line with recent progress in health systems research and ongoing discussions, notably around the International Health Partnership Plus initiative. It highlights the importance of looking more broadly at health systems to build on the progress towards better health outcomes that low- and middle-income countries have made with the scale-up of vertical programmes since 2000.

The characteristics of functioning health systems have been described by many. However, little is said about a failing health system. Our experience is that each failing health system fails in its own way and that no global blueprint can be proposed to fix it. Policy-makers have to explore ways to strengthen the health system starting from the existing messy environment where typically many programmes, initiatives and actors interact. Our approach has been to search for ways of using existing vertical programmes to strengthen other parts of the system.² The often heard discourse is that integration of vertical programmes brings along the risk of losing the benefits of those programmes. We call for a 'diagonal approach' where benefits of vertical programmes are protected while strengths are expanded to cover more interventions and support the health system.³

Secondly and coming back to the framework proposed, we have understood that the protection of users against financial shocks does not appear clearly in the proposed framework. Financial protection is recognized by many as one of the three outcomes of a functional health system.⁴ We understand that past evaluations did not look into the financial burden of programmes that were supposedly free of charge, like the Accelerated Childhood Survival Programmes in West Africa.⁵ However, if you consider

the broader picture and look into equity in health care or the role of the private sector like the authors rightly suggest, financial protection becomes crucial. We know that out-of-pocket payments are the predominant source of funding of health care in the developing world,⁶ and we also know these can easily lead to catastrophic health expenditure.⁷ We therefore suggest that Bryce et al.¹ should include financial protection as an important outcome of a health system in subsequent revisions of their framework.

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