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Health system strengthening

Current trends and challenges

Report by the Secretariat

MATCHING PERFORMANCE TO EXPECTATIONS

1. Over the last few years, there is growing awareness that the smooth and effective operation of health systems is critical to achieving both national and international health goals.[1] Recent confirmation of the commitment of Member States and the international community includes:

- The new prominence of health systems on the aid agenda of donors such as the European Union and the United States of America;
- The findings of the High Level Taskforce on Innovative International Financing for Health Systems;[2] and
- The United Nations Secretary-General's Global Strategy for Women's and Children's Health, with its call to strengthen the capacity of national health systems to deliver equitable and quality health-care services.[3, 4]

[1] AFR/RC60/7 Health systems strengthening: Improving district health service delivery, and community ownership and participation; WPR/RC61.R2 Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care; EUR/RC60/R5 Addressing key public health and health policy challenges in Europe: moving forwards in the quest for better health in the WHO European Region; EM/RC57/INF.DOC.4 Progress report on strengthening primary health care-based health systems.

[2] Taskforce on Innovative International Financing for Health Systems. More money for health, and more health for the money. Geneva, Taskforce on Innovative International Financing for Health Systems, 2009.

[3] United Nations Secretary-General Ban Ki-moon. *Global Strategy for Women's and Children's Health*. New York, United Nations, 2010.

[4] See resolution 65/1.

OVERARCHING POLICY DIRECTIONS FOR STRENGTHENING HEALTH SYSTEMS

Policy directions

2. The approach to strengthening health systems is changing. Current efforts increasingly rely upon a "steer and negotiate" approach to address the problems of the entire health sector. Such an approach is shifting service delivery towards people-centred primary care, moving towards universal coverage and putting health in all policies. These policy directions constitute the core of primary health-care renewal.[1, 2]

Shifting health-care delivery towards people-centred primary care

3. Many Member States continue to struggle with establishing and maintaining models for integrated service delivery that can deliver the comprehensive range of services, from promotion to palliation, required to achieve the desired health outcomes and to respond to their population's expectations. Such networks depend on linking up the diversity of public and private providers, with an appropriate coordination of and balance between primary care and other services that contribute to a population's health: hospitals, specialized programmes, prevention and promotion, supplies and logistics, as well as, in some models, social services.

Moving towards universal coverage[3]

4. In many countries, the demands for equitable access to care and social health protection carry a high degree of social consensus. Many people remain deprived of such access, however, while direct out-of-pocket payments for care and medicines continue to account for as much as one third of new annual poverty in some regions. Many Member States have been making efforts to extend comprehensive and integrated health-care networks in order to facilitate universal access. At the same time they are often struggling to extend financial and social protection so that those who need services are neither deterred from seeking them nor subject to catastrophic expenditures or impoverishment for doing so. *The world health report 2010* has called attention to the importance and feasibility of establishing the systems and institutions needed to finance universal coverage.[4] A global movement for universal health coverage is now under way, with governments using a variety of models to share health costs more equitably across the population and its life cycle.

Health in all policies

5. The impact on health of factors outside the government's health sector has been recognized for some time and was reemphasized by the findings of the Commission on Social Determinants of

[1] Resolution WHA62.12.

[2] Resolution WPR/RC61.R2.

[3] Resolution WHA58.33.

[4] *The world health report 2010 – Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

Health.[1] In many Member States, and in the global health community, the balance between health care and public health is being re-examined, with concerted efforts to ensure that health is given its rightful place in the policy deliberations of other sectors, including the environment, gender equality and consumer protection.[2] This moves the debate on health system strengthening beyond health-care delivery to the broad public health agenda, the social determinants of health and the interaction between the health sector and other sectors in society.[3]

CURRENT TRENDS

Combining country efforts and policy instruments with global reach

6. The increased attention to strengthening health systems within Member States has been reinforced by efforts to streamline global health policy instruments. The possibility to shape and deploy these instruments relies on interagency collaboration and the direct involvement of Member States. The trend towards greater interagency collaboration at the global level contributes to a growing body of instruments, mechanisms and information that adds value to country efforts in strengthening health systems. Although much remains to be done, there are examples of positive developments in all the building blocks that constitute health systems.

Integrated service delivery models[4, 5]

7. The emerging model for organizing health care is that of "integrated service delivery networks".[6] Adapting the experience with developing district health systems to pluralistic health systems,[7] integrated service delivery networks are organized as close-to-client networks of primary care providers – public, private or mixed – backed up by hospitals and specialized services. Such networks are responsible for the health of a defined population, offering health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care. They integrate programmes targeting specific diseases, risks and populations, as well as personal and public health services.[8] The modalities of organizing such networks differ from country to country. A

[1] Commission on Social Determinants of Health. Closing the gap in a generation: health equity through action on the social determinants of health. Geneva, World Health Organization, 2008.

[2] "The Nairobi Call to Action for Closing the Implementation Gap in Health Promotion", Seventh Global Conference on Health Promotion (Nairobi, 26–30 October 2009); "Adelaide Statement on Health in All Policies: moving towards a shared governance for health and well-being", Health in All Policies International Meeting (Adelaide, Australia, 12–15 April 2010); "The Tallinn Charter: Health Systems for Health and Wealth", WHO European Ministerial Conference on Health Systems: Health Systems, Health and Wealth (Tallinn, 25–27 June 2008).

[3] Resolution EUR/RC60/R5.

[4] Resolution AFR/RC60/7.

[5] Document EM/RC57/INF.DOC.4 Progress report on strengthening primary health care-based health systems.

[6] *The world health report 2010 – Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

[7] Organización Panamericana de la Salud. Redes integradas de servicios de salud: conceptos, opciones de política y hoja de ruta para su implementación en las Américas (serie: La renovación de la Atención Primaria de Salud en las Américas N.° 4). Washington, DC, PAHO, 2010.

[8] *The world health report 2008 – Primary health care (now more than ever)*. Geneva, World Health Organization, 2008.

common element, however, is the growing awareness, in low- as well as in high-income countries, that effectiveness, sustainability and responsiveness to people's expectations mandate a shift towards people-centred primary care as the gateway to the health system. The countries that are moving in this direction are aiming to facilitate access to effective care and to enable integration of a comprehensive range of interventions and coordination of care; continuity of care along the life-cycle; and coordination of care that is person-, family- and community-centred, and sensitive to the gender, cultural and social context.

Financing universal coverage

8. A large proportion of the population worldwide remains deprived of access to care, while 150 million people face catastrophic expenditure and 100 million are thrust into poverty because of direct out-of-pocket payments for services and medicines. Demand for equitable access and social health protection now reflects a broad and increasing social consensus in many countries. Decisions about how health is financed are critical components in ensuring effective access. Although many developing countries will continue to need increased and more predictable flows in external funding for some years, more domestic funds could be raised in low- as well as high-income countries which would allow for a greater degree of universality. The trend towards universal coverage is gaining momentum. As a result, there is now a much better understanding of how these efforts can be supported and accelerated. *The world health report 2010* suggests that raising sufficient funds is not enough. Drawing on many country experiences, the Report notes that the countries closest to ensuring universal health coverage mandate contributions for people who can afford to pay, through taxation and/or insurance contributions (with subsidies for specific groups – usually the poor and elderly). The Report makes several suggestions, including ways to increase domestic resources for health; reduce financial barriers to access; and improve the efficiency and effectiveness of resource use. It highlights that it is both necessary and possible to shift away from direct, out-of-pocket payments and to move towards financing mechanisms that reduce financial barriers to care and provide better protection from the financial consequences of ill health. The resulting funds for health are then pooled and spread into areas of risk, thereby sharing the advantages across the entire population. The final area for action is for countries to identify areas in which more investment in health is possible for the available money through gains in efficiency and a strong focus on equity.

Human resources for health

9. Information on the situation of human resources for health has improved over the last five years, particularly in countries where human resources are severely limited. Evidence from a number of Member States shows that adequate and smart investment in a country's workforce can result in short- to medium-term gains: for mobilizing and retaining health workers (including reversal of "out-migration" trends, that is, the migration of health workers out of their country of origin); for health workforce outputs (including outpatient services, safe delivery, immunizations); and for health outcomes (including prevention of mother-to-child transmission of HIV). It is clear, however, that such gains may be short-lived without continued investment and that such investments remain well below what is needed. These country-level developments are echoed by attempts to improve global governance of the health workforce. The adoption of the WHO Global Code of Practice on the International Recruitment of Health Personnel in May 2010 and the development of guidelines for monitoring implementation of the Code by Member States and other stakeholders are under way.[1] The

[1] Resolution WHA63.16.

development of global policy recommendations to increase access to health workers in rural and remote areas through improved retention has been completed. Work is also under way to develop global recommendations to help improve the quality of and increase the numbers involved in medical, nursing and midwifery education. These global instruments accompany a surge in national efforts on health workforce planning, through which 45 out of 57 countries identified to be at a critical threshold in health-worker density have now developed human resources for health plans, and 25 of these countries have started implementing them.

Medicines

10. Increasing attention has been paid to harmonizing pharmaceutical practices. At the global level there has been significant progress towards implementing common procurement practices by all major development agencies. Moreover, all United Nations agencies engaged in supporting essential medicines programmes now ensure common guidance, tools and advice to countries through the Interagency Pharmaceutical Coordination group. Concrete outcomes of this include the Interagency Guidelines for Drug Donations, and the Prequalification Programme (a United Nations Programme managed by WHO) for priority medicines for AIDS, tuberculosis, malaria and reproductive health. The Interagency Pharmaceutical Coordination group is currently working on a common United Nations format of national pharmaceutical sector profiles to replace the many different national assessments by WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the World Bank. WHO is actively working with regional economic communities in Africa, including the East African Community, to improve the quality, efficacy and safety standards of medicines in countries through the regulatory harmonization of medicines, information exchange and knowledge transfer. Staff from national medicines regulatory authorities of over 50 countries from all WHO regions were trained in marketing authorization, good manufacturing practice and on best practice for quality control. In addition, recent findings at the country level through standardized pricing and availability surveys of medicines in countries have demonstrated that considerable savings from public sector procurement do not always convert into good patient prices, particularly in the private sector. Furthermore, such information has confirmed that generic medicines continue to be underused in the private sector and countries could save about 60% of their pharmaceutical expenditure by shifting from originator to generic products, as occurs in a few developed and middle-income countries.[1]

Infrastructure and technology

11. The development of health technology continues to be a driver of the expansion of health systems. It is transforming health-care delivery within primary care settings while, particularly in middle-income countries, it is stimulating an expansion of hospital infrastructure. Better intelligence on trends in medical devices is becoming available. A global survey on medical devices policies, regulation and management was launched in 2010. Guidelines are being finalized on procurement, donations, maintenance, needs assessment and health technology assessment. In line with the World Health Assembly resolution WHA60.29 on health technologies,[2] the First WHO Global Forum on Medical Devices (Bangkok, 9–11 September 2010) has identified priorities for improving the availability and proper utilization of medical devices.

[1] *The world health report 2010 – Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

[2] Resolution WHA60.29.

12. *Health information and research*. WHO, in close collaboration with national and international partners, has focused on strengthening the monitoring and evaluation components of national health strategies. In the context of the International Health Partnership Plus (IHP+) and related initiatives, and the Health Systems Funding Platform, progress has been made in gaining support for a single, common country-led monitoring and evaluation framework. This is designed to be fully integrated within the national health policy, strategy and plan, and aims to be the foundation for accountability, including global reporting. Work with Member States concentrates on four areas:

- ensuring that national health policies, strategies and plans have a sound monitoring and evaluation component;
- strengthening health sector reviews;
- establishing country health "observatories" or "health intelligence portals"; and
- increasing institutional capacity in countries to support the regular monitoring and evaluation of problems and progress in their standards of health and health systems.

Low-income countries and global partners have also joined forces to foster innovation with a view to monitoring vital events for the Millennium Development Goals. In these countries, the dialogue with development partners continues to be constrained by the difficulties of attributing specific health outcomes directly to specific efforts in the strengthening of health systems. This is compounded by pressure from the global health community for quick and visible results with their own efforts. The common monitoring and evaluation framework is expected to help overcome these obstacles to country–partner dialogue, but active investment in research capacity will also be required.

Health governance

13. Many Member States are attempting to rationalize and bring coherence to fragmented systems with multiple stakeholders, public, private-not-for-profit, private-for-profit firms and corporations. As a consequence, there has been a renewed interest in developing regulatory capacity[1] and strengthening policy instruments to develop, negotiate and implement more robust national health policies, strategies and plans.[2] These trends are echoed in the evolving practice of external aid.

Consensus around the principles of the Paris Declaration on Aid Effectiveness

14. The principles of the Paris Declaration on Aid Effectiveness of country ownership, harmonization, alignment, results and mutual accountability are now well established. Robust national health policies, strategies and plans, and the policy dialogue that underpins them, have thus become critical to improve aid effectiveness as well as domestic health system strengthening. Although the global health architecture continues to increase in complexity – there are currently over 140 global health initiatives compared with fewer than 100 five years ago – implementation of the principles of the Paris Declaration on Aid Effectiveness is starting to show some success. Firstly, and most importantly, a number of developing countries have set up their own structures and processes to obtain

[1] Resolution WHA63.27.

[2] Executive Board 128th Agenda item 4.5. Health system strengthening: improving support to policy dialogue around national health policies, strategies and plans.

alignment of the inputs of development partners behind their priorities. Secondly, initiatives such as IHP+ are encouraging this by bringing 49 developing countries, agencies and donors together and holding them mutually accountable for changing behaviour. This is setting a benchmark for donor behaviour in the health sector. Together these initiatives are bringing substantial changes to the way aid in the health sector operates, not in the least because recipient countries have gained bargaining power through an increased exchange of experience and mutual learning. This is demonstrated by the central role of the Joint Assessment of National Strategies, elaborated through the IHP+. The unified approach of the Joint Assessment of National Strategies has been successful in assessing and improving the robustness of country policy dialogue on health system strengthening. Its principles are being implemented, and are either fully integrated in existing processes or as a specific exercise, in 28 countries. More recent developments such as the Health Systems Funding Platform may provide additional opportunities for agencies to harmonize their ways of working and to intensify aligned efforts to invest resources in and strengthen health systems.

FACILITATING COUNTRY EFFORTS

A long-term perspective

15. The global health community, including WHO, can support country efforts to strengthen and resource health systems by aligning global agendas to country processes. With greater numbers of actors in health, the responsibility to do so is increasing in importance, and there is a need for enhanced quality assurance of technical support in terms of normative work and facilitation of policy dialogue. To ensure that health strengthening efforts keep on track over time, a strategic approach is essential. Such an approach depends on the following elements: a systematic reliance on intercountry exchange and joint learning, focused on overarching policy directions for strengthening health systems, that is, universal coverage, people-centred primary care and health in all policies. The global health community, including WHO, can facilitate this through a variety of means, such as peer reviews, exchange visits, communities of practice, travelling seminars and institutional twinning. WHO has produced a compendium of national and regional expertise to support this, including WHO collaborating centres, centres of excellence and other institutions. Finally, WHO will continue to use its country presence and leverage, particularly in countries with weak institutional capacity and in unstable contexts for two significant reasons: to ensure continuity in the policy dialogue that underpins health system strengthening, and to give such dialogue a long-term perspective.

ACTION BY THE EXECUTIVE BOARD

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

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