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## Organization of Health Systems Based on Primary Health Care

Almost all countries have made progress in adopting policies and strategies for the reorientation and restructuring of health systems based on the principles of PHC and HFA. The focus has been on reaching the under-served and unserved populations through the strengthening of health systems at district level. Immunization and care of pregnant women, infants and children have improved. Countries have been making efforts to improve the performance of hospitals at the first referral level and to mobilize community action for health. Many countries are also incorporating their health development efforts into their socioeconomic development plans to improve the quality of life of their populations through poverty alleviation and women's development. However, the progress reported so far reveals variations between the countries, and even within individual countries. In some countries there has even been a decline in the performance of the health care system as a result of economic restructuring and adjustments. Efforts are, however, being made to arrest and reverse this situation. Specific areas of progress are described below.

### **Reorientation and Restructuring of Health System**

Four countries formulated new health policies and strategies for the reorganization of their respective health service infrastructures. Decentralization and other administrative reforms were introduced in the management of the health system. There is also a move to expand the role of the private sector in the provision of health care. Financing of health care is receiving the attention of Member Countries, and WHO has been collaborating with them to support national leadership, local workshops and case studies. Through the IWC initiative, WHO worked with other UN agencies and major donors in undertaking health sector reviews and mobilizing resources for health development. The problem of maintenance of electromedical equipment, particularly at district and lower levels, is receiving greater attention in the countries.

More and more countries are strengthening district health systems based on primary health care as their main vehicle for achieving national goals and targets. Administrative and organizational reforms have been undertaken by the countries to encourage the decentralization process, thus creating an environment for effective local planning as well as greater involvement and mobilization of the communities in health development activities. WHO headquarters and the Regional Office, in collaboration with other WHO regions, organized an interregional consultation on the strengthening of comprehensive health care systems in districts, which was held in Bandung, Indonesia, in August 1993. The Regional Office, jointly with the WHO-IWC initiative from WHO/HQ, provided technical support to Bhutan, Nepal, Maldives and Mongolia for the development of district health systems based on primary health care. In Nepal, modalities for similar systems were formulated in different geographical areas for future replication on a country-wide basis. Various NGOs active in this area are also participating in this initiative. Mongolia is restructuring its health care delivery system at somon level. In Bhutan, the field training area for the Royal Institute of Human Resource Development is being developed together with the ongoing model DHS activities in Mongar and Samchi districts. Myanmar and Bangladesh are receiving UNDP support for strengthening their district health systems. In DPR Korea, an integrated rural primary health care project in Hyangsan County is being developed. Many countries have shown interest in integrating in-service training activities for health personnel at district level and below.

### **Strengthening of District Health Systems**

WHO is collaborating with Member Countries in addressing the issue of urban health development. Case studies on the performance of referral health centres in urban areas have been supported in several countries of the Region. WHO joined other agencies such as the World Bank and UNICEF in conducting national consultations on city health plan development. City health plans were formulated for Chittagong in Bangladesh, as well as for four mega cities in India. In Thailand, a study for the development of urban referral health systems for the slum population in Bangkok is under way.

### **Expansion of Health Care to Urban Areas**

Countries are expanding the selection and training of community volunteers to link community action with the health services. Nearly three million volunteers have been selected and trained in various

### **Community Action for Health Development**

countries. However, the selection criteria, profile, training, responsibilities, support and continuing education vary from country to country. Support was provided to Indonesia in implementing the second phase of the study on *community-based comprehensive maternity home / village health post development*.

**Hospital Care at  
First Referral Level**

The primary concern of the countries has been the improvement of health care facilities at district referral hospitals and the involvement of these hospitals in PHC through linkage between the rural health facilities and the hospitals at district and upper levels. WHO is collaborating with the countries in conducting studies/reviews and training in hospital management, development of standards, and the repair and maintenance of hospital equipment in order to improve the performance of referral hospitals. Maldives and Bangladesh received support in the design and improvement of hospital management.

Improving the efficiency and effectiveness of health care through quality assurance has become a priority in Member Countries. Innovative approaches are being tested in the application of quality assessment and assurance with a sharper focus on assurance.

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## 5 Development of Human Resources for Health

**Balance and  
Relevance of  
Human Resources**

The imbalance of human resources for health manifests itself in the form of the wastage created by a combination of surpluses and shortages in relation to *geographical distribution* as well as inappropriate and inefficient mix of health personnel. The shortage of nurses and midwives in a number of countries seems to be a particularly serious problem. The Regional Office has developed a "Guide to Policy Analysis and Formulation for Human Resources for Health", which is currently being used by a number of countries.