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FIFTY-SIXTH WORLD HEALTH ASSEMBLY
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Strengthening health services delivery

Strengthening health systems in developing countries

Report by the Secretariat

BACKGROUND

1. Resolution WHA54.13 (2001) on Strengthening health systems in developing countries, urges Member States, *inter alia*, to reaffirm the importance of health as an indispensable resource for sustainable development; to continue to support research in the area of human genetics and biotechnology; and to support technical cooperation with and among developing countries. The resolution requested that a report on implementation should be made to the Fifty-sixth World Health Assembly.

2. Among the specific requests addressed to the Director-General were to cooperate with Member States in achieving access to safe and affordable medicines and other health technologies; to strengthen the capacity of the health sector to participate effectively in multisectoral efforts that seek to address the root causes of ill-health; and to validate and collate data that would help ensure that future policies for health sector reform were based on the best available evidence.

3. Most of WHO's work is related, in one way or another, to the objectives of the resolution and a number of focused areas of activity are directly relevant to these objectives. They include health as a central component of development, reduction of poverty, access to essential medicines and vaccines, improvement of service delivery, and of overall performance of health systems, and address such questions as better financing mechanisms and strengthening research. Progress on these issues, over the past two years, is summarized below.

Health and development

4. Countries increasingly see good health as fundamental to human development and national prosperity. Health now occupies a central place on the international development agenda, and is a key concern of high-level political groupings such as the African Union, the Non-Aligned Movement, ASEAN, the European Union and the G8. Health also features prominently in the Millennium Declaration, adopted by Heads of State at the United Nations Millennium Summit (New York, 2000).¹

¹ See document A56/11, WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration.

5. In order to achieve good health in countries, and thus stimulate overall development, significant resources will be required. The report of the Commission on Macroeconomics and Health highlighted the magnitude of resources needed to achieve a positive impact on the health of the poor.¹ It underscored the need to increase investment in global public goods, such as research and development geared towards tackling diseases of poor people and poor countries; human resources, including leadership development; and building “close-to-client” health systems capable of reaching poor populations with essential interventions. The report stressed that the greatest contribution will need to come from increases in development assistance, supplemented by national budgets, particularly through more efficient allocation of resources, and inflows from debt relief. It also called for a new partnership between developing and developed countries involving governments, nongovernmental organizations and private groups to scale up the world’s response to health challenges faced by poor countries. WHO is preparing evidence-based guidelines in consultation with experts from all regions to respond to requests of Member States for technical advice on how to advance the work of the Commission at country level.

Health and poverty reduction

6. Poverty remains one of the root causes of ill-health among poor people; its reduction is therefore an essential aspect of health improvement. WHO has continued to collaborate with countries to shape the health component of their poverty reduction strategies by reviewing poverty reduction strategy papers. In response to gaps identified, WHO is strengthening the baseline evidence on the health of poor people and their interactions with the health system as compared to other population groups. The work on measures of poverty will enable policy-makers better to identify and focus on the groups with the poorest health outcomes, thereby reducing inequalities and improving their health. This work includes tracing health expenditures and determining whether the poor are more likely to face catastrophic expenditures and health inequality.

7. WHO is also strengthening the evidence base on pro-poor health policy options, by systematically documenting the design and implementation of poverty reduction strategy papers and relating them to more complete and comparable evidence on trends in health system inputs, coverage and outcomes. Further, as part of the country focus initiative, WHO is strengthening its ability to provide support to national health authorities in their design of pro-poor health policies. This will enable Member States to allocate funds from debt relief and other sources to strategies that are effective and meet the needs of the poor and other vulnerable groups.

8. Lastly, WHO has devised an asset index that can be used to compare the health of poor people with that of non-poor, and to determine whether the health system is less responsive to the poor. This can be used as the basis of focusing interventions aimed at improving the health of the poor.

Service delivery

9. Two key aspects of effective and efficient delivery of health services in developing countries are identifying cost-effective interventions, and building up capacity in order to ensure the broadest coverage with the identified interventions.

¹ *Macroeconomics and health: investing in health for economic development*. Geneva, World Health Organization, 2001.

10. WHO-CHOICE (choosing interventions that are cost-effective) has enabled countries to identify the most effective and efficient interventions in their circumstances.¹ Efforts are needed to ensure that health systems are able to deliver effective, responsive, and fairly financed services that pay particular attention to improved access to, and coverage with, these cost-effective interventions for the whole population. In this vein, WHO has provided analytical, normative and technical support to Member States for assessing and improving the responsiveness of health systems to their populations and the performance of health-care provider organizations. The World Health Survey will enable Member States to obtain useful information on the coverage of key health interventions.

11. WHO has also provided analytical, normative and technical support to Member States related to monitoring and evaluating health system reforms; fostering social accountability of providers through accreditation and other quality assurance mechanisms; strengthening the role of local government and civil society in health systems development; and identifying best practices in managing change in hospitals and other provider organizations. Evidence thus generated and validated will help to define policy options for countries on health service provision, and effectively to fulfil government stewardship that guides the contribution of public, private and voluntary providers.

12. In order to support capacity building in countries, WHO provides policy guidance and technical support in the area of human resources for health, through compilation and dissemination of evidence to inform the strategic planning and policy development of human resources. Evidence is based on in-depth assessment of such key issues as imbalances, skill shortages, working conditions, incentives and motivation; effects of decentralization and autonomy; quality of education of health professionals; and learning opportunities, including distance-learning, in both pre- and in-service settings. Special attention is paid to improving the evidence base on migration of health workers in order to determine policy options to manage migration and mitigate its impact on the performance of health systems in developing countries.

Working with countries to improve performance of health systems

13. Governments need to know the population's health status and the burden of major disease in order to frame appropriate policies and determine interventions. WHO therefore collaborates with countries to build capability to collect, analyse and use the data required to assess the level of health, key health problems and extent of inequalities in health outcomes and in risks to health. In addition to informing policy-makers in regions and countries, the results from initiatives related to both the burden of disease and comparative risk-assessment feed directly into the monitoring of progress on the Millennium Development Goals. The World Health Survey will also enable Member States to obtain useful information on patterns of health expenditures and levels of health and risk factors in order to improve the performance of their health systems.

14. Many countries have requested support for adapting WHO's framework for assessing health systems' performance to their specific needs in formulating policies to improve performance. Bilateral and international donors have also expressed interest in using the framework to focus their development assistance. In collaboration with a pilot group of Member States, WHO has begun to adapt its framework for use at subnational level. This initiative has been of particular interest to countries that wish to monitor the performance of lower levels of the health system in order to ensure accountability after decentralization, and to improve performance of district and local health systems.

¹ WHO-CHOICE consists of 14 regional databases on the costs and health gains associated with a wide range of interventions. See also paragraph 17.

Health system financing

15. Financing is a key function of health systems that includes not only revenue collection, but also fund-pooling and purchasing. Work in this area has initially focused on identifying how much is spent on health in each of WHO's 192 Member States and the source of these funds. This is the key to understanding how each system operates.

16. The next step was to work with Member States to determine the impact of household financial contributions to the health system. This task involved identifying households facing catastrophic health payment and those reduced to poverty as a result of health contributions. It proved to be a valuable starting point for countries in assessing appropriate health-financing policies and strategies.

17. A related strand of work has focused on compiling and disseminating evidence and data so that countries may better allocate funds through the use of cost-effectiveness criteria. In this regard, WHO-CHOICE has estimated the effects on population health and the costs of more than 200 critical interventions aimed at reducing risks to health for 14 epidemiological subregions of the world. The tools have been developed so as to allow countries to adapt the results to their settings; activities have already been undertaken to build capacity. The CHOICE project is expanding its database to include key curative interventions.

18. Many developing countries are grappling with the question of how to design health financing systems that ensure that the population as a whole gains access to adequate, equitably financed, health services. WHO, through rigorous study of, and information on, existing financing arrangements in countries, is laying out a health financing policy aimed at accelerating progress towards universal financial protection with regard to both access to care and equity in distributing the burden.

Strengthening health-research systems

19. The health-research system is an important component of a country's health system. Collating data and gathering the best available evidence to inform future policies for health sector reform are just two of many activities that may be entrusted to it. WHO is collaborating with Member States, particularly developing countries, to strengthen their health-research capacity and systems. It is building partnerships and closely cooperating with other international organizations involved in health research, and funding agencies, scientific organizations, regional research forums, national research councils and civil society. WHO serves as the secretariat for the Alliance for Health Policy and Systems Research, which provides grants for researchers from low-income countries and supports research in priority areas such as health systems and human resources.

20. An in-depth report on the impact of the genomics revolution on health, especially in relation to developing countries, provides a detailed account of the advances in research, warns of potential risks, including a rise in health inequalities and reviews other ethical issues.¹

¹ *Genomics and world health: report of the Advisory Committee on Health Research*. Geneva, World Health Organization, 2002.

Access to essential medicines and vaccines

21. Within health systems, disease-control activities play a pivotal role: they contribute substantially to strengthening the system as a whole, while depending on it for their efficient performance. The following paragraphs provide some indication of this interaction.

22. In 2001 WHO launched the Global Tuberculosis Drug Facility in order to expand availability of, and access to high-quality antituberculosis drugs and to facilitate expansion of the DOTS (directly observed treatment short-course) strategy. The Green Light Committee, a partnership with industry, was also established in 2001 to help improve access to second-line antituberculosis drugs in countries where multidrug resistance is widespread.

23. A major challenge in the fight against HIV/AIDS is that of access to antiretroviral drugs and drugs for opportunistic infections as well as to treatment, which includes clinical management, nursing care,¹ counselling and social and psychological support. The International HIV Treatment Access Coalition was launched in December 2002 to improve efforts to extend access to antiretroviral drugs to more people in developing countries. It brings together more than 50 partners, including nongovernmental organizations, donors and governments, people living with HIV and their advocates, the private sector, research institutions and international organizations.

24. Access to essential medicines is one of the most cost-effective elements of modern health care. WHO's medicines strategy, elaborated in collaboration with many partner organizations and institutions, outlines four key objectives: to frame and implement policy; to ensure access; to ensure quality, safety and efficacy; and to promote rational use.²

25. Vaccines offer great potential for reducing morbidity and mortality from a number of diseases endemic in developing countries. Considerable progress has been made in ensuring access to vaccines among all populations at risk from vaccine-preventable diseases. Member States are engaged in activities to reduce measles mortality by half by 2005, by providing a second opportunity for children to be immunized with measles vaccine. Neonatal tetanus has been eliminated from 107 developing countries, and efforts continue in the remaining countries towards the elimination of this disease by 2005. New vaccines, such as the hepatitis B vaccine, have also been successfully introduced, thanks to a major contribution through the Global Alliance for Vaccines and Immunization. By 2001, 126 countries had introduced hepatitis B vaccine and 77 had included the HiB vaccine in their routine schedules.

26. As a result of the United Nations special session on children (2000), attention is focusing on improving children's access to immunization. The target is 80% coverage against diphtheria, tetanus and pertussis in every district, and 90% national coverage by 2010. The expertise and infrastructure built up by the campaign to eradicate poliomyelitis and other disease control initiatives make a major contribution to achieving this target.³ Immunization services also provide many countries with an opportunity to distribute vitamin A supplements.

27. Physical infrastructure provides both the support structure for the provision of health services and a mechanism for the delivery of medicines and vaccines to populations in need. WHO is engaged

¹ See also document A56/19, Strengthening nursing and midwifery.

² See document A56/16, WHO medicines strategy.

³ See document A56/20, Eradication of poliomyelitis.

in cross-cutting work on the management of health-care technology so as to provide tools for ensuring sound investment in the physical resources of countries' health systems, and availability and safe and effective use of appropriate high-quality medical devices and equipment. The main aspects of this effort include preparing policy-relevant guidelines and practical decision-making tools, such as the essential health-care technology package, as a support for making complex technology choices and managing technology throughout its life cycle; strengthening human resources and institutional capacity in countries, including national regulatory authorities for medical devices; developing appropriate technology such as that for reliable, low-cost anaemia screening, and safe transport of blood bags; and negotiating with partners local production of devices such as auto-disable syringes.

ACTION BY THE HEALTH ASSEMBLY

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

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