



# WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY  
Provisional agenda item 12.6

A53/9  
12 May 2000

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## Strengthening health systems in developing countries

### Report by the Secretariat

1. Resolution WHA52.23 requested the Director-General:

*to continue to support Member States in their efforts to meet the health needs of their people, especially those who are most vulnerable;*

*to cooperate with Member States in achieving access to safe and affordable essential medicines and other appropriate health technologies;*

*to strengthen the capacity of the health sector to participate effectively in multisectoral efforts which seek to address the root causes of ill-health, such as poverty and the lack of access to safe drinking-water;*

*to continue support for the work being undertaken to consolidate and develop a network of institutions in developing countries in the area of health reform ...;*

*to expand on the opportunities for interaction with Members of the Non-aligned Movement and other developing countries, aimed at facilitating and enhancing the work of WHO ... .*

2. WHO recognizes the importance of well functioning health systems as a critical element in improving the health of populations. Thus WHO has defined development of health systems – that equitably improve health outcomes, respond to peoples' legitimate needs, and are financially fair – as one of its strategic directions. Accordingly, it has put much effort and investment into design of tools for the diagnosis of health systems and improvement of health system performance.

3. *The world health report 2000* focuses exclusively on health systems and improving their performance. It defines health systems as comprising all the organizations, institutions and resources that are devoted to producing health action. A health action is defined as any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health. The report discusses issues in assessing the performance of national health systems as they try to address three overall goals: good health, responsiveness to the expectations of the population, and fairness of financial contribution. Progress towards these goals depends on how well systems carry out four vital functions, namely: service provision, resource generation, financing, and stewardship. The report provides evidence on reasons for health systems to behave in certain ways, and offers direction for achieving the three goals.

4. Definition of a framework to assess the performance of health systems will provide a basis for analysing and understanding national health systems and for framing policy options. *The world health report 2000* provides details of such a framework and sets out a number of policy messages on key

issues such as financing and human resources for health. Further valuable information for framing policy options and guiding work with countries will come from the ministerial round tables on health systems held during the Fifty-third World Health Assembly.

5. WHO will continue to work with countries to measure the functions, to gather evidence, and to design feasible strategies for improving the performance of health systems. In keeping with the strategic direction on health systems that clearly links health systems with health outcomes, evidence is being gathered on constraints within health systems to the effective implementation of health programmes. WHO's work on health care financing and on human resources development is also being intensified and implemented in a way that helps countries design and implement health.

6. The burden of debt repayment falling on some of the poorest countries has been increasingly prominent in international discussions. In future, agreements between countries seeking debt relief or concessional financing from IMF or the World Bank will reflect poverty-reduction strategies.

7. As an interim measure, WHO will also promote the responsible use of development loans and debt relief programmes in order to bridge the gap in health funding in the least developed countries. WHO is collaborating with IMF and the World Bank to frame health strategies within the context of poverty reduction. Support has already been provided to some national authorities; it has been requested by others. The intention is to apply this experience to improve support to all Member States on health aspects of poverty reduction.

8. Limited access to safe and affordable essential medicines and other appropriate health technologies further restricts the capacity of health systems to respond to people's needs. At least one-third of the world's population lacks regular access to essential drugs; in the poorest parts of Africa and Asia up to 50% lack access. As a result, millions of people die from diseases which could easily have been treated with cheap and effective drugs. Additional challenges are the effects of health sector reform, calls for privatization of health care with reduced public sector budgets, and the long-term impact of global trade agreements on access to essential drugs.

9. Access to essential drugs depends on four important factors: rational selection of essential treatments, affordable prices, sustainable financing and reliable health and supply systems. WHO continues to give global guidance and technical support to Member States in each of these areas. During the period 1998-1999 WHO has collaborated with over 100, mostly developing, countries in establishing and implementing national drug policies and essential drugs programmes, with the aim of ensuring sustainable equitable access to essential drugs, assured drug quality, and rational use.

10. WHO will maintain its efforts to promote access to essential drugs. First, it will promote use of the many existing policy and managerial tools. Secondly, it will encourage integration of the various drug needs of priority diseases (tuberculosis, malaria, HIV/AIDS, childhood diseases) into national essential drugs programmes. Thirdly, it will explore and further new ways to promote sustainable drug financing systems, with emphasis on the responsibilities of the public sector, in line with the recommendations of *The world health report 1999*.

11. WHO participates actively in efforts by national authorities and development partners to improve people's access to safe drinking-water. WHO's comparative advantage is its contribution on aspects of water supply and ill-health. For example, WHO has studied arsenic poisoning in Bangladesh and prepared a monitoring framework to help assess epidemiological and socioeconomic impact. Once implemented, it will serve as a model for other countries with similar problems.

12. WHO continues to cooperate at both political and technical levels with all developing countries (including members of the Non-Aligned Movement) on major issues such as health sector reform and reducing the impact of illnesses that precipitate or are associated with poverty.

**ACTION BY THE HEALTH ASSEMBLY**

13. The Health Assembly is invited to note the report.

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