



WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY
Agenda item 10

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Round tables: addressing the major challenges to health systems

Report by the Secretariat

1. Four round-table discussions for ministers of health on major challenges to health systems took place in simultaneous meetings during the Fifty-third World Health Assembly. A summary of the issues raised during these discussions follows.

IMPROVING HEALTH SYSTEMS PERFORMANCE

2. WHO's new framework for assessing the performance of health systems was presented to the round-table participants. The framework identifies three key goals of health systems:

- improving health by both raising its overall level and reducing inequalities in its distribution
- enhancing the responsiveness of the health system to the legitimate expectations of the population
- assuring fairness in financial contribution.

The ministers welcomed the framework as a crucial tool for strengthening health systems.

3. Health indicators have improved in most countries. The distribution of good health, however, both between countries and between population groups within countries, is far from equal; and in some cases the inequality is growing. The advantages of primary health care were re-emphasized; it builds the networks needed to deliver care to the most vulnerable – often the most remote – population groups and it offers the best approach to addressing disparities between population groups (disparities based, for example, on male-female sex differences or urban-rural and central-distal location).

4. The major determinants of health such as adequate housing, food supply and social security, usually lie beyond the jurisdiction of the health ministry. Reforms of the health system are therefore likely to involve “partner” ministries and bodies, including donor agencies.

5. Underdevelopment remains a major cause of ill-health and donors need to be more sensitive to the links between development and health. Health is a spur to, rather than a cost burden on, development.

6. Health systems should be assessed in relation to the specific context of each country. Nevertheless, a minimum set of international standards is needed against which the performance of a

country's health system can be measured. The framework should include indicators of sustainability, which is a key issue in developing countries.

7. Defining goals facilitates the measurement and demonstration of progress. However, in evaluating progress there should be a balance between outcome and process indicators. The design of indicators should involve consultation with all stakeholders. Easily applied and widely understandable measures should be used to monitor a population's health status, the performance of different components of the health system, and the overall health system. Since some indicators of health status may take many years to show change, clear timeframes should be established for reaching specific goals.

THE STEWARDSHIP ROLE OF GOVERNMENTS

8. The concept of "stewardship" embraces many government roles. Recent developments make increasing demands on government stewardship. These include globalization; demographic changes, especially the increased proportions of elderly people and of those needing chronic care; the development of new medical technologies, including new drugs; growing health costs; the heavy burden of HIV/AIDS; and increased expectations and demands from better informed populations.

9. At national level, stewardship includes such functions as assessing the health situation and health system performance in order to define national health targets and priority health strategies; regulating the health sector (both public and private); organizing the structure and functions of the health system and health service provision; promoting collaboration with relevant ministries and health related agencies; and ensuring public accountability.

10. In countries heavily dependent on external aid, ministries sometimes experience difficulties in fulfilling a stewardship role, because their legitimacy is questioned by both their own populations and external agencies; there is external interference in policy formulation and health planning; conditions imposed by donors conflict with national priorities; external partners fail to comply with national policies; aid goes to projects and programmes rather than to health sector policies; there is no agreement between the government and its partners on a minimum set of indicators for measuring health system performance.

11. For a ministry to take a leadership role, a reliable health information system is needed for setting priorities and measuring performance. In some countries insufficient staff is trained in the collection and use of data, so health information is not reliable enough to be used for setting priorities.

12. Each component of a health system should be held accountable – both internally, with reference to its duties and roles, and also to the public it serves – for performing to consistently high standards, including standards of clinical care, and for continually striving to improve performance. Several ministries such as those responsible for trade and finance, should be involved, but health ministers should play a central role in stewardship (leadership and coordination).

FAIRNESS IN FINANCING

13. Financing is a major issue for developing countries, especially where the national budget is small and there is little or no flexibility in allocating the proportion to be spent on health. A fair system can only be developed in relation to a country's specific circumstances. The modalities of achieving

such a system will therefore vary according to such factors as a country's level of poverty, unemployment rate and ability to pay.

14. Although many countries recognize the advantages of cost-sharing, the introduction of a prepayment scheme could face a number of obstacles. Countries may not have the required experience or managerial capacity. The introduction of new financing mechanisms may be politically sensitive. There may be potential conflict with government policies being implemented in other sectors. Health may not be a government priority. High levels of unemployment may make such a system unworkable. Health providers may oppose such a scheme, and so may the public, if it is unaware of the benefits. Sustainability is an important consideration in developing financing mechanisms.

HEALTH SERVICE PROVISION

15. A major discussion centred on the desirability of competition among health care providers. Competition can lead to fragmentation and duplication of services, poor sharing of information and friction in competing for scarce resources. It is not a panacea for improving health system performance. It requires collaboration among all providers, both public and private, based on clearly defined priorities. Competition often exists *de facto* through patient choices (e.g. traditional versus western medicine) and such informal competition should be formally acknowledged, even in the absence of a formal policy. A framework, however, is needed to ensure consumer protection.

16. Reforms should take into account the political context in which they are introduced.

17. Developing human resources for health is of vital importance if the quality of health service delivery is to be improved. Hurdles include difficulties in recruitment and retention of staff, suboptimal distribution of staff functions, and inadequate staff training and education. A shortage of human resources can hobble a country's ability to improve the responsiveness of its health system to the population's needs and expectations.

18. Even where staff can be trained to assume new roles or to perform more effectively, the provision of appropriate incentives may be thwarted by administrative barriers (e.g. when health workers are civil service employees).

19. Decentralization of service provision, including overall authority, budgetary control and personnel management, is a key factor in increasing access of the population to health care, particularly at district level.

20. Evidence-based measures of performance should be used to decide on and to monitor clinical interventions.

21. Assessment of the responsiveness of a health system should take into account the extent to which it ensures universal and equitable access to health care, community participation, prevention of medical or health care accidents or errors that may cause death or disability. The major barrier to improving such responsiveness, however, is lack of financial and other resources.

SUPPORT FROM WHO

22. Ministers identified ways in which WHO could support the development of health systems at global and national levels.

23. At global level, WHO should:

- assist in identifying priorities for changes required to improve health systems
- support poverty reduction initiatives
- promote the exchange of experiences in health system development within a comprehensive framework
- advise countries on the best models of health care financing
- develop models for managing health systems after decentralization
- reaffirm the benefit of health as an investment in development
- continue dialogue with other international agencies

24. At national level, WHO should:

- assist in strengthening the stewardship role of ministries of health, including the formulation of health policies and plans
- support ministries of health in coordinating the actions of external partners.

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