

Building Resilient Health Systems

**Address by the Hon. John D.E. Boyce, Minister of Health, at the
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Mr President

Madam Director General

Minsters of Health

Excellencies

Barbados joins with other delegates to this World Health Assembly to support the Director General for mobilising the world community to the need for building resilient health systems. The evidence tells us that it is not an academic exercise with obscure benefits, but rather, must be an urgent strategy to be immediately adopted in order to provide access to quality healthcare services whenever and wherever they are most needed.

A resilient health system cannot be implemented overnight. It must be based on national policy; its structures and programmes must be based on rigorous planning, simulations and sensitivity testing, to arrive at the right fit, mix and health care structures. Resources must be identified and either earmarked, or be capable of being immediately diverted to the management of the crisis.

A resilient health system implies the establishment of a strong inter-sectoral coordination mechanism to effectively maintain a countries' physical, social and economic infrastructures. There should be up to date evaluation of all existing infrastructure in the health system which all have direct and indirect impacts on the functioning of the healthcare system.

Mr President, it is clear that the development of resilient health systems is a complex undertaking. I, therefore, request the Director General to introduce measures to facilitate collaboration with regional agencies such as PAHO and the Caribbean Emergency and Disaster Management Agency and the Caribbean Public Health Agency and to provide assistance to Member States for the establishment of such systems.

Outside of the tragedy which Ebola inflicted on some countries, it was a tremendous learning opportunity for others. Certainly, the treat of Ebola caused the development of structures and systems which are useful post-Ebola to mitigate against any threats by emerging communicable diseases. The cost of ad hoc reaction is higher than any government would manage in a given budget cycle. Therefore, careful planning to build a resilient health system is the only sensible approach to the long term strengthening of the healthcare system.

Although there seems to be an emphasis on natural disasters and infectious diseases, one cannot ignore the more imminent threat from NCDs. Currently healthcare consumes approximately 8 percent of GDP. NCDs account for 80 percent of all admissions to hospital. They account for approximately 50 percent of our total healthcare expenditure.

Mr. Chairman, I am confident that the other members of the CARICOM have experienced similar impacts of NCDs on their healthcare systems. Therefore, it would be remiss of Barbados and the region not to build in the necessary health promotion, prevention and treatment models to ensure that the economic and social gains are preserved. These programmes form part of the plans for resilience in our healthcare system.

In closing Mr. President, I urge WHO and Member States to recognise the threat of the non-natural disasters and ask that we do not lose sight of the impact NCDs will have on our health systems if they do not continue to be a high priority and must be accommodated in the planning of resilience in our health care system. Barbados wishes to acknowledge the contribution to its success by the guidance of WHO, the significant efforts of PAHO in the region and in recent times the evaluation and report of the United Nations Interagency Task Force on NCDs.

I thank you.