HEALTH SYSTEMS STRENGTHENING: FIVE RESOLUTIONS TO BE CONSIDERED AT THE WHA

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BACKGROUND

THE ISSUE

The recent past has seen a shift from vertical programs to a growing focus on strengthening national health systems. This shift is reflected in the various topics and resolutions brought to the table by member states at the World Health Organisations (WHO), notably at the 128th Executive Board meeting of the WHO, held in January 2011. Under Agenda item 4.5, “Health Systems Strengthening,” we saw the significant engagement and involvement of the member states, in terms of statements and in the formulation of five separate resolutions in a proactive, results-oriented manner, where countries voiced the major concerns they face. These resolutions will be forwarded to the World Health Assembly in May 2011, for consideration and adoption.

GLOBAL HEALTH IMPACT

As highlighted in the Report prepared by the WHO from the Executive Board meeting, “a large proportion of the population worldwide remains deprived of access to care, while 150 million people face catastrophic expenditures and 100 million are thrust into poverty because of direct out-of-pocket payments for services and medicines”.[1] “At its broadest, health system strengthening (HSS) can be defined as any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency.”[12] More specifically, health system strengthening incorporates all of the essential building blocks that ensure provision of care to a nation’s population, such as existence of adequate health personnel, medical education, infrastructures, access to health commodities (drugs, vaccines and other equipment); service delivery components; sustained financing for health; health information and monitoring systems including production, analysis, dissemination of timely information; and finally and most importantly, leadership, governance and ownership, which related to “strategic policy frameworks … combined with effective oversight, coalition-building, regulation, attention to system-design and accountability” [13].

THE ROLE OF DIPLOMACY

Health-system strengthening has been a key area of focus for member states of the WHO and work in previous years has concentrated on various aspects of this, such as the World Health Report on Primary Health Care in 2008,[2] the World Health Report on Health System Financing in 2010,[3] and the Report of the Committee on Social Determinants of Health, 2008.[4] The topic of health system strengthening was on the Agenda of the 128th Executive Board meeting of the WHO in January 2011.

These discussions also occurred at the regional level, and the “WHO regional committees at their sessions in 2010 called on countries to strengthen health systems on the basis of the values of primary health-care, and identified the need to tackle the determinants of health through a multi-sectoral approach, making services more responsive, addressing universal coverage and strengthening health-service delivery at the district level. Resolutions requested the Regional Directors to work more proactively than before with Member States in the development or renewal of comprehensive policies, strategies and plans to improve health outcomes.”[5]

INTRODUCTION

During the meeting of the Executive Board in January, Member states of the WHO reported various progresses made at national and regional levels in strengthening their health systems. These included adoption of universal coverage policies, training of health personnel, and most importantly, political commitment to abide by the principles of the Paris Declaration on Aid Effectiveness, people-centered primary care delivery and “Health in all policies.” Various resolutions were put forward by member states, as summarised below:

STRENGTHENING NATIONAL POLICY DIALOGUE TO BUILD MORE ROBUST HEALTH POLICIES, STRATEGIES AND PLANS

India, believing that a robust health system is a must for achieving the Millennium Development Goals (MDGs), highlighted the imperative need to make policy changes and bring in reforms to respond to health challenges. To this end, India proposed a resolution on heightening policy dialogue as a way of ensuring robust health systems. [6] It highlighted that there is a lack of analysis on how developing countries can fulfill their responsibilities on health systems strengthening, and noted movement of health personnel to donor-driven programmes. Since 2005, India’s National Rural Health Mission is working to ensure access to the majority of its population living in the rural area, in conjunction with efforts to produce more skilled labor and provide more generic medicines.
The resolution urges member states to focus on a variety of ways of engaging various stakeholders, public and private, national, subnational, and international in formulating their national health policies, in addition to aligning them to the principles of universal coverage, people-centered primary care, and health in all policies. It also urges countries to align vertical programmes into their national policies and regularly monitor progress, ensuring ownership especially in light of a country’s overall development and political agenda. It requests the Director-General to “renew the Organization’s emphasis on its role at the country level as a facilitator of inclusive policy dialogue around national health policies, strategies and plans... [to ensure] continued technical input for conducting the planning process,... foster cross-country and regional learning and cooperation.”

STRENGTHENING NURSING AND MIDWIFERY

Secondly, Burundi and Kenya tabled a resolution on “Strengthening nursing and midwifery”. [7] Burundi noted that improving health systems, means undertaking health prevention, treatment, and rehabilitation within primary health care. To ensure this, it is of utmost importance to secure and strengthen midwifery and nursing services, especially for mother and child health. In most developing countries, local communities count on midwives not only for newborns but also for the care of children as they grow up. Health personnel that are trained in Africa need to be retained as the existing phenomena of brain drain makes the health systems of these countries even weaker. The resolution therefore emphasizes the importance of maternal and child care. The resolution calls on countries to adopt recommendations of the WHO Global Code of Practice on the International Recruitment of Health Personnel, [8] to collaborate at the regional levels to counteract brain-drain phenomena, and to strengthen “regulatory processes which govern [these] professions,” amongst others. In addition, the resolution requests the Director-General to “strengthen [the] WHO’s capacity for development and implementation of effective nursing and midwifery policy programmes through continued investment and appointment of professional nurses and midwives to specialist posts in the WHO Secretariat at the headquarters and regional posts” along with other requests for the provision of technical support and collecting evidence on the role and responsibilities of nurses and midwives within national and sub-national health policies.

STRENGTHENING NATIONAL HEALTH EMERGENCIES AND DISASTER MANAGEMENT CAPACITIES AND RESILIENCE OF HEALTH SYSTEMS

Chile, along with Guatemala, and with the support of all South-American countries, put forward a third resolution on “Strengthening national health emergency and disaster management capacities and resilience of health systems.” [9] In light of various natural catastrophes, Chile noted the need to prepare for ‘various types of events, some of them being serious disasters’. They noted, in their statement to the EB, on the issue of health system strengthening, that the “proposed draft resolution does not deal with the humanitarian response but with what needs to be done in building national health capacities, to deal with disaster management.” In the resolution, Chile calls for strengthened cooperation bilaterally, regionally, and globally, and calls for lessons learned and asks the Director-General to provide the necessary technical support to build up capacities on the national level.

Chile made reference and showed appreciation for the work that has been done by WHO/PAHO in building up capacities on the national and regional level. Chile seeks to build regional alliances and share lessons learned. They call on the WHO to support countries in developing risk measurement systems and developing solutions for risk management. The resolution also calls on member states, donors and other stakeholders to expand their support for developing these capacities in coping with disasters. In response to the tabled resolution, China noted that it is also regularly struck by disasters and thus attaches great importance to emergency response. China offered to share its experience and knowledge on this issue with member states and notes the importance of capacity-building in health system strengthening. China calls on the WHO to give more attention and input to disaster-related health emergency response. Brazil corroborated the need for having such in-built expertise in health systems of countries prone to natural disaster, making an example of its own recent floods, where in Rio de Janeiro itself more that 700 people died and many are still missing.

HEALTH WORKFORCE STRENGTHENING

Thirdly, Japan and Norway tabled a resolution on “Health workforce strengthening.” [10] Japan welcomed the World Health Report, 2010.[3] During its statement at the Executive Board, Norway noted the “increasingly global nature of the labor market, which has increased the flow of health workers from South to North.” It expressed the hope that the WHO Global Code of Practice on the International Recruitment of Health Personnel,[8] adopted last May at the WHA, will hopefully mitigate effects on national health systems. However, it notes the need to address the fundamental issues on health workers. With regards to health systems strengthening, Norway urges to scale up health workforce education and distribution of health
workers that yields the best possible health outcomes for all member states. It calls on the WHO for a comprehensive mandate that reflects the complexity of the subject. They also hope that the draft they put forward together with Japan, will, together with the Global Code of Practice on the International Recruitment of Health Personnel [8] provide the WHO with a strengthened mandate to address the global health workforce challenges. Japan reiterated the points made by Norway.

SUSTAINABLE HEALTH FINANCING STRUCTURES AND UNIVERSAL COVERAGE

Finally, Germany, the European Union and Switzerland put forward a resolution on “Sustainable Health Financing Structures and Universal Coverage”. [11] The resolution builds on the 2010 World Health Report [3] and urges member states to ensure health-financing systems that are in line with global aims and efforts to ensure equitable universal health-care. Switzerland noted its engagement in social health protection through many bilateral agreements. Switzerland emphasized that it can learn from international experience to improve its national health system, an approach that is exactly in line with the draft resolution proposed by India. The resolution also calls on donor countries and recipient countries to align their work and objectives to the Paris Declaration on Aid Effectiveness and frames the issue of health system financing through a human rights lens of access to health. It requests the Director-General to, amongst other commitments, work “closely with other UN organizations, international development partners, foundations, academia and civil society organizations, in fostering efforts towards achieving universal coverage... [and] prepare a plan of action for WHO to support member states in realizing universal coverage as envisaged by the World Health Report 2010.”

NEXT STEPS:

These five resolutions will be discussed and negotiated at the sixty-fourth World Health Assembly between 16-24 May 2011. These resolutions will be considered under the agenda item 13.4 entitled ‘Health system strengthening’.

REFERENCES


