The Seventh Consultative Committee on Organization of Health Systems Based on Primary Health Care met in Geneva from 10 to 13 February 1997. The purpose of the meeting was to take stock of the challenges to health that will confront the world in the coming century and to assess the implications of these challenges for the development and organization of future health systems and services. It is these implications that will form the future agenda of WHO and its Member States. In view of the far-reaching implications of its findings, the Committee decided to issue the short statement herein as a means of summarizing its conclusions and making them easily available for wide dissemination and debate.
national economic realities. Many health care systems have no capacity to access to health care, have
poverty and inequalities in access to health care have benefited from passive, reactive, reduced public sector
health systems have adopted an approach that
economies cannot thrive. In the face of these economic
forces, diminishing peace and security, without which
good health is precluded for human development and
health systems worldwide have failed to recognize the

1. Paradigm Shift
To face a task it can never fulfill alone.

Primary health care leaves the health sector in isolation. Society has roles to play: Sacrating these elements of healthy environments, a process in which all sectors of individuals and communities depend, on the creation of own health. It also acknowledges that the health of indi-

2. The need for vision and values
Committee recommended that emphasis should be placed on creating awareness that public health systems contribute to the health of the poor above all, who cannot afford health care. The WHO essay on health for all, particularly in countries with high levels of poverty and dependence on aid, emphasized the importance of health systems that can adapt to the needs of the population. The concept of efficiency and equity has been used to promote health sector reforms that have been adopted in many countries. For example, the PPMR approach has been used in some countries to improve health status and strengthen the ability of health systems to improve health.
Strengthening health systems
adherence to agreed national standards.

Legislation and conventions to regulate and enforce
as well as the power (based on national and international
the collaboration in national health systems research,
health status results and health systems performance and
effectively will depend on strong systems for monitoring
The ability of ministries of health to play these roles

pains of national health systems and services,
and providing technical guidance to all partners.
monitoring the health effects of the activities of other
supporting health policies, influencing the policies and
advancing health policies, forming and building consensus
and advocacy skills and capacities will include advocacy, consensus
resemble their counterparts of today. Their functions,
In other words, future ministries of health will not

portray a healthy environment.
media and business leaders to create an informed, sup-
and collaborate with community organizations, the
and support partnerships with all health care providers, influence the
leaders for health. That means they must be able to lead
In such a setting, future ministries of health must be

the other, can offer no guarantee of equity.
authorities, on the one hand, and supra-national forces, on
resource allocation decisions, and when decentralized
will continue to create a dilemma which require to
opportunities for improving health, when market forces
will continue to create both risks and
of the economy will continue to create both risks and
public health; when the policies and practices of other sectors
and will involve a multitude of actors – private, NG0 and
ensured in each when health systems and services
which accountability to citizens can be adequately
in the twenty-first century. This is the only way in
for ensuring equity in health status and access to health

National Governments must take primary responsibility.
leadership
determined by sex.

With data disaggregated by income, just as they are now.

World Health Organization (WHO) can report health status
of the most needy population groups. As a first step, for example, WHO has a major role to play in ensuring that future
Welfare is already pursuing initiatives in this area, but
WHO has a major role to play in ensuring that future
health services and systems are guided by policies
focused on equity and poverty and are equipped with
adequate health care for all.

The policies and development sustainable health services and
movement to enable them to implement health poor-
ous countries — now being led behind by the health-for-all
will be to strengthen the institutions of the poorest
priority for the international community, led by WHO,
levels to make progress in human development. A large
by the success and failure of poor people and poor coun-

The Twenty-First Century will be profoundly influenced

6. Priority to countries and peoples
greatest
The Committee was concerned by the continued divide between well-meaning statements and policies and what is actually occurring in most countries. A need exists to develop new approaches to health system development that are sustainable and adaptable to changing circumstances. The Committee therefore recommends that the World Health Organization (WHO) should take the lead in developing a framework for health system development based on the principles of sustainability and adaptive capacity. This framework should include a detailed analysis of the health systems in different countries, with a focus on identifying areas for improvement. The Framework should also be flexible enough to allow for the incorporation of new ideas and developments. The Committee further recommends that the Framework should be used to inform the development of national health strategies and policies. The Framework should also be used to support the development of partnerships between governments and other stakeholders, including civil society organizations and the private sector. The Framework should be regularly reviewed and updated to ensure that it remains relevant and effective.
is actually being done at the community level. The primary health care approach evolved from review and analysis in different geographical areas of alternative ways to improve health and provide health care. Considerable experience has now been acquired on how to overcome obstacles and implement primary health care under different socioeconomic conditions. This experience must be reviewed and used as an important input to enhancing the implementation of health for all in the twenty-first century.
For the Twenty-First Century

Primary Health Care

Health and Services

Systems

The Seventh Consultative Committee

of the World Health Organization

and debate available for wide dissemination of conclusions and making them easily accessible as a means of summarizing its contributions to the short statement hereinafter.

issue the short statement herein.

reach the implications of its findings, the committee decided to reach the implications of this report, the future needs of WHO and its health systems and services.

The Seventh Consultative Committee of the World Health Organization

of the world in the coming century

from the world health that will come

was to take stock of the

any 1997. The purpose of the meeting

held in Geneva from 10 to 13 February

themes based on primary health care

on the implementation of health sys-

and development.

Switzerland

1211 Geneva 27

World Health Organization

Development Programme Assessment

Health Systems

Division of Analysis, Research and

Organization as follows:

contrary, please contact the World Health

Health Systems based on the primary health

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