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HEALTH SYSTEMS STRENGTHENING

It is well recognized that health systems need to be strengthened to achieve the health-related Millennium Development Goals (MDGs). Significant improvements in health outcomes are unlikely without major improvements in the accessibility, quality and efficiency of health systems. Inequalities in access to health services hamper efforts of countries to achieve the MDGs. Frequently, those populations within countries with the least access to and utilization of health services are also those with the lowest health status. To achieve the MDGs, it will be necessary to focus on populations most in need.

Member States are encouraged to analyse their health systems to determine how effectively they are focusing on the priority health problems and populations. Ideally, the following six building blocks of health systems should be reviewed in light of the MDGs: (1) organization and management of service delivery; (2) generation and use of high-quality information and data; (3) selection and use of appropriate medical products and technology; (4) strengthened human resources for health; (5) stable health financing mechanisms that do not exclude the poor; and (6) promotion of good leadership and governance (stewardship) in the health sector. Based on a review, concrete actions to further orient health systems towards achieving the MDGs may be indicated.

The Regional Committee is asked to review and consider this report.

1. CURRENT SITUATION

It is well recognized that health systems need to be strengthened to achieve the health-related Millennium Development Goals (MDGs). Significant improvements in health outcomes are unlikely without major improvements in the accessibility, quality and efficiency of health systems. Inequalities in access to health services hamper efforts of countries to achieve the MDGs. Frequently, those populations within countries with the least access to and utilization of health services are also those with the poorest health status. To achieve the MDGs, it will be necessary to focus on populations most in need.

2. ISSUES

Health systems strengthening is a complex, long-term undertaking. Simple and easy solutions are not available. Policies and programmes must be individualized to meet the needs, conditions and realities of individual countries. There is general agreement on what constitutes the building blocks of a strategy to strengthen health systems, and there are clear actions that help ensure that those with the lowest health status have access to the health system and actually utilize the system and its services.

2.1 Organization and management of service delivery

Organization and management of service delivery, whether curative, preventive or promotive, require trained staff working with the right equipment, supplies and adequate financing. However, unless those services are well organized and managed, the maximum health gain from available resources will not be achieved.

One challenge to the achievement of the MDGs is that health services frequently are not targeted to the highest priority problems that cause the bulk of child and maternal mortality, do not provide those populations that have the poorest health outcomes with a larger share of health resources, and often emphasize secondary and tertiary services when primary services are more effective in addressing the priority health problems targeted by the MDGs. Health services must provide services throughout a continuum of care depending on the severity of a condition or its likely duration.

2.2 Generating and using high-quality information and data

The generation of high-quality health information and health research findings is still lacking. Even when data and research are available, they are often highly fragmented and not used to influence health systems practice. Particularly, there is a lack of data that focus on those with the greatest health needs, namely the poor and disadvantaged. If countries are to meet the MDGs, it will be necessary to improve, in general, the quality and use of health information and research. In particular, these have to be improved according to specific target populations that are at high risk, namely the poor, the remote and the disadvantaged.

2.3 Selecting and using appropriate medical products and technology

Medical products and technology are key ingredients of health systems. To achieve the MDGs, it will be necessary to ensure that known, affordable and effective medical products and technologies that are targeted at priority problems are adopted and made universally available, particularly among the populations at highest risk. There will be a need to preferentially invest in medical products and technologies that will have a significant impact on achieving the MDGs, such as immunization, oral rehydration, antibiotics for acute respiratory infections, antenatal care, family planning, blood transfusion, micronutrient supplementation, insecticide-treated bednets and relevant simple laboratory tests, to name just a few. It is desirable to deliver universal access to such high-priority and affordable technologies before investing in more expensive, less universally applicable technologies.

2.4 Strengthening human resources for health

A well-trained and motivated health workforce is a key ingredient of any health care system. Studies have shown that the numbers of health workers per population correlate positively with the delivery of key health interventions related to the MDGs, such as immunization and safe child birth. However, in many, if not most, countries the health workforce is concentrated in urban, more affluent settings where people are healthier, rather than in the settings where the population has the most severe health problems, namely rural, remote and disadvantaged areas. Frequently an emphasis is placed on training cadres of health workers who are not posted near or available to the populations in greatest need. A stronger effort is needed in training cadres of health workers who have sufficient skills to deal with the priority health problems of the priority populations where they live. This may require a change in the relative numbers of different cadres of health workers that are trained or hired and also the development

of incentive systems to encourage health workers to locate to areas where the higher risk populations live and an increased emphasis on health workers who are able to perform multiple tasks.

2.5 Securing stable health financing mechanisms that do not exclude the poor

Fee-for-service medicine has assumed a larger role in the financing of health care services in the Western Pacific Region over the past decade. Fee-for-service financing tends to exclude the poor, exactly the population that has the lowest health status and therefore needs to be reached if the MDGs are to be achieved. The *Strategy on Health Care Financing for Countries of the Western Pacific and South-East Asia Regions (2006–2010)* calls for a move away from fee-for-service health care financing and towards financing systems that lead to universal coverage. In the interim, strong social safety nets for the poor are needed so that they can access the health system. These might include equity funds for the poor, exemptions from charges for the poor, or excluding certain critical services such as antenatal care, deliveries and care for children under the age of 5 from the user fee system. Each Member State needs policies based on its specific situation, but it is an obstacle to achieving the MDGs to have those most in need excluded from the health system for financial reasons. In addition, in many Member States an absolute increase in the percentage of the national budget allocated to health is desirable.

2.6 Promoting good leadership and governance (stewardship) in the health sector

Governments are responsible for managing the health and well-being of their populations, even when governments are not the sole provider of health services. This requires setting health policy, regulating the health sector and providing oversight to the entire health sector. To achieve the MDGs, policy, regulation and oversight must be targeted to ensure that services for the priority problems and the most vulnerable populations are provided and that the health system is responsive to the needs and desires of the entire population. Innovative methods to improve access to quality services to those most in need utilizing the whole range of providers, including the private, private nonprofit, public and volunteer sectors, should be considered. A particular issue in many countries is lack of coordination among the various public providers, between the public and private sectors, or between internal and external partners in health. Such lack of coordination can lead to a waste of resources and less than optimal health outcomes. It is part of government's role to foster such coordination.

3. ACTIONS PROPOSED

The following actions by Member States are proposed for consideration by the Regional Committee:

- (1) Recognize the importance of strengthening health systems in order to achieve the MDGs.
- (2) Identify the highest priority health problems and the highest priority populations that have the worst health outcomes in relation to the MDGs.
- (3) Review health system interventions to see if these are focused on the highest priority problems and the highest priority populations, both of which are necessary to achieve the MDGs.
- (4) Take concrete steps to focus health systems on the highest priority problems and the highest priority populations. These might include a reordering of priorities in some or all of the six identified building blocks of a health system.