



Implementation of resolutions and decisions

Health systems development

This report contains additional information on the initiative on health systems development, requested by the Board at its sixth meeting. It complements the information contained in document EB101/10, Section V.

1. The initiative on health systems development is intended to increase the attention and give priority to health systems development in countries and by international forums and clarify definitions of the roles, functions and components of health systems, increasing their capacity where needed by:

- creating mechanisms in WHO to coordinate different elements of the health systems development programme with other technical programmes;
- providing overall support to countries and establish a “think-tank” to monitor and assess the policies;
- placing emphasis on least developed countries and other countries that are furthest behind in meeting the targets of health for all, and on vulnerable and marginalized groups within countries;
- creating links with national institutions in order to promote and implement joint country activities;
- establishing regional and global reference centres for interested countries; and
- strengthening partnerships with other bilateral and multilateral agencies on the basis of a well established and accepted policy.

PROPOSALS OF THE EXTERNAL ADVISORY GROUP

2. An external advisory group met on 26 and 27 November 1997; it clarified some of the terms, distinguishing between health care systems, health systems and health systems development: health care systems refer to the provision of health care to individuals and to communities; health systems deal with broader issues including

interaction with other sectors influencing health; health systems development covers the options available for the strengthening of health systems in countries with the ultimate aim of improving health status of the population.

3. The group proposed that the initiative should proceed with the examination of certain themes relevant to all systems, including: policy development, planning, health information, regulation and legislation, and the private sector; financing, expenditure and resource allocation; organizational and institutional development, including management, “governance” and decentralization; service delivery and quality assurance; essential drugs and health technology; health workforce development, and “partnership” and “empowerment” within the health sector and with other sectors. It emphasized that this list was not exhaustive and should not necessarily form the basis of WHO’s action, or the organization of health systems at the country level.

KEY AREAS

4. Resolution EB100.R1 calls for the initiative to deal with *research, advocacy, capacity-building and country support*. An initial assessment is required of the numerous activities in progress in these four areas. The initiative will strive to ensure that they are implemented in a fully integrated manner.

5. In the area of *research*, WHO has been assessing health systems issues, determining best practices, designing frameworks and tools for analysing options, and methods for monitoring and evaluating, both within the health sector and with appropriate government and nongovernment agencies, concentrating on decentralization and change; approaches using local institutions and non-state entities; health financing policies; human resources development, and the organization and management of disease-specific programmes in the context of health sector reform.

6. Regarding *advocacy*, it was agreed that health systems development should promote overall public health aspects, produce technical packages for promotion in countries, develop guidelines for networking, and organize global/regional meetings to monitor progress. WHO is developing essential public health functions within the context of primary health care, supporting a forum on health sector reform, and promoting good practices in nursing and midwifery.

7. It has also been decided that *The world health report 1999* should be devoted to the subject of health systems development. The Regional Office for Europe has been using a “template” for developing health system profiles of “countries in transition”, and this template is being modified according to each region’s perception of its special needs in order to prepare a set of country health systems profiles which highlight the recent changes in health systems in the light of global changes. Apart from *The world health report* it will also constitute the foundation for improved regional and global information on countries’ health systems and their processes for change.

8. In *capacity-building*, attention is being paid to personnel and institutional development for quality assurance, discussing a broad basis for health systems development, roles/functions in the private sector and for nongovernmental organizations, and local resource mobilization for health systems development. Concrete action is under way to strengthen the capacity for policy analysis, for human resource strategy development and health financing in order to evaluate national health policies, and for increased capacity to monitor equity at country level. Networks of research workers and institutions have been established, particularly for nursing/midwifery, health sciences, and quality assurance in hospitals and health centres. With the rapid growth of technology - particularly information technology - there is an urgent need to increase countries’ capacities for the assessment and use of appropriate technology.

9. WHO already provides much *direct country support* at the regional and country level, often supplemented by technical expertise from headquarters. The initiative, focusing principally on the countries in greatest need, will provide support and accelerated training for senior personnel, design tools/instruments for strategic interventions and identify underserved/marginal groups in the health care delivery system. The regional offices

in particular will continually assess plans of action for country support and modify them to correspond to changing country needs.

PARTNERSHIPS WITHIN THE ORGANIZATION

10. WHO has been working to define its role in health systems development more clearly and design appropriate strategies. A consultation was held in October 1996 involving all regional offices, a meeting involving development agencies and other programmes was held in November 1996, and a meeting on building sustainable health systems was held in Helsinki in November 1997. A WHO interprogramme working group has been set up to develop the initiative in the light of the advisory group's call to bring together different elements of the health systems development programme in order to provide integrated support; links with other programmes at the regional level will also be strengthened, and close cooperation will be maintained with regional programmes.

“PARTNERSHIP” WITH EXTERNAL AGENCIES

11. UNICEF and WHO have developed new approaches to strengthening district health systems. Links are being strengthened with other agencies, such as UNDP, ILO and the World Bank, to develop integrated policies for support to human resources development and define options for global partnership for health systems development at local/district levels. WHO is also collaborating with the Non-aligned Movement which promoted, in May 1997, resolution WHA50.27 on strengthening health systems in developing countries. A network of institutions in developing countries is being established to gather, assess and disseminate information on approaches to health sector reform, starting with one institution in each of about 10 countries and gradually expanding. UNDP is closely involved in this effort. Furthermore, WHO has contributed to the initial conceptual work on sector-wide approaches with other development agencies, national policy-makers and experts, and an international technical working group has recently been established.

CONCLUSIONS

12. Health systems development is not the task of only a few divisions or programmes within WHO. It permeates the whole Organization, as sustainability of health action depends largely on the capacity of countries to strengthen their health systems. Consequently, an Organization-wide effort is needed to support countries in the development of their health systems. Additionally, close collaboration with other external agencies and nongovernmental organizations is imperative if the envisaged goals of the initiative are to be achieved. Major regional and global conferences are needed to obtain consensus of views and identify the role that WHO should be playing.

PROPOSED PLAN OF ACTION

13. The plan has the following elements:

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| (1) | Development of a joint plan of action by an interprogramme working group at WHO headquarters | February 1998 |
| (2) | Continued consultation with regional offices, and draft plan of action | Mid-March 1998 |
| (3) | Meeting of external advisory group to consider plan of action | 2 and 3 April 1998 |

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| (4) | Consideration of plan of action by the Executive Board at its 102nd session | May 1998 |
| (5) | Further consultation with other programmes and regional offices regarding implementation of the plan and development of a framework for monitoring/evaluation | June/August 1998 |
| (6) | Consultations/meetings with bilateral/multilateral agencies | September/November 1998 |
| (7) | Report on progress to the Executive Board at its 103rd session | January 1999 |

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