A Conversation with Kelly Saldana, Director of the Office of Health Systems

Bea Spadacini: Hello and welcome to USAID Bureau for Global Health's podcast. My name is Bea Spadacini and I am a Senior Communications Advisor to the Bureau for Global Health at USAID. Today, I am delighted to be speaking with Kelly Saldana, Director of the Office of Health Systems. Until recently, Kelly served as a Deputy Director of the Office of Infectious Diseases. Kelly has 15 years of experience in public health and international development. She has supported a wide array of health programs, especially in Latin America, including the Haiti earthquake response and, more recently, she led USAID's Zika response. Let me start by asking Kelly the following question: How has your professional career led you to global health and health system strengthening?

Kelly Saldana: Thanks Bea, well so I have always wanted to work in international affairs. I went to undergraduate in international affairs and when I was getting to the end of my undergraduate career and I was looking to the Peace Corps. Because I had been a life guard, I had taken all the Red Cross classes and that was the easiest volunteer work for me to put on my Peace Corps application and I became a health volunteer in the Peace Corps, which I think sparked my interest in health and in global health in particular. Then I went to graduate school for international development and public health. When I left graduate school, the only place I could find a job was working for the State of North Carolina in immunizations. That job was very interesting. My job was to work on an immunization registry that we were trying to roll out to access immunization records for all children in North Carolina, state-wide. North Carolina is a universal vaccine provider State, which means they provide vaccines free-of-charge to all doctors, both public and private so there is a supply chain component to the vaccine registry that tracks the vaccine shipments. Additionally, to that, the registry was implementing a new process for getting nurses to, rather than record information on paper, to use the web-based system. And we needed to roll it out in both the private sector and the public sector. I did not realize it at the time, when I was looking at USAID, I wanted to get into USAID in any way, I finally found a job in the Latin America Bureau where I was working on health systems. I did not really know what health systems was but when I got there, that my work in North Carolina had fully prepared me to work in health systems because it was a small health system that had aspects of information, supply chain, service delivery improvement and financing because we always had to work with the State on the financing side of the program because it was State financed, rather than federally funded, which some vaccine programs are. So, the more I got into health systems, the more I realized that it was relevant to my work and something that I was interested in and passionate about. So, I worked directly on health systems in the Latin America Bureau for seven years and then moved away from it and now I am happy to be back.

Bea Spadacini: So, why is health system strengthening such an important component of global health? Can you connect health system strengthening and global health, give us the bigger picture?

Kelly Saldana: Sure. Yes, I think we need to do more of that. I think that health systems underlie everything that we are trying to do in global health. At the heart of it all, we are a development

agency, and being development professionals, we are concerned about sustainability within our global health programs so I do think there is a component of what we do as development professionals to build capacity and to create sustainability. But looking at it from a health systems perspective helps us be more deliberate about that and to really make sure that we are setting systems up as efficiently and effectively all the while keeping an eye out to the global health outcomes that we are trying to achieve.

Bea Spadacini: This year's Acting on The Call report is focused on health systems. Can you tell us a little bit about what the Acting on The Call report is and why is health system strengthening particularly relevant?

Kelly Saldana: Sure. In 2012, USAID, with the government of Ethiopia, India and UNICEF, convened a "Call to Action," which was about renewing our commitment to child survival. At that Call to Action we established a goal of ending preventable child and maternal deaths, which has since adapted and enshrined in the Sustainable Development Goals. In 2012, we also, countries committed to working to achieve these goals but in 2014 the USAID Administrator was interested in further articulating what USAID's contribution would be to helping countries achieve those goals. So, we used modeling to model the best performer rates of coverage for a series of maternal and child health interventions. So, we scaled up intervention on a country by country basis to levels that had been previously achieved by another, similar country and so those were the best performer rates. That analysis enabled us to articulate across USAID priority countries. We thought that between 2012 and 2015, that we would be able to save 15 million children's lives and 600,000 women's lives. That really established an objective for USAID to work for within the broader community of A Call to Action. The report was so well received, that we turned into an annual report, both to track our progress against those goals and to continue to refine our approach. So were the 2014 report focused largely on the child survival interventions, we used the 2015 report, to further refine the maternal health interventions. In 2016, we took and equity focus on the report. So, rather than assuming we would achieve national average rates of scale up—because USAID focuses, in particularly, on the most marginalized populations—we wanted to see what would happen if we were to scale up coverage rates in the bottom two quintiles to the levels that we had predicted for the national average. So, we used that report to identify how we could save 8 million children by just focusing on the bottom two quintiles, between 2016 and 2020. This year, we wanted to focus on health systems because it is another important component of how to achieve those ambitious goals, so both by focusing on high impact interventions, focusing on the most marginal but also using health systems to make sure we have eliminated the bottle necks that impede countries' progress in that area. We were also able to take advantage of work that had been done by the Office of Health Systems to review the literature on health systems interventions and how they impact, through peer reviewed studies, on maternal and child health interventions. So, the office had convened this series of panels to review all the literature and then expert groups, which were able to determine for 29 health systems interventions what the expected impact might be on health outcomes, and those were put into the EQUIST tool, which UNICEF uses to look at the impact of different interventions on reducing health systems bottlenecks. So, through working with both UNICEF and John's Hopkins

University through the LIST tool, we were then able to use health systems to model how scale up of specific country identified interventions could then be translated into actual achievements in lives saved. So, though this analysis we are able to say, that from 2016 to 2020 the health systems interventions that countries are already implementing and working on to scale up, will help to save the lives of 5.6 million children.

Bea Spadacini: Is there one thing that you hope our listeners can learn from this year's report. If there was one thing, what would this be?

Kelly Saldana: The one thing is that health systems are important to achieving health outcomes but also that health systems are related to achieving health outcomes and that health systems are accessible, that is probably three things. But I think they are all interrelated. The report we have this year, includes a glossary at the back, which puts some definitions around health systems interventions, which may seem less accessible to people who are more steeped into the traditional MCH interventions to describe the approaches in more layman's terms. We have also included on the website some stories, which concretely link health systems to real people on the ground and how they impact their lives. What we really hope people take away from this report is that health systems are important to achieving our health outcomes goals and that they are key interventions, which can be implemented and can be implemented successfully; they are not an abstract idea that takes experts to be able to implement.

Bea Spadacini: What recommendations do you have for how best to use the Acting on the Call report for organizations that focus on maternal and child health? How best to use this report?

Kelly Saldana: Sure. The report articulates by health systems interventions that countries identify that they were going to work on in the broad perspectives so the countries themselves, other development partners and how they would scale them up. But it should not be used to prioritize interventions. For example, one intervention which might not demonstrate in the report that is saving a lot of lives. That could be because that intervention is already being implemented at scale in country and thus there was not an additional scale up that could be had but it is still very important to continue the intervention so rather than use it as a priority setting device, I would use it as a conversation starter with countries to be able to identify key interventions and be able to demonstrate how those interventions can have impact on goals and then also to use to make sure countries understand these interventions need to be implemented as effectively as possible in order to ensure that they are achieving the ambitious goals that the report says are feasible.

Bea Spadacini: Thank you so much for spending time with us today Kelly.

Kelly Saldana: Thank you.

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