Health Systems Strengthening, Primary Health Care and WHO

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What is a health system?

A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health

World Health Report 2000, WHO
Everybody’s Business, WHO, 2007

(Health systems people - don’t own an organ or an organism)
What is PHC?
Declaration of Alma-Ata (1978) “Health for All”

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of all individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Why are Health Systems Important?

- Different societies spend vastly different amounts on health systems
- Different societies have vastly different health outcomes for the same amount of resources
- Those societies that organize their health systems according to PHC principles tend to get better health outcomes
- Not the only factor – many other determinants of health, but still an important one
HSS: WHO Framework for Action

Purpose
The WHO Framework For Action concentrates on how the WHO secretariat can provide more effective support to Member States in strengthening their health systems to achieve better health outcomes.

http://www.who.int/healthsystems/strategy/everybodys_business.pdf
Health Systems framework with six building blocks

**System building blocks**
- Service Delivery
- Health Workforce
- Information
- Medical products, Technologies
- Health Financing
- Leadership / Governance

**Goals/outcomes**
- Improved health (level and equity)
- Responsiveness
- Social & financial risk protection
- Improved efficiency

- Priorities in each
- Multiple, dynamic interactions

Health Financing

- Huge variation in spending in the region – absolute and as % of national wealth
- High dependence on out of pocket (OOP)
- Catastrophic expenditure as cause of poverty
- Rational management of health services unlikely if financial incentives for both providers and patients are irrational – e.g. pay workers through selling drugs or diagnostic tests, make more money at a training course than at work
WHO Western Pacific Region

Health care financing profile of the Western Pacific and South-East Asia Regions, 2002

Composition of health spending - 2001

Data estimated using average annual exchange rate - Timor Leste not included

Source: NHA Unit, EIP/FER/RER, World Health Organization

[Diagram showing health care financing profile and composition of health spending]
150 million people suffer financial catastrophe and 100 million people are pushed into poverty annually due to health spending. - WPR has the biggest problem.

WHO Western Pacific Region

**Human Resources for Health**

- Low-quality and sometimes costly health professional education
- High rural-urban and international migration of health professionals (low retention)
- Inefficient cadre mix and distribution – the health workers do not match the burden of disease in type, number, or location.
Human Resources - Health Workers Save Lives!

Anand and Barnighausen, 2004

Maldistribution
Health Care Worker Density vs. Burden of Disease

WHO Western Pacific Region
Information & Research

- Inadequate analysis/use of existing information and evidence
- Fragmentation and duplication
- Not sufficient use of modern technologies
- Research agenda not reflecting the specific needs of the Region

Medical Products, Vaccines and Technology

- Poor quality, counterfeits and fakes (majority of drugs in some countries), poor procurement and supply
- Irrational use of drugs and technology
- Inefficient and poor quality and management of laboratory services
- High levels of obsolete, inappropriate and non-functional medical technology
Health Service Delivery

- Inequitable access and utilization
- Inadequate planning and management
- Fragmentation
- Low quality
- Incentives do not encourage rational service delivery

Leadership and Governance

- Role of state not well articulated and sometimes not accepted
- Weak accountability and regulatory capacity
- Unclear role of the state in the health sector
- Limited planning and management capacity
- Inefficient aid coordination leading to inefficient and fragmented assistance
Overseas Development Assistance in Health (Health ODA)

Just one aspect of health – most important in low income countries

Fragmented cooperation an obstacle to good results

Good intention do not always yield the best results

Significant increase in funding for health – good news

Varied Donors – New Donors – Good news

- USA $3.636 billion
- Japan $1.156 billion
- Gates Foundation $0.895 billion
- UK $0.729 billion
- Germany $0.593 billion
- France $0.394 billion
- Canada $0.318 billion

A good thing, but a hint of problems

Donor proliferation and aid fragmentation

Number of official donors > Number of recipient countries
Number of financing mechanism is even greater
Gates bigger than all but two bilaterals

New foundations: from 2000…
Is this “let a thousand flowers blossom”?

or a piece of abstract art?
Global Response

- Paris declaration (with Accra follow-up) – a pledge by both donors and recipients for better behaviour
  - Country ownership, alignment, harmonization, managing of results, mutual accountability
- **Sector-wide approaches** coordinating domestic and donor support
- More adherence to **national planning processes**
- A renewal of Primary Health Care and its values

**WHR 2008**
http://www.who.int/whr/2008/en/
World Health Report 2008
Organized around 4 areas of reform

- **LEADERSHIP REFORMS**
  - to make health authorities more reliable

- **SERVICE DELIVERY REFORMS**
  - to make health systems people-centred

- **UNIVERSAL COVERAGE REFORMS**
  - to improve health equity

- **PUBLIC POLICY REFORMS**
  - to promote and protect the health of communities

With goals of: better health, less disease, greater equity, and better performing health systems.

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Ongoing Work of WPRO

- Development of Regional Strategy on PHC and HSS
- Sub-sectoral strategy development and implementation
- Country support
  - Op trials PHC/MCH emphasis – PNG, LAO, CAM
  - Public private partnership - PNG, Malaysia
  - National Health Planning (multiple countries)
  - Aid effectiveness/Donor coordination/SWAps
  - Global Health Initiative support – synergies
  - Quality assurance/Patient Safety
Fragmentation: High Income Countries Also

Better results at lower cost if organize health services along PHC principles, e.g.

- Specialist-generalist/PHC mix appropriate
- Health care teams – ‘medical homes’ –
- Logical referral patterns
- Incentives for health (prevention, promotion)
- Universal access with pre-payment, risk pooling
- Patient centred systems – not physician centred
**Websites for Documents**

- **Everybody’s Business**
  ---- [http://www.wpro.who.int/sites/hsd/documents/Everybodys+Business.htm](http://www.wpro.who.int/sites/hsd/documents/Everybodys+Business.htm)

- **Regional Strategies of WPRO/WHO**
  ---- [http://www.wpro.who.int/sites/wha](http://www.wpro.who.int/sites/wha)

- **MAKER – (website with management related documents)**

- **Disease Control Priorities in Developing Countries**

- **WHO | Primary health care**
  ---- [www.who.int/topics/primary_health_care/en/](http://www.who.int/topics/primary_health_care/en/)

- **WHO | Health systems strengthening based on primary health care**
  ---- [www.who.int/healthsystems/en/](http://www.who.int/healthsystems/en/)

- **WHO Toolkit for Monitoring Health Systems Strengthening (Indicators)**

- **Paris Declaration on Aid Effectiveness**