Chapter 4

ORGANIZATION OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

Since the concept of a comprehensive health care system based on the primary health care approach has become the main thrust for total health development, all the Member Countries of the Region have made great efforts in reorienting and restructuring their health system infrastructure, which is an essential element of national strategies for attaining the universal goal of HFA/2000. Further efforts have been made to promote appropriate organization and effective operation of the comprehensive health systems, so as to provide efficient health care to the entire population. Special efforts have been made to improve health infrastructure and increase health care coverage in the unserved and underserved areas. WHO has continued to collaborate in these national efforts to achieve the goal of HFA/2000, and considerable resources have been allocated from donor agencies in this endeavour.

All countries of the Region had adopted strategies that call for social and political action, such as leadership development, restructuring health organization, including decentralization, empowering people, alternative health care financing, reaching the unreached, strengthening planning and management capabilities at the district level and below, adoption of appropriate technology, etc. Greater emphasis had been placed on the transformation of these strategies into reality.

1. Reorientation of Health Systems Infrastructure

In the era of the worldwide economic crisis, the countries of the Region, especially the five least developed ones, are reviewing their current patterns of resource
allocation in the health sector and reorienting their spending priorities, including the allocation of any additional resources in support of primary health care giving preferential attention to the underprivileged.

As the target of HFA/2000 is moving closer, it is necessary to achieve total population coverage by health infrastructure based on primary health care. However, budgetary and infrastructure constraints and the lack of adequate and suitably trained human resources hinder programme implementation.

Efforts are being made to identify practical problems and constraints being encountered in the implementation of HFA strategies as well as ways to overcome them. WHO's efforts are aimed at initiating, developing and strengthening district health systems based on primary health care, through technical and policy meetings, seminars, conferences, training workshops, reports, guidelines and manuals.

The intensification of health development, focusing on the district level, has been pursued with commendable results. Efforts are being made to achieve greater equity in the distribution of health facilities, especially in rural and urban populations. Health care coverage through the health infrastructure has increased in almost all countries as a result of improvement of the planning and management process, especially at the district level.

In Indonesia, Myanmar, Nepal and Thailand, WHO has not only used the standard conventional approach of providing tailor-made planning and management training for improving specific services, but also used the 'learning-by-doing' approach wherein the national core group of staff are involved in planning, management, monitoring and evaluation, with the technical support and collaboration of experts. The product of the latter approach is a firm understanding of management methods, and a realistic programme plan or project proposal which can be used for funding and management.

The experience gained thus far indicates that health development programmes aimed at serving the most seriously underserved and vulnerable sections of the population should receive priority. It is, therefore, necessary to give greater attention to social relevance as also to the management of the health care revolution by combining high technology with the primary health care approach and using the existing health infrastructure with an integrated approach to optimize the use of available resources.

Due attention has been paid to the development of human resources for health through training and retraining of health workers, including volunteers. It is also being stressed, in the planning and implementation of health programmes, that greater involvement of sectors other than health should be secured, as well as much more involvement of the community.
WHO collaborated with all Member Countries of the Region in enhancing their capabilities to plan, manage, and evaluate health development programmes at the district level and below, particularly through micro-planning and middle-level management training, and transferring knowledge and practices through practical manuals, so as to help district managers play a leading role. WHO support in Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand also involved a review of district health development, promotion of research-cum-action-oriented programmes for strengthening community involvement and intersectoral coordination.

In order to improve understanding of the scope of self-care and current practices in the home, an operational framework for the promotion of self-care at home, in the context of primary health care, was developed, and critical obstacles as well as strategies to be undertaken by countries were identified. The Regional Office has plans to initiate field research in Member Countries.

In Thailand, WHO is supporting further expansion of local initiatives for self-managed primary health care by local communities dealing with various health problems.

WHO also supported Myanmar, Bangladesh and Thailand in the development of a proper referral system at various levels, primarily at the first referral level. Planning and evaluation workshops were held in Bangladesh, Myanmar, Nepal, Sri Lanka and Thailand to re-examine the health care systems. Fellowships in hospital planning and administration, medical stores management, nursing and medical care, including specialized medical care, were awarded to nationals from Bangladesh, Bhutan, India, Indonesia, Sri Lanka and Myanmar. Support was also provided to national authorities for the preparation, revision and production of hospital procedure manuals in Bangladesh and Myanmar. A Hospital Sanitation Manual was finalized and printed in Indonesia for distribution to district hospitals. In-country training on advanced biomedical/clinical engineering and practical maintenance of modern electromedical equipment was supported through consultants in Bangladesh and Myanmar.

2. Strengthening of District Health Systems

Countries of the Region are being supported in reviews of their health system infrastructures, especially in the development of district health systems and in finding measures which lead to better planning and management. The focus of improvement has been on the integration of programme delivery, coordination within the sector as well as with other related sectors, and increasing population coverage aimed at reaching the underserved and unreached populations. Activities carried out in the first year of the biennium contributed to health development at the community and health centre levels and aimed at improving the capability of local-level health staff
in respect of planning and management and also at improving the quality of health services.

WHO continued to support the development of district health systems in Member Countries. Assistance was provided to Bangladesh for improving operational management at the Upazilla level, and the country is now expanding its activities to eight districts. Technical support was given to Sri Lanka for strengthening the three-tier health care delivery system at the district level. A consultant was assigned for the development of the district health system in Nepal.

Model district health projects, such as the Mongar project in Bhutan and PHC strengthening in the Huvsgul Aimak of Mongolia, were getting into their evaluation stages, and were showing their success in achieving the targets. A model district health system was being developed in the Regional Office to assist the countries in reviewing district health development and in accelerating the developmental process. Mechanisms for the self-assessment of district health development were progressing in Indonesia through the stratification of performance of health centres, and in Thailand through the Basic Minimum Needs movement.

Research capability of the WHO Collaborating Centre in District Health Systems in DPR Korea has been strengthened through the provision of some equipment, study tours for staff and research grants.

Under the UNDP project 'Intensification of Action Programme for Primary Health Care', baseline surveys have been completed and national and district health development work plans developed in all the countries. An integrated learning module, prepared by the Regional Office, was used in training health managers, supervisors and workers in the project districts. Workshops for health managers were held in all the participating countries. In-service training of health workers and health supervisors has also been conducted using integrated learning modules. Training in laboratory diagnosis for the control of diarrhoeal diseases and acute respiratory infections has been completed in Bangladesh, Bhutan, DPR Korea, India, Indonesia, Mongolia, Nepal, Sri Lanka and Thailand. Nongovernmental organizations, especially women's organizations, are closely involved in project implementation in Bangladesh, Bhutan, India, Indonesia, Mongolia, Myanmar, Sri Lanka and Thailand.

An evaluation of the project showed that significant advances have been made, resulting in the strengthening of primary health care, and concluded that this was an extremely ambitious project with high objectives, and that important results had been obtained. It was also seen that chances of real success and sustainability are much higher with efficient management at the country level. Some countries, e.g. Bangladesh, DPR Korea, Indonesia, and Thailand, appreciative of the favourable outcome of this project, are considering plans for sustaining the efforts and action as well as replication to additional districts.
Health System Infrastructure

Member Countries are organizing effective health systems strengthening their health infrastructures and increasing coverage, especially in underserved and unserved areas.
Human Resources for Health

Member Countries are giving due attention to the appropriate training of all categories of health personnel. The effective utilization of different types of health learning materials is also recognized as being crucial for the successful implementation of health development programmes.
Indonesia and Thailand have been implementing health development activities with the support of community participation and intersectoral action. They are now embarking on policy formulation in other sectors with a view to reducing the negative impact on health. Thailand is now stressing environmental issues, drug abuse and AIDS, while Indonesia is dealing more with urban slum issues and how to reach the unreached. In Sri Lanka, the Janasaviya movement, with its health component, the Suvasaviya programme, is being supported.

3. Community Participation

The main thrust of the health development programme relies upon the extent of community involvement. Many of the WHO collaborative programmes in primary health care are geared towards it. The Posyandu approach in Indonesia is an extension of health care delivery organized by combining the services of health centres.

Community participation in terms of volunteers for health activities under primary health care is progressively expanding. WHO support continued for the training of ten-household health workers and their trainers in Myanmar, while in Bangladesh the training of community health volunteers, selected on a neighbourhood basis, was initiated. Nearly two-thirds of the health volunteers were women, reflecting a social change at the village level.

Fellowships to nationals from India, Sri Lanka, and Bangladesh were arranged for studying community involvement in health development, with emphasis on community health financing and basic minimum needs, in Thailand.

4. Urban Primary Health Care

WHO supported a national workshop in Indonesia in March 1990 to discuss the development of urban health care delivery system. This was followed by a country case study of three selected big urban areas to study the issues and implications of public policies and urbanization, the results of which were submitted to a national meeting held in May 1991.

WHO also continues to support Thailand in its application of the PHC development model in low-income urban communities and in the community financing scheme in two urban areas of the country. Support was provided to Bangladesh for a rapid assessment of urban health needs, designing of the health services, and formulation and implementation of an action plan for the population of an urban slum area of Dhaka municipality.