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Health systems, including primary health care

Report by the Secretariat

BACKGROUND

1. Health systems play an important role in all countries, rich or poor. They are pluralistic, with many actors who operate in a fragmented manner for the most part, often without common goals or guiding policies. But all countries are engaged in actions intended to improve some aspect of their health system.
2. Strengthening health systems is essential if countries are effectively to meet the challenges they face, including attaining the Millennium Development Goals and other national and international goals. Scaling up interventions will necessarily require functioning health systems. Radical improvement is needed in such crucial areas as financial systems and their management; the health workforce; service delivery; social mobilization; information systems and management; health system design; and the alignment of policies to ensure improved access to care, especially for poor or marginalized populations.¹
3. Health systems are in jeopardy in many countries because of political instability, armed conflict and heavy external debt. They may also face other difficult challenges, including fiscal austerity measures as a result of macroeconomic policies; changes in demographic and epidemiological trends; and complex emergencies. The outcome has been chronic underfunding, leading to weakened public systems, poor infrastructure, shortage of health workers and inadequate medicines and materials. Access to health services is worsening, especially for poor populations. Health systems are characterized by a growing number of private providers, both for-profit and not-for-profit, and the links between the public and private sectors are generally weak.
4. A common understanding of the health system is important if collective action is to be taken. *The world health report 2000* broadly defines the health system as comprising all the organizations, institutions and resources that produce actions whose primary purpose is to improve health.² Consistent with this definition, the health-care system refers to the institutions, people and resources involved in delivery of care to individuals and provision of nonpersonal services.

¹ See also document EB113/12.

² *The world health report 2000. Health systems: improving performance*. Geneva, World Health Organization, 2000.

5. WHO's framework for health systems' performance assessment emphasizes the need for countries to be concerned about health outcomes, the way the system interacts with users, the extent of catastrophic health expenditure and the improvement of equity at the same time as improvement of quality.

EFFECTIVE AND RESPONSIVE HEALTH SYSTEMS

6. The principles adopted in the Declaration of Alma-Ata (1978) are central to WHO's work in health systems and related areas.¹ Elements of a health system led by primary health care are set out in *The world health report 2003*.² They emphasize a broad ethical commitment to equity and an integrated service structure. A health system based on primary health care would have five key strands, namely,

- to build on the Alma-Ata principles of equity, universal access, community participation and intersectoral approaches
- to take account of broader population health issues, reflecting and reinforcing public health functions
- to create the conditions for effective provision of services to poor and excluded groups
- to organize integrated and seamless care that links prevention, acute care and chronic care across all components of the health system
- continuously to monitor, evaluate and strive to improve performance.

7. A health system that performs well must be able to respond to the health needs of populations by delivering the services or implementing the health promotion and preventive measures that address priority health problems. Clearly this requires a strengthening of country capacity to manage the different actors involved nationally and internationally, and aligning policies and resulting strategies. For example, such macroeconomic initiatives as the New Partnership for Africa's Development need to be consistent with poverty-reduction strategies in Africa.

8. Existing bottlenecks to access to health interventions such as immunization, and treatment for HIV/AIDS or for tuberculosis need to be analysed in particular and financing solutions sought. Current knowledge suggests that such bottlenecks include lack of political and financial commitment; inadequate physical infrastructure and equipment; weak monitoring and information systems; lack of human resources and of management skills; weak social mobilization, and unmet demand.³

¹ See also document EB113/13 Add.1.

² *The world health report 2003. Shaping the future*. Geneva, World Health Organization, 2003.

³ *Improving health outcomes of the poor: the report of Working Group 5 of the Commission on Macroeconomics and Health*. Geneva, World Health Organization, 2002.

Health financing

9. *The world health report 2000* stressed the following principles for improving health financing:
- reduce the extent to which people have to make out-of-pocket payments at the point of service
 - increase the accountability of institutions responsible for managing insurance and providing health care
 - improve the pooling of contributions across rich and poor, healthy and sick; and raise money through administratively efficient means.
10. Countries are therefore striving to design health-financing systems that ensure that the population as a whole gains access to good quality, equitably financed health services. Working with countries and partners, WHO is helping to frame clear financing policies.

Health workforce

11. The workforce accounts for 65% to 80% of annual health-system expenditures in most countries. Shortage of health workers and low productivity and motivation prevent the health system from delivering adequate services. Yet there is insufficient investment in health systems research and support to countries to find solutions and manage workforce issues effectively, particularly such recruitment and retention problems as remuneration, working conditions and migration.
12. Health workforce issues have tended to be neglected in the face of other priorities. Concerted efforts are needed in at least three key areas, as described below.
13. **Expansion of the workforce.** Many countries are unable to deliver services because they are experiencing an absolute shortage of different types of health worker: the necessary numbers and skills are missing. This situation is aggravated by the migration of health workers from resource-poor countries to richer ones. Without the necessary health workforce, it will be impossible to meet the health-related Millennium Development Goals or successfully to implement such initiatives as “3 by 5”. WHO is working with external partners to secure the inclusion of health workforce issues on the work plans of international and national authorities and to provide policy options and strategies to reduce workforce-related constraints.
14. **Incentives and productivity gains.** Coordinated incentives are needed in order to improve access to health-care providers, reduce internal and external migration, motivate health workers and encourage them to work better in teams and to interact with communities. Incentives can be monetary and nonmonetary: improved working conditions are also appropriate incentives. WHO is developing the evidence base of policy actions and specific schemes of proven effectiveness. Raising the productivity of health-care providers requires better alignment between education, training and practice; improved management, management systems, and supervision; and greater coherence between administrative structures such as civil service commissions and deployment of the health workforce.
15. **Strengthening of institutions.** Functioning training institutions are a prerequisite for producing health workers in sufficient numbers, with appropriate skills and competences. They require good management systems and competent teachers. With the growth of the private enterprise in the health sector it is especially important that regulatory institutions should be strengthened.

Health information and research

16. Countries need functioning information systems in order to frame policies based on evidence, monitor and readjust their strategies, discern new trends and counteract harmful ones. Three core dimensions of health information systems can be distinguished in order to target initiatives more accurately and build networks:

- **areas of health measurement:** mortality, morbidity and disease outbreaks; nutrition and well-being; access to health services and their coverage and quality; costs and expenditures, with special reference to equity and gender in health issues;
- **tools and methods:** vital registration, census, household surveys, facility and district surveys, routine clinic-based health-management information systems, disease surveillance, national health accounts, modelling;
- **information users:** patients and their families, communities, service providers, programme managers and policy planners at district or national level, bilateral agencies and international organizations. Information needs in areas of health measurement differ according to the user.

17. At present, supply, demand and use of information is poorly correlated. Copious general information might coexist with scarce specific data in key areas. Often, the data generated are not used to inform decision-making in health, whereas there is a resurgence of interest in health information, driven by both the move towards performance-based resource allocation and significant increases in resources mobilized for health in recent years. This increased demand for information cannot adequately be met without investment in streamlined health-information systems able to generate data on a full array of health-related issues.

18. More investment is needed to generate information, compile the evidence base and use it at country level to improve health outcomes. WHO is therefore working with Member States and development partners, including foundations and bilateral agencies, to improve the generation, dissemination and use of health information. The aim of this partnership, materialized in the Health Metrics Network, is to improve health by way of strengthened health information systems that support the framing and implementation of evidence-based health policy and improve accountability and effectiveness at all levels of the health system. Through the application of standardized and consistent methodology and avoidance of overlap and duplication, better health information will be available to, and used by, local, national and international decision-makers and civil society.

19. Although efforts have been made to promote health systems research, it still trails behind clinical and biomedical research. To help redress this disparity WHO has embarked on an analysis of health research systems, which includes identifying health systems researchers, sources of funding, and existing research agendas. It focuses particularly on the “know-do” gap: the difference between what is known and what is done in practice.

Improving leadership in health systems

20. Scaling up interventions presents challenges and opportunities that will require strong central leadership and guidance without excessive control, which discourages local innovation and participation. Leadership involves facilitating discourse on the whole system, not just its parts. WHO can contribute by organizing periodic reviews that involve key constituencies at country level. The

findings of these rapid, system-wide assessments would be open to discussion as an integral part of the process.

21. To keep the many actors involved on course, ministries of health will need to take the lead to build coalitions and coordinate their many inputs and processes. This goes beyond the need for central coordination units. WHO can play a key role by providing a platform for dialogue between national policy-makers and consolidating experience acquired and innovative approaches. One relatively new opportunity in many countries is the creation of the Commission on Macroeconomics and Health, which has mobilized different constituencies at country level for health and development.

22. In addition, in countries with a heavy burden of ill-health and widespread lack of care, extending health care in a context of virtual noncoverage presents a special leadership challenge. Ministries of health need to devise appropriate policies in order to maximize population health, which combine cost-effective priority interventions, in particular through outreach activities and better access to primary care facilities, with special emphasis on rural areas. Mechanisms also need to be set up to minimize the poverty induced by ill-health, such as community or publicly financed solidarity funds, giving special attention to marginalized groups.

Aligning WHO's work

23. Convergence and coordination of WHO's work in the areas of health systems' development, poverty and health, and human rights will be required to ensure that effective strategies are refined and that new ones are developed and implemented with countries and other development partners.

24. In addition, WHO aims to improve the capacity of ministries of health to enter into strategic dialogue on health-system issues with other ministries, development partners, the private sector and civil society. It intends to set up health systems country teams for this purpose, which would also seek to strengthen health interventions and seize opportunities to enhance health systems. It will be necessary to determine the skills and competences that would secure an effective health systems' presence.

25. A crucial element of an effective health system is universal access to essential medicines and vaccines. WHO recently revised its medicines strategy for 2004 to 2007 as a part of the national health system, in the light of the changing socioeconomic environment and the process of globalization. The strategy is anchored in WHO's Constitution and the numerous resolutions adopted by the Health Assembly which have guided WHO's work in medicines for many years, including the most recent ones that take into account the new international context.¹

ACTION BY THE EXECUTIVE BOARD

26. The Executive Board is invited to note the above report.

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¹ See document EB113/10 Add.1.