

Health systems

Report by the Secretariat

INTRODUCTION

1. Without greater and more effective investment in health systems it will not be possible to achieve national health goals or internationally agreed health-related development goals, including those contained in the Millennium Declaration. After discussion of the matter by the Executive Board at its 117th session,¹ the importance of health systems as part of a global health agenda and in terms of WHO's response has been reflected in the Eleventh General Programme of Work, 2006–2015 and the draft Medium-term strategic plan 2008–2013. The present report summarizes the challenges facing Member States as they seek to strengthen health systems, and outlines the key strategic issues that will shape a more effective response on the part of WHO.

Challenges to health systems

2. In the face of fierce competition for resources, ministers of health have to manage multiple objectives and competing demands. As they strive for greater efficiency and value for money, they have also to seek ways of achieving greater equity in access to, and outcomes of, health care. They are under pressure to ensure that services are effective, of assured quality, and safe, and that health providers are responsive to patients' needs. They have to ensure delivery of services for both health emergencies and more routine care. Progress in one direction, such as containing costs in the public sector, may often mean compromise in another, such as improving retention of staff through better pay packages.

3. Health systems aim at achieving better health outcomes. In many countries, resources for health have increased in domestic budgets and, in lower- and middle-income countries, those provided by external donors as well. In the latter group of countries much of the additional investment has focused on particular diseases or health conditions, without due attention being paid to the means by which services are delivered and outcomes achieved. At the same time, growing political support for increasing access to AIDS care and treatment has underscored longstanding issues such as logistics, procurement and staffing. Moreover, growing demand for provision of lifelong treatments has highlighted the need for protection from catastrophic health-care expenditure.

¹ See document EB117/2006/REC/2, summary record of the sixth meeting.

4. It is increasingly recognized that “scaling up” is not just about increasing spending on health. Ministers of health are also looking for ways of doing more with existing resources. They are seeking innovative ways of harnessing the energies of communities, nongovernmental organizations and the private sector. They recognize that there is no guarantee that the poor will benefit from reforms unless these are carefully designed with this end in mind. Further, success will be limited unless the efforts of other sectors are brought to bear on achieving better health outcomes.

5. Issues faced by health systems are not static; Member States have to respond to change on many fronts. Patterns of disease, care and treatment evolve. Systems for managing continuing individual care are different from those needed for acute intermittent care. Health systems, and their capacity to detect and respond to outbreaks, are at the centre of countries’ response to new disease threats. The introduction of new medicines, vaccines and technology has an impact on staffing, training, financing and the role of different health-service providers. Changes in public policy and administration – particularly decentralization – make new demands on local authorities and may change fundamentally the role of central ministries. The public in most countries no longer accepts a passive role and demands a greater say in the running of health services, including ways to hold health authorities accountable for their work. Development partners also have an impact on health systems by their support for global health partnerships, such as GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and through measures that increase the predictability of aid, ideally making it easier to assure financing for the long-term, recurrent costs of salaries or life-saving medicines.

A strategic agenda for strengthening health systems

6. WHO faces challenges similar to those of Member States, such as making the case for more effective investment in health systems when there is competition for financing; creating better functional links between programmes defined in terms of specific health outcomes and those with health systems at their core; and ensuring that the Organization has the capacity to respond to current problems and identify future issues, and that it uses its resources as effectively as possible.

7. The consensus-building exercise across all levels of the Organization¹ emphasized the importance of WHO’s role in relation to health systems. The draft Medium-term strategic plan, among other documents, focuses on action that needs to be taken. A strategy for strengthening health systems, while regarding technical aspects, would concentrate more on the ways in which WHO can provide more effective support to Member States.² Strategic issues have been grouped under four main themes: definition of the building blocks that underpin health systems, better working relationships between health systems and health programmes, a more effective role for WHO at country level, and health systems and international action.

8. **Clearly defined building blocks.** A common understanding is needed of what is a health system and how it is strengthened. Clear definition and communication is essential. In order to strengthen systems, the problems involved, the reason for investment, its destination and outcome and means of monitoring change all need to be determined. A number of “building blocks” that make up the system, can be defined, namely, financing, leadership and governance (stewardship), information and knowledge, medical products and technologies, health workforce, and service delivery.

¹ See document EB117/INF.DOC./2, paragraph 9.

² The World Bank has been pursuing a similar course in relation to its new health-sector strategy, which will focus heavily on the processes, procedures and incentives needed to improve the effectiveness of Bank lending in health.

9. The building blocks serve three purposes. They make it possible to define the key requirements of a health system, its capacity in terms of, say, health financing. They provide a way of defining WHO's priorities, for example, the focus of the Organization's efforts within the domain of health financing. By setting out the structure of the health system functions, they provide a means for identifying and filling gaps in WHO support, for instance by responding more coherently to the need for investment in health infrastructure and technology.

10. Although the building blocks provide a useful way of clarifying essential functions, the challenges facing countries require a more integrated response which recognizes the interdependence of each part of the health system.

11. **Health systems and health programmes: more effective working relationship.** WHO's strength is its involvement in all aspects of health and health systems. Its support, however, may be divided between advice on specific health conditions (which may not always take into account questions of systems or service delivery) and on particular aspects of health systems, provided in isolation. Although both streams of activity may be fruitfully combined, the challenge is to develop a more systematic and sustained approach, which responds better to the needs of Member States.

12. Several productive relationships have been established which bring together "programme" and "systems" expertise, in particular the work throughout the Organization stimulated by its participation in the GAVI Alliance Health Systems Strengthening Task Team. Another example is the "Treat, Train, Retain" plan that links systems work on health-service staffing to better access to AIDS care and treatment.

13. Other elements that could be included in a strategic response are ensuring basic health systems "literacy" – a familiarity with health-systems issues – among all technical staff; building on current work to increase methodological consistency across all programmes in areas such as programme costing; establishing a professional network of health-systems experts throughout the Organization; and identifying areas such as health financing policy that cannot be addressed adequately on a programme-by-programme basis. In this regard, outcome-oriented programmes at both global and country levels are able to attract extrabudgetary resources more easily. Thus, health systems specialists, in turn, need to be better prepared to act in an advisory capacity. Nonetheless, there are areas where a common approach to service delivery, for example, continuing personal care for people with chronic diseases, can drive work related to several different conditions.

14. **A more effective role at country level.** Countries at different stages of development look for different forms of support from the Organization as they seek to improve their health systems. Some are primarily interested in exchanging ideas and experience in key aspects of policy (such as migration of health workers); or achieving wider international exposure for important domestic issues (such as patient safety or the health of indigenous populations); or determining norms and standards for measuring performance. Others seek more direct involvement of WHO in overall policy framing and health systems development, as evidenced in WHO's country cooperation strategies. This area – above others – requires improvement. Lastly, all countries look to WHO to share experience in different aspects of reform, such as health financing.

15. A more effective response on the part of WHO could comprise four elements. First, capacity to diagnose, identify and remedy **health systems constraints** needs to be improved, while avoiding a programme-by-programme approach to analysis. Second, WHO should endeavour to be more present as governments draw up overall **sectoral policies and strategies**, an engagement that should involve all levels of the Organization. Third, efforts should be directed towards building national capacity in

policy analysis and management. Lastly, tracking trends in **health systems' performance** needs to be geared to national decision-making.

16. **Health systems and the international agenda.** WHO also influences in three main areas ways in which other partners – development agencies, donor governments and other international institutions – address health systems issues. First is its work in producing such **global public goods** as health system concepts, methods and metrics; consolidating and disseminating information on “what works and why”; and building scenarios for the future. Second is its efforts to build up **international systems** that have an impact on health, which include systems and networks for identifying and responding to outbreaks and emergencies, and to shape the provision of aid as it affects health systems. The third is direct involvement with international partners in their support for **strengthening of health systems** through global health partnerships, the larger philanthropic foundations, the World Bank, regional development banks, bilateral agencies, nongovernmental organizations, and private sector entities.

Next steps

17. Several issues have already emerged from the consultative process that have implications for the Organization. They include questions on ways in which planning and budgeting can be used to improve collaboration among different programmes; on staffing and finance for health systems – in particular, how to achieve the right balance between a focus on individual components of the health system and the need to fund and staff more integrated action for overall development of health systems. Several health systems-specific partnerships have been launched in the past two years, including the Global Health Workforce Alliance and the Health Metrics Network. Their aim is to secure visibility and resources for critical issues related to health systems, provide a platform for dialogue among interested parties, and maximize WHO's resources by collaborating with partners, although they require clarity about responsibilities within the Organization and special attention to coordination at country level.

18. The consultative process on strengthening of health systems will continue both within the Organization and with partners. Promotion of integrated primary health care as a practical approach to the strengthening of health systems is important. The role played by primary health care in building capacity of health systems and ensuring fair, affordable and sustainable access to essential care will therefore be incorporated into the process. One of the outcomes will be a draft strategy to guide the Organization's future work on strengthening of health systems. Given the importance of this subject to Member States, an integrated primary health care approach to strengthening of health systems will be further developed during 2007.

ACTION BY THE EXECUTIVE BOARD

19. The Executive Board is invited to note the report.

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