Strategic Plan for Strengthening Health Systems in the WHO Western Pacific Region
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Manila 2008
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# Acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAAH</td>
<td>Asia Pacific Action Alliance on Human Resources for Health</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>DFID</td>
<td>Department for International Development of the United Kingdom</td>
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<td>EU</td>
<td>European Union</td>
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<td>EVIPNet</td>
<td>Evidence-Informed Policy Networks</td>
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<td>GAVI</td>
<td>Global Alliance for Vaccines and Immunization</td>
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<td>GFATM</td>
<td>Global Fund to Fight AIDS Tuberculosis and Malaria</td>
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<td>GHWA</td>
<td>Global Health Workforce Alliance</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HMN</td>
<td>Health Metrics Network</td>
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<td>HSPN</td>
<td>Health Systems Professionals Network</td>
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<td>HSS</td>
<td>Health Systems Strengthening</td>
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<td>HSSP</td>
<td>Health Sector Strategic Plan</td>
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<td>IHP</td>
<td>International Health Partnership</td>
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<td>LIC</td>
<td>Low-income Country</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MTEF</td>
<td>Medium-term Expenditure Framework</td>
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<td>MTR</td>
<td>Midterm Review</td>
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<td>NHA</td>
<td>National Health Accounts</td>
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<td>NMP</td>
<td>National Medicines Policy</td>
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<td>NZAID</td>
<td>New Zealand Agency for International Development</td>
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<td>OECD/DAC</td>
<td>Organization for Economic Co-operation and Development/ Development Assistance Committee</td>
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<td>OOP</td>
<td>Out-of-pocket</td>
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<td>PER</td>
<td>Public Expenditure Review</td>
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<td>PHC</td>
<td>Primary Health Care</td>
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<td>PHRHA</td>
<td>Pacific Human Resources for Health Alliance (name proposed)</td>
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<td>PMO</td>
<td>Programme Management Officer</td>
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<td>POLHN</td>
<td>Pacific Open Learning Health Network</td>
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<td>QA/QI</td>
<td>Quality Assurance/Quality Improvement</td>
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<td>SO</td>
<td>Strategic Objective</td>
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<td>SPC</td>
<td>Secretariat of the Pacific Community</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>SWAp</td>
<td>Sector-wide Approach</td>
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<td>TAG</td>
<td>Technical Advisory Group</td>
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<td>TTR</td>
<td>Treat Train and Retain</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Foreword

The right to health is recognized as a basic human right in the WHO Constitution since 1946 and this right was reaffirmed in the Declaration of Alma-Ata on Primary Health Care in 1978. The Millennium Development Goals (MDG) are shared aspirations of the international community of nations aimed at alleviating poverty, decreasing inequality and improving social well being for the poorest in the world by the year 2015. It is increasingly recognized that health is not just a result of development and poverty reduction, but actually a precondition for development. To that end, three of the MDGs are directly health related. Investing in health is investing in development.

Much progress has been made in the WHO Western Pacific Region with improvements in health indicators such as life expectancy and infant mortality over the past fifty years. There has been particular success in aspects of communicable disease control, such as the control of SARS, the eradication of poliomyelitis, and making tuberculosis treatment available throughout our Region to name a few. Noncommunicable disease control has also progressed through measures such as the Framework Convention on Tobacco Control and efforts to address the epidemics of obesity and diabetes. However, as spending in the health sector has increased it has become obvious that weak health systems are obstacles to achieving the desired health outcomes. The proliferation of programmes and projects has led to increasing fragmentation and inefficiencies in how services are delivered. If the maximal improvements possible in health are to be achieved, strong health systems are needed. WHO and Member States must place more emphasis on building and sustaining robust health systems.

For best results, health systems must be addressed in a holistic, comprehensive, and balanced manner. The fact that health systems issues are complex and difficult makes it more, not less important, that they be tackled. Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes is a Framework for Action that was developed to guide the WHO Secretariat in its work in health systems.

To that end, the WHO Regional Office for the Western Pacific has developed this Strategic Plan for Strengthening Health Systems in the WHO Western Pacific Region to provide more specific strategies for how we will approach health systems in the Region using the WHO Framework. The increased emphasis on health systems is not a threat to or a competition with other programmes within WHO. The renewed emphasis on health systems is a call for collaborative and complementary action within and between programmes to achieve our common goal of improved health outcomes for all of the people of the Region. The need for such collaboration and cooperation is obvious and the emphasis on health systems is overdue. I am confident that this strategic plan is a good beginning.

Shigeru Omi, MD, Ph.D.
Regional Director
Executive Summary

Weak health systems have been identified as obstacles to improving health and achieving international health targets such as the Millennium Development Goals (MDG) and realizing the lofty principles of Primary Health Care outlined so articulately at Alma-Ata in 1978. Increased international assistance in health has helped achieve results, but it also has contributed to increasing fragmentation of the health sector and highlighted the need for more holistic approaches to health systems. *Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes* is a framework for action developed by the WHO Secretariat to guide its work. A *Strategic Plan for Strengthening Health Systems in the WHO Western Pacific Region* has been developed as a regional response to Everybody’s Business in an effort to make it more operational and to guide the work of the WHO Regional Office for the Western Pacific in general and the Division of Health Sector Development specifically.

*Everybody’s Business* identifies four pillars for WHO action in health systems. They are:

1. a single framework with six building blocks;
2. health systems and health outcomes programmes: getting results;
3. a more effective role for WHO at country level; and
4. the role of WHO in the international health systems agenda.

The single framework includes the following six building blocks which are used as a core template for analysis:

1. financing;
2. health workforce;
3. information;
4. medical products and technology;
5. service delivery; and
6. leadership/governance.

The key elements of the regional strategic response outlined in Section 3 include:

1. a clearly defined strategic direction for the work of the Division of Health Sector Development in the WHO Western Pacific Region;
2. improved responsiveness to country and country office needs and intensified analytic work and support to national health planning processes;
3. strategic actions across the six building blocks;
4. strengthened engagement in partnerships at multiple levels; and
5. improved working methods including better collaboration, increased capacity in health systems and improved communication.
Country work, particularly support to national planning processes, and cross-divisional work will assume greater importance. Key cross-cutting issues that do not fall strictly under the six building blocks will also be tackled. Aid effectiveness, particularly in the more donor-dependent countries, will be intimately linked to systems strengthening efforts.

The regional strategy has implications for the way WHO works in the Region. Introducing a more demand-driven model will make the Regional Office more responsive to country needs. But it will also introduce new stresses on Regional Office capacity. The work of the Division of Health Sector Development in the Regional Office will have multiple aspects, including the direct provision of technical assistance, increasing the capacity of country offices to serve the Member States, and brokering the normative inputs of WHO Headquarters into countries. The regional strategy has been developed by a consultative process which will be judged by the extent to which it leads to effective action. Although the regional strategy is aimed specifically at how WHO works, ultimately its success will depend on how individual Member States respond to WHO’s renewed emphasis on health systems.
1 Introduction

1.1 A WHO framework for health systems strengthening

Health is high on the current international development agenda. In some respects, health has been high on the development agenda ever since the Declaration of Alma-Ata on Primary Health Care in 1978. However, the actual financial and political commitment to the ambitious, transformative agenda of Primary Health Care (PHC) has been uneven. Development assistance, however, has doubled during the past five years due to increased contributions from multiple sources. Much progress has been made, but the increased assistance has highlighted bottlenecks and inefficiencies in health systems. These bottlenecks contribute to poor health outcomes and slow progress towards achieving global health targets such as the Millennium Development Goal (MDG) and actually realizing the lofty and still valid principles of PHC so articulately stated in the Alma-Ata declaration. There is an emerging consensus that concerted action to strengthen health systems is needed if the increased resources in health are to lead to the desired improvements in health outcomes and to realizing the principles of the Declaration of Alma-Ata.

The WHO Secretariat has developed a framework for action to guide the Secretariat’s work in strengthening health systems. The framework was finalized in 2007 and is entitled Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes. Everybody’s Business identifies four pillars for WHO action in health systems. The four pillars are:

1. a single framework with six building blocks (see Box 1);
2. health systems and health outcomes programmes: getting results;
3. a more effective role for WHO at country level; and
4. the role of WHO in the international health systems agenda.

The single framework with six building blocks leading to specific goals and outcomes builds on previous WHO work. Health systems can be analysed using different groupings or different blocks. The key concept is that the health system must be analysed in its totality. Improvement in health systems requires both technical knowledge and political will for action. The schema being used by the WHO Secretariat is presented in Box 1.
Everybody’s Business emphasizes a collaborative approach within WHO between health systems and health outcomes programmes to achieve better health outcomes. It calls for WHO to be more effective in strengthening health systems at country, regional and global levels. The framework, however, does not lay out specific actions for implementation. This regional strategic plan outlines more specific actions for the Division of Health Sector Development in the WHO Regional Office for the Western Pacific.  

1.2 From WHO framework for health systems strengthening to action in the WHO Western Pacific Region

The Division of Health Sector Development of in the Regional Office conducted an exercise from August 2007 to February 2008 to identify the specific actions that should be taken to make Everybody’s Business more operational within the Region. The exercise was facilitated by two external consultants. The methods included key informant interviews, desk review of key documents, a consultation meeting with staff in the Division, and a recurrent set of discussions for feedback, both face to face and electronically. The process included the Division staff, staff from other divisions in the Regional Office, non-Health Sector Development staff based in country offices, and WHO Headquarters health systems staff. It also included limited consultation with selected external partners.

The end result is practical actions to be taken throughout the Regional Office. The emphasis is on action to be taken by the Division in cooperation with the rest of WHO at Headquarters and at the regional and country level. The focus is on being more effective at the country level. Health systems strengthening is truly “everybody’s business”. That being said, the strategic plan identifies priorities as well as who, what and how. Health systems strengthening being “everybody’s business” does not mean it becomes “nobody’s business”. It is the core business of the Division for both regional-and country-based staff. Priorities are set in this document. They remain somewhat broad in scope as the diverse nature of Member States leads to a wide variety of needs. Further prioritization individualized to each country will have to be done at the country level.

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1 Division of Health Sector Development in the Region in this document refers to staff working in the Division of Health Sector Development in the WHO Regional Office for the Western Pacific based in Manila, plus health systems staff who are based in country offices. Division of Health Sector Development refers to the regional office-based division only.
Key issues in health systems within the WHO Western Pacific Region and Regional Office

The WHO Western Pacific Region includes a diverse collection of 37 countries and areas with large variations in population, geography, wealth, ethnicity and governance systems. Generalizations must be made cautiously. Effective health systems strengthening requires moving from those cautious generalizations to individualized specific actions within specific settings.

A comprehensive situation analysis was not done. However, key health systems issues were commonly identified by the informants and are presented using the six building blocks of the WHO framework. The following list is not comprehensive or exclusive, but key health sector issues recurrently identified are:

Health Services Delivery
- inequitable access and utilization;
- inadequate planning and management;
- fragmentation; and
- low quality.

Human Resources for Health
- low-quality and sometimes costly health professional education;
- high rural-urban and international migration of health professionals (low retention); and
- inefficient cadre mix and distribution.

Information
- inadequate analysis/use of existing information and evidence;
- fragmentation and duplication; and
- research agenda not reflecting the specific needs of the Region.

Health Care Financing
- low government investment in the sector in most countries;
- high out-of-pocket payment; and
- financial incentives that encourage irrational care.

Medical Products, Vaccines and Technology
- poor quality, counterfeits and fakes, poor procurement and supply;
- irrational use of drugs and technology;
- inefficient and poor quality and management of laboratory services; and
- high levels of obsolete, inappropriate and non-functional medical technology.
Leadership and Governance
- weak accountability and regulatory capacity;
- unclear role of the state in the health sector;
- limited planning and management capacity; and
- inefficient aid coordination leading to inefficient and fragmented assistance.

2.1 Key issues affecting WHO work in health systems in the Region
- lack of common vision and unclear mission of the Division of Health Sector Development on the health systems agenda;
- low responsiveness of the Division to country office and divisional health system needs and therefore low expectations for technical support from the Division;
- insufficient resources in quantity and quality to respond to country needs;
- ineffective resource allocation that is often unresponsive to country needs;
- work fragmentation within the Division (units/programmes working independently);
- limited interaction between health outcomes and systems programmes;
- vertical and earmarked funding exacerbating fragmented delivery of assistance;
- inadequate communication and awareness on health systems issues and on agreed policies and strategies; and
- crowded health sector and weak leadership and support from WHO to aid coordination.

2.2 Conclusions of rapid review of WHO work in health systems in the Region
- Everybody’s Business provides a satisfactory framework for action for the Division in the Region;
- the Division’s vision for responding to Member States health systems needs will revolve around access, quality, outcomes and equity, all part of the long standing Primary Health Care agenda;
- the Division must be focused on responding to country needs jointly identified by Member States, WHO country offices and programmes, and development partners;
- priority areas for action will be chosen on a selective and strategic basis;
- health systems strengthening work will become more analytic and coherent;
- capacity within the Division needs to be improved quantitatively and qualitatively;
- communication on health systems issues and the agenda of the Division will improve; and
- partnership for health systems strengthening within and outside WHO will be reinforced.
3 Everybody’s Business: From Framework to Action

The Division of Health Sector Development in the WHO Western Pacific Region has identified five key elements in its strategic response to Everybody’s Business. The five key elements include four elements that define the Division’s strategic response and one with three sub-components that defines how it will be done. The key elements of the response of the Division are presented in Box 2 below.

Box 2: Five elements of the strategic response of the Division of Health Sector Development in the WHO Western Pacific Region

1. clearly defined strategic direction for the Division work;
2. improved responsiveness to country and country office needs, intensified analytic work, and better support to national health planning processes;
3. strategic actions across the six building blocks selected and prioritized;
4. strengthened engagement in national, regional and global partnerships for health systems strengthening; and
5. improved working methods: strengthened collaboration, capacities and communication.
   - strengthened collaboration within the Division, across divisions within the WHO Regional Office for the Western Pacific and country offices, and with Headquarters and other WHO regions to better support Member States;
   - increased technical capacity in health systems both within and outside the Division in both country offices and the Regional Office; and
   - improved communication and knowledge management capacity in health systems at all levels.

3.1 Strategic direction for the Division of Health Sector Development in the WHO Western Pacific Region on health systems strengthening

3.1.1 Vision/goal

*Universal Access to Quality Services for Improved Health Outcomes for All*

3.1.2 Mission

To assist Member States in improving and maintaining population health through strengthened health systems.
3.1.3 Core functions

The proposed strategic activities of the Division are rooted in existing WHO mandates and policies that have been approved by the governing bodies of WHO at the global or at regional level. Strengthening health systems and equitable access is an identified part of the Global Health Agenda in the 11th General Programme of Work of WHO and the Medium-Term Strategic Plan of Western Pacific Region. The former document identifies the WHO core functions as:

1. providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
2. shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
3. setting norms and standards and promoting and monitoring their implementation;
4. articulating ethical and evidence-based policy options;
5. providing technical support, catalysing change and building sustainable institutional capacity; and
6. monitoring the health situation and assessing health trends.


3.2 A more effective role for WHO at country level

A key function of the national, regional and global WHO Secretariat is to work with its Member States. The Division of Health Sector Development in the WHO Western Pacific Region will increase its responsiveness to needs or requests generated from countries, either from WHO country offices or Member States. The needs of countries should not be identified in an ad hoc fashion. Needs should be identified based on a situation analysis. The core documents to identify needs are the national health plans of the respective Member States. WHO’s role should be identified through country cooperation strategies, the strategic planning process of WHO and other relevant planning processes, such as the United Nations Development Assistance Framework. The Division in the Region will place emphasis on assisting Member States with the implementation of adopted regional strategies. WHO country offices must be involved in, and responsive to, national planning processes. The Division must have the ability to provide meaningful technical assistance to both WHO country offices and Member States.

3.2.1 National planning processes

National health planning is a core part of any attempt to strengthen health systems, and support to this process is a core part of the mandate of the Division. There is discussion of linking some types of donor assistance directly to robust and validated national health plans. If this occurs, national health planning processes will take on even more importance. Essentially all Member States in the Region have national health plans. The rigour of the planning process, the quality of plans and the
actual implementation of plans varies considerably. Health planning processes at lower levels are also variable, but are particularly important where governance systems are decentralized. Equally important to health plans are the national planning processes which are not restricted to health but in which health is one of the components. This typically includes the national budgeting process, the national socioeconomic development plan, national civil service reforms, and plans such as the Poverty Reduction Strategy Papers (PRSP) or Medium-term Expenditure Frameworks (MTEF), Round Table or Paris Club processes with donors, and the United Nations Development Assistance Framework (UNDAF).

These national processes are often more important in setting national priorities and determining resource allocation than health planning processes. Ministries of Health are frequently at a relative disadvantage in these national processes, which tend to be dominated by professionals and agencies that have a quantitative and econometric emphasis. Strengthening the Ministry of Health capacity to engage more in these processes constructively is a role for WHO.

WHO country office involvement in supporting counterparts in health sector planning processes is variable, depending on the capacity and skills available in each country office and whether the country has requested WHO support. Involvement is often an ad hoc reaction to specific problems and planning events. WHO will become more proactive in seeking to provide support in both health planning and national planning processes. As part of this effort a calendar of national planning strategic cycles of Member States will be developed so that technical assistance needs can be anticipated and planned. Such assistance will firstly be provided from within the country office team, where possible. However, both the WHO Regional Office for the Western Pacific and Headquarters can and should be involved in providing frameworks, tools, document review, capacity-building, and in some cases, actual hands-on consulting on a short or medium-term basis. A network of individuals with a broad range of skills and sufficient time to carry this out will be needed. This will predominantly include WHO staff, but there will also need to be a roster of reliable consultants who can be called upon when necessary. Providing such country support will require a stronger functional collaboration and connectedness within the different units of the Division and between the different levels of WHO than currently exists.

National health planning is a national process under the control of national authorities. The WHO Representative’s Office should strive to participate fully in those processes and provide needed technical support to Member States. The WHO Representative’s Office must also be able to formulate and articulate WHO positions during the health planning process. The Division in the Region at all levels has a responsibility to provide technical support and capacity-building where needed so as to increase the effectiveness of participation by WHO Representative Offices in all of these processes.
3. Everybody's Business: From Framework to Action

**Action points**
- provide technical advice on development and use of implementation monitoring and support tools and mechanisms;
- develop and maintain a calendar of planning and strategic events in the Ministry of Health and other key government bodies;
- provide technical support to counterparts, when requested, in the planning process;
- promote and support involvement of Ministry of Health in strategic development processes at national level; and
- develop and offer orientation for WHO Representatives and Country Liaison Officers on health systems and policy issues and engage in a continuous dialogue with them on these issues.

3.2.2 Building capacities to diagnose and act on health systems constraints

Member States must cope with needs occurring across the entire spectrum of health systems. WHO is often expected to respond to Member States on a wide range of health systems issues while at the same time Member States may have widely varying visions and interpretations of what is a desirable health system, e.g. what is primary health care in their particular context. The level of specialization of WHO health systems staff at the country and regional level sometimes limits their ability to deal with, or recognize, issues outside of their area of specialization. Developing and/or recruiting staff with broad health systems skills, particularly at the country level, will allow WHO to provide more holistic health systems support. At the same time, regional and Headquarters staff, who may have more specialized skills, will be able to provide more specialized technical assistance, responsive to needs identified at the country level. WHO should be able to provide support across all six building blocks of the health system, or at least, identify where such support might be available. This will require a better cataloguing of the health systems skills that exist within WHO at all levels and linking those skills more efficiently with the needs that are identified within Member States.

Specific areas and targets are:

**Action points**
- build capacity on strategic analysis of health systems in ways that are relevant to countries;
- build skills of country-level WHO health systems staff on all health systems issues;
- develop a network able to provide technical support for specific health systems issues; and
- improve knowledge management and access to information networks.

3.2.3 More analytical work to be done within countries and shared with others

There is a need for more evidence on key health system issues in the Region and globally, a need for better dissemination of the evidence that exists, and a need to use the evidence that does exist more effectively. The quality and quantity of analytical work done by the Division in response to the
international health agenda and to the needs of Member States will increase. The mobilization of knowledge networks will be a key part of this. The introduction of the “observatory concept” into the Region will be considered. This will be discussed more thoroughly later in the strategy.

**Action points**
- increased analysis and research of health system issues with a focus on Member State needs; and
- mobilization of knowledge networks to support analytic health systems work.

### 3.3 Making strategic choices on priority actions within and across the six health systems building blocks

Member States will have needs across all aspects of all six building blocks of a health system. WHO and the Division of Health Sector Development in the WHO Western Pacific Region will not have the capacity to respond to every need identified. Therefore, it is necessary for the Division to set priorities for action based both on need, capacity and feasibility and on capacity present in both the regional and country offices. Priorities are set both technically and geographically and have been identified through a consultative process. The priorities outlined below are consistent with existing regional and global strategies, including the *Medium-term Strategic Plan for the Western Pacific Region (2008–2013).*

A risk of priority setting within a system is that it can lead to intense attention to one aspect of a system and the neglect of others that are equally crucial. It is possible to organize the work of the Division as a series of individual and separate projects or activities that relate minimally to each other and minimally to the health system as a whole. This will be avoided through the use of an analytic framework for all activities that looks at the entire health system and a perspective that begins with country needs. It will require intense collaboration and coordination that will need to be enforced at both country and regional levels. There is no intention to replicate the fragmentation described in *Everybody’s Business* within the Division. There are also cross-cutting issues which do not fall neatly into one of the six building blocks. That being said, the following are priorities in each of the six building blocks.

#### 3.3.1 Service delivery

- support countries in generalized quality assurance/quality improvement (QA/QI), e.g. patient safety;
- coordinate with other units and divisions on programme specific QA/QI initiatives;
- provide support to countries on defining basic and specific packages of services;
- strengthen support on health systems aspects of health outcome-oriented programmes and financing mechanisms, e.g. GAVI and GFATM;
- provide support to countries to assess the role of the private sector in health systems; and
- provide analytic support to countries on referral systems.
3. Everybody’s Business: From Framework to Action

3.3.2 Health workforce

- monitor implementation of the *Regional Human Resource Strategy (2006–2015)*;
- support national assessments of the health workforce in selected countries;
- conduct regional consultations on key health workforce strategic issues on:
  - constraints in Human Resources for Health plans in selected countries;
  - quality standards in health professional education with a focus on nursing and midwifery; and
  - management of health professional migration including retention strategies and the impact of bilateral agreements.
- assess the role of the private sector on the health workforce in selected countries; and
- support the emerging Pacific Human Resources for Health Alliance.

3.3.3 Information and research

- institutionalize research as a key cross-cutting issue that will be progressively incorporated in all programmes of the Division in the Region and support research-oriented networks, e.g. Evidence-Informed Policy Networks (EVIPNet);
- review the Regional Strategic Framework for Health Research and define a regional research agenda within the Division and with other divisions reflecting specific challenges in this Region such as noncommunicable diseases, aid effectiveness and donor behaviour, the role of the private sector in health systems, out-of-pocket payments and poverty, and the health impact of climate change in small Pacific island countries and areas and in China;
- review health information plans, strategies and policies in selected countries, including their implementation, and assess the ability of Health Management Information Systems (HMIS) to contribute to evidence for policy-making;
- develop innovative initiatives to improve the quality and use of information in collaboration with the Health Metrics Network (HMN), e.g. China’s electronic web-reporting;
- assess health outcome programmes’ specific information needs and promote an integrated HMIS that meets all the critical programme needs and is promoted as a unified platform for information collection and dissemination; and
- collaborate with WHO Headquarters and others to develop and introduce indicators to measure health system performance and health outcomes, including indicators to monitor the implementation of national health plans, to measure aid effectiveness, and to contribute to monitoring the burden of disease in the Region.

3.3.4 Sustainable financing and social protection

- conduct a mid-term review of the *Regional Strategy on Health Care Financing 2006-2010* and develop a revised strategy for 2010–2015 based on the review and further consultations;
support budget preparations in selected countries which have low government expenditure on health and promote increased government expenditure and improved efficiency of public spending on health;

- promote the reduction of out-of-pocket payments (OOP) for health care and movement towards risk-pooled, pre-paid health care financing by:
  - promoting adoption by Member States of a benchmark for OOP at a level not exceeding 30%;
  - in consultation with selected countries aim to reduce OOP expenditure by 10%–20%, and assess/revise national Health Care Financing strategies and plans accordingly;
  - undertaking research on strategies to shift towards prepayment schemes;
  - assessing the role of the private sector in health care financing (links with Pharmaceuticals, Human Resources for Health and Health Services Development); and
  - organizing a regional consultation on user fees and their impact on access, poverty and rational drug use in the Pacific.

- enhance evidence for health financing policy development.

3.3.5 Medical products, vaccines and technology

**Pharmaceuticals**

- assess strengths and weaknesses of national medicine policies (NMP) in selected countries culminating in revised strategies to be presented in an international conference by the end of the biennium;
- review the progress of implementation of the Regional Strategy for Improving Access to Essential Medicines in the Western Pacific Region (2005–2010) and develop a revised strategy for 2010–2015 based on the review;
- share experiences and options to improve pharmaceutical supply in decentralized environments;
- implement a regional medicines price information exchange system (links with HMIS) in selected countries;
- strengthen medicines regulations and quality assurance including combating counterfeit medicines in both the public and private sectors in concert with other regulatory, financing and quality initiatives;
- conduct operational research on access to medicine, health insurance and financing policies, and health outcomes; and
- promote rational use of medicines in both public and private sectors within the context of the health and health financing systems.

**Essential Health Technology**

- develop a regional strategy with the objective of assisting Member States to strengthen their medical laboratory networks and to improve the quality of laboratory services by the introduction of quality management principles and regulation;
- provide support to develop and implement national plans to establish comprehensive laboratory systems in conjunction with other programmes and at the requests of Member States, particularly in relation to vertically organized global health initiatives;
facilitate the development of nationally coordinated blood systems based on voluntary donation;
conduct studies and operational research to determine the magnitude of problems in key aspects of blood safety in selected countries, particularly patient safety and rational use; and
provide support as requested to selected countries to develop and implement a national policy for health technology.

Traditional Medicine

promote safe and effective use of traditional medicine and its integration into mainstream health services with other programmes.

3.3.6 Governance and leadership

provide support to governments to strengthen their governance framework, including public health law, health policy, accreditation, licensing, regulation, and institutionalizing quality and safety initiatives;
increase WHO responsiveness to country planning processes;
support countries to develop leadership and governance skills;
promote the principles of aid effectiveness and aid coordination, including the monitoring of aid flows and donor behaviour in the Region;
introduce indicators to monitor aid effectiveness in collaboration with other aid effectiveness initiatives, e.g. IHP (International Health Partnership), Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC); and
conduct a regional or subregional consultation on the role of government in the health sector in different contexts.

3.3.7 Other Programmes

Emergency and Humanitarian Action

Emergency and humanitarian action is about health systems and health outcomes in times of crisis. Even in a crisis, health systems must operate holistically. All six building blocks are relevant. The issues surrounding emergencies are preparedness, resilience, continuity, mitigating adverse effects and post-emergency recovery. Global warming may make the frequency and severity of crises greater, making preparedness even more important. Key activities within the emergency and humanitarian activity include:

assess health systems’ vulnerability to disasters using the six building blocks in selected countries;
develop or adapt guidelines for post-emergency recovery including specific service packages to be delivered during emergency situations; and
develop capacity within countries for emergency planning and preparedness.
3.3.8 Cross-cutting issues

The term “cross-cutting issues” refers to several areas of work presented below where multiple units within the Division in the Regional Office are working in closely related areas. Frequently other divisions within the Regional Office also will be working on similar activities. The different programmes often have different working methods, different indicators and different locations. Some of initiatives tend to be relatively small and many have difficulty in scaling up to have a sustainable national impact. They are the areas where the donor community, including WHO, have introduced distortions and distractions. The differences in methods and implementers, both at agency and national level, often make harmonization problematic. A few of the cross-cutting issues may be relatively easy to address, but many will be difficult, as they require a fundamental change in how activity is organized. It requires thinking of the longer term, bigger picture, not the immediate biennium and project. However, it is in these areas where there is the most potential benefit for using a more unified health systems approach. Such an approach is more suitable to achieving the universal access to quality health services that is core to the vision of the Division. A few examples follow.

Primary Health Care

Primary health care was placed at the center of the international health agenda in 1978 through the Declaration of Alma-Ata which was adopted at an International Conference on Primary Health Care (PHC). The Declaration of Alma-Ata states that “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 self-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 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 process”. The ambitious goal of “Health for All by the Year 2000” was set. The fact that “Health for All” was not fully achieved does not discredit those goals and principles. Insufficient attention to a health systems approach was a root cause of many of the bottlenecks that hampered the achievement of the goals of Alma-Ata. However, the financial limitations placed on public health systems in the two decades after Alma-Ata may have precluded successful results no matter what strategies were adopted.

Thirty years after Alma-Ata, there is renewed dialogue about the role of PHC in the international health agenda. The Division will participate fully in that dialogue at international, regional and national levels. This will include analytic work to document experience and best practice, as well as participation in policy dialogues on the most feasible ways to achieve the goals of PHC through strengthened health systems. A frequent misconception has been that PHC is separate from the rest of the health care system, an idea that is clearly at odds with the definition of PHC agreed at Alma-Ata. A balanced health care system is needed, one that deals with both the primary or first contact with the health care system and the “continuing health process”.
As important as the international health policy dialogue is, the responsibility for the type of health service available in a country belongs with individual nations. The Division in the Region will provide technical assistance as requested by Member States in tailoring their interventions in health systems strengthening (HSS) so that may achieve better health outcomes based on the principles of Alma-Ata.

The role of the Division in the Region is to:

- participate fully in the policy dialogue on PHC and health systems at all levels;
- perform analytic work on PHC and health systems at both regional and national levels in order to improve the information base for decision making; and
- provide technical support to Member States who wish to review, assess, or even reformulate their strategies and plans based on PHC and/or HSS.

**Quality assurance/quality improvement**

Interventions to help countries improve the quality of their health services affect most of the areas of health systems and all of the health outcome programmes. Low quality and ineffective service delivery has an adverse effect on health outcomes. Underutilization of health services is an issue in the Region. Low quality, actual and perceived, combined with high out-of-pocket costs, is one of the contributing factors to underutilization.

The Human Resources for Health programme focuses on improving quality of Human Resources for Health production, improving staffing levels by increasing retention, and improving overall workforce management. HMIS relates to quality assurance/quality improvement (QA/QI) in terms of monitoring the outputs of increased quality (e.g. utilization) but also to provide indicators of QA/QI which are part of HMIS and not a separate subsystem. QA/QI is context specific and requires evidence related to the specific environment, implying a need for operational research. Quality systems are necessary to tackle the problems of counterfeit drugs but also in areas of procurement, supply and management of all medical technologies, particularly laboratories and other diagnostic services. Rational drug use is an issue that relates to pharmaceuticals but also service delivery, human resources, financing and leadership. Regulations and public health law have critical importance on quality improvements (e.g. accreditation, licensing, etc.). Health care financing must deal with perverse incentives for quality. The planned shift towards risk pooling schemes as a strategy to reduce out-of-pocket payments could be used to improve the quality of the services purchased as part of the benefit packages. However, a switch to other payment systems, such as capitation, without quality assurance is likely to reduce health system responsiveness and lead to lower quality services.

Almost all of the disease control programmes encompass aspects of quality improvement, e.g. infection control, waste management, safe injections, patient safety, etc. Most quality initiatives remain relatively small programmes, all struggling to go to national scale. The plethora of quality initiatives have the risk of remaining small and not being made a permanent part of institutional structures. The principles of quality improvement are universal. Working together can further the goal of making quality part of the prevailing culture of the health sector throughout the Region.
Concrete actions should include:

- assist Member States in developing national frameworks for quality improvement that will provide an umbrella to give guidance and sustainability to the multiple quality initiatives;
- build capacity in Member States to implement quality improvement as a continuous activity based on a situation analysis, planned interventions, and monitoring and evaluation of results, followed by replanning; and
- work with other programmes, particularly health care financing and aid effectiveness, in linking compensation to quality improvement.

**Private (non-state) sector**

The role that the private sector, sometimes referred to as the non-state sector, plays in each health system varies from country to country, and who is defined as belonging to the private sector also varies greatly. The private sector can include both private-for-profit and private civil society organizations, such as non-governmental organizations, community-based organizations and faith-based organisations. In the Region the relative importance of the private sector in health is variable with a greater predominance in Asian countries of as compared with the Pacific area, although faith-based organizations are significant providers in parts of the Pacific. It has been identified as an issue by different health systems programmes, health outcomes programmes, and by many of the country offices in the Region. Implications of the impact of the private sector on health systems can be identified across the six building blocks of health systems and in most of the health outcomes programmes. There is almost certainly a role for the private sector in most countries. That role, however, must be defined clearly by the government. No matter what the role of the private sector is in the health sector, the stewardship function of the government must be fulfilled. The role of the private sector, to a certain extent, is determined by the prevailing ideology of the stewards. Frequently, especially in lower-income countries with much donor involvement, different partners have different visions for the role of the private sector. The governing structures of a nation must determine that vision for the nation. At times, internally contradictory initiatives are occurring simultaneously, each supported by different parts of the international community.

The role of the Division in the Region is to help Member States to:

- study the various alternatives available in the private sector across the six building blocks of the health system and the various health outcome programmes;
- track and analyse trends in private sector provision;
- provide the most objective information that is available on various alternatives; and
- build capacity to fulfil its stewardship role in the implementation of its chosen strategy in the most equitable and effective way feasible.

**Health Services Packages**

The dichotomy of horizontal versus vertical delivery of health services has been widely discussed during the last decades without resolution and with limited evidence to support either position universally. The principles of primary health care are almost universally accepted while the implementation details are still contested or widely varying in conception. The idea of a diagonal
approach focused on outcomes is an attempt to address this long-standing dilemma. The definition of health service packages is one part of a health systems strengthening approach. Delivery packages are defined in every health system whether done in an explicit fashion or done implicitly by default through a series of ad hoc decisions. The definition of health service packages is an attempt to link burden of disease with feasibility in a manner that can lead to universal access. In the most vulnerable countries, peripheral services are frequently delivered by a handful of minimally trained staff. How those staff are utilized productively is a crucial issue. Increased capacity can and must be built, but capacity building will be a slow and incremental process. A health systems strengthening approach will seek to:

- assist Member States to identify feasible packages of services based on the realities of their situation;
- encourage the rational use of the limited capacity available for implementation of health programmes while discouraging non-productive competition between various programmes; and
- gradually increase the capacity of the entire system.

**Equity, Gender and Human Rights**

Equity, gender and human rights are integral parts of the Division of Health Sector Development with a dedicated staff member who works with the Division units in the Region and health outcome programmes in a cross-cutting fashion. Equity, gender and human rights issues include: the development and distribution of human resources for health; pro-equity health care financing; and information systems robust enough to allow meaningful analysis. The issues of equity, gender and human rights are context specific and often sensitive. The approach to these issues will need to be tailored to the needs of each country office and programme. However, this means being an integral part of activity, not just adding the paragraph or sentence on equity, gender and human rights in order to meet the requirements for political correctness. Increased capacity and awareness of all staff of the Division, health outcomes programme staff and country office staff on these issues will be a priority. Ultimately increased capacity in Member States is a goal.

Some areas of work specifically planned are:

- in collaboration with Health Care Financing, Health Information System and Situation Analysis for Policy staff, to organize a high level regional meeting on equity including results of analysis of national data in selected countries, development of qualitative country profiles, and policy-focused research/analysis;
- in coordination with health information staff, introduction of equity indicators (based on short list prepared by WHO Headquarters) into health information work in two countries and introduction of an equity focus into the health research agenda of the Region during the biennium; and
- promote focus, analysis and capacity to address equity, gender and human rights in the work of health outcomes programmes and countries.
Unsatisfactory laboratory services were frequently highlighted as an issue by both systems and health outcome programmes. Poor management, low quality standards, inadequate staff, inefficient procurement and irrational use were some of the issues identified, as well as unregulated privatization in some settings. Laboratory services are supported, both technically and to some degree financially, by multiple programmes within the Region, contributing to a fragmented approach within WHO and within countries. Addressing these problems with a system perspective working across multiple programmes will be a challenge, but it offers the potential for much improvement. This potential is particularly necessary for more peripheral services where there are frequently shortages of equipment, trained staff and other resources. There will be a need to work with countries and donors towards looking at their laboratory needs holistically, rather than disease by disease. The proposed development of a regional strategy for laboratory services will contribute to rationalizing laboratory services.

The Division of Health Sector Development in the Region will work with other programmes and Member States to:

- identify feasible integrated laboratory improvement packages;
- develop training packages for the delivery of integrated laboratory services, particularly at more peripheral clinical levels; and
- develop equipment, supply and maintenance standards for integrated laboratory services.

### Action points

- prioritize strategic areas, particularly those involving cross-cutting work;
- promote a more analytical approach for agenda setting;
- align plans of action at the regional level with country priorities; and
- share country experiences, analyses, and assessments.

### 3.4 Strengthening partnerships and the role of WHO in aid coordination

The international health landscape has changed dramatically over recent years. Development assistance for health has increased significantly, rising from US$ 2.5 billion in 1990 to over US$ 13 billion in 2005. New resources have been accompanied by a proliferation of new partners. There are now well over a 100 major organizations involved in the sector, far more than in any other sector, and literally hundreds of channels for delivering health aid.

Aid coordination in the health sector is a central role and responsibility of WHO at the global and country levels. In today’s increasingly fragmented environment, this role has become even more important. As the leading international public health agency, WHO has a unique mandate and a responsibility to support ministries of health to convene and manage stakeholders active in the sector. The Division of Health Sector Development in the WHO Western Pacific Region will strive to use that mandate to improve health outcomes through improved aid coordination.

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2 This figure includes traditional donors as well as private entities such as the Bill and Melinda Gates Foundation
In addition to increased resources, new types of donors with new ways of doing business have emerged. The Bill & Melinda Gates Foundation is currently the third largest source of aid for health after the United States of America and Japan. The Global Fund to Fight Aids, TB and Malaria and GAVI have pioneered innovative approaches, such as performance-based funding. However, the rapid scaling up of resources has stretched WHO’s capacity to provide technical advice on how new funds should be programmed. The additional funds are welcome, but the experience of these global initiatives has contributed to the recognition of the importance of strong health systems if aid is to be used effectively.

There has also been growth in the number of global and regional health initiatives that seek to foster partnerships around a particular health issue. Examples include the Health Metrics Network and the Global Health Workforce Alliance. Often these partnerships are hosted by WHO, some work in parallel with WHO departments, and some channel resources through WHO. Similarly, health is increasingly on the agenda of regional bodies such as the Secretariat of the Pacific Community and Association of Southeast Asian Nations (ASEAN). Sometimes the activities of these organizations overlap with those of WHO, again raising questions of overlapping mandates and division of responsibility in a crowded health environment. Working with and coordinating across these multiple bodies can strain WHO’s human resources, but is necessary if we are to fulfil our mandate.

The process of United Nations reform has highlighted the need for improved coordination within the United Nations. The concept of the United Nations “delivering as one United Nations” in a country presents an opportunity and a challenge for WHO to use its position as the leading health agency to ensure that reform efforts also support greater coherence at the sector level. It is important for WHO to lead in the process of ensuring that the health aspect of the United Nations Development Assistance Framework in each country is comprehensive and holistic in its analysis and that the activities proposed are consistent with the principles of Everybody’s Business and the Declaration of Alma-Ata on Primary Health Care.

In the same vein, WHO has an important role to play in making a link between aid coordination processes and health systems strengthening. Sector-wide approaches (SWAs) can be important instruments for achieving this link, as they aim to develop consensus between government and partners on how to overcome the main health systems bottlenecks. Several Member States in the WHO Western Pacific Region are engaged in SWAs. Approaches vary greatly from country to country, from pooled-funding arrangements at one extreme to a focus on better coordinated missions at the other. All, however, are based around a national health plan and as such can provide a good vehicle to pursue health systems strengthening.

Efforts to improve the effectiveness of health aid need to be located within the broader aid effectiveness agenda. In particular, this means making a link to the Paris Declaration on Aid Effectiveness. WHO is now working at Headquarters and the regional level to adapt monitoring of the Paris Declaration to the health sector. The recently launched International Health Partnership is one example of an initiative to implement Paris Declaration ideals in the health sector. It aims to improve coordination between the main health agencies at the global level in order to support more coherent approaches to sector development at the country level. It is currently being piloted in seven countries, with Cambodia the only country involved from the Region.
WHO must be able to engage constructively in all aid coordination processes. WHO’s special position as independent technical adviser to ministries of health creates a particular responsibility to support governments in taking on their leading role in the harmonization and alignment agenda in the health sector. This is one of WHO’s primary functions in a country and needs to be a priority of the country offices. WHO Representatives and Country Liaison Officers will need to allocate adequate resources to this agenda. Country efforts must be backed up at the regional level with adequate information, analysis and advice.

**Action points**

- strengthen WHO collective work with main global initiatives for specific health outcomes (e.g. GAVI, GFATM and HMN);
- explore current and potential roles of global partners and promote the role of regional initiatives, particularly those supported by Member States (e.g. SPC, ASEAN, and PHRHA);
- promote joint work with United Nations agencies and take the lead in health within the United Nations system;
- support and reinforce WHO engagement with initiatives for aid coordination operating in the Region and in countries;
- provide technical assistance and capacity-building to country offices on these issues where needed monitor aid flows and donor behaviour according to agreed harmonization principles;
- increase and improve WHO’s involvement in aid coordination mechanisms, particularly SWApS; and
- develop indicators for aid effectiveness at global, regional and national levels.

3.5 **Improving the way we work: strengthened collaboration, capacity and communication**

_Everybody's Business_ highlights the fact that WHO’s technical support to Member States is frequently focused on specific health conditions and often lacks analysis of its implications for health systems. Within health systems, WHO assistance often focuses on specific elements of the system in isolation. The result is fragmented support that often leads to duplications, distortions, disruptions and distractions at the country level.\(^3\) Collaboration between health outcomes and health systems programmes has produced some good results. Most collaborative work done in this regard is at the normative level (e.g. costing of scaling up programmes, guidelines, etc.) and less has been done in a systemic fashion. There is an expressed unmet need for collaborative inputs from the Division of Health Sector Development in the WHO Western Pacific Region by other divisions in the Regional Office. However, many of the expectations may be for assistance in making their specific programme run more effectively, not assistance in making their programme a more integral part of a holistic health system. Addressing this dissonance in perceived needs will be a challenge which will require adjustments on both sides. There is no such thing as a health system separate from health outcomes.

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To improve the quality and effectiveness of the response of the WHO Regional Office for the Western Pacific to the health systems needs of Member States, the Regional Office will focus on the following actions to improve the way we work:

1. strengthening collaboration at all levels of the Regional Office, and with WHO Headquarters and other regional offices;
2. increasing WHO technical capacities at the country and regional levels to respond to Member States needs; and
3. improving communication knowledge sharing and networking on health systems strengthening within all levels of WHO and also with Member States and other stakeholders.

The development of a health systems observatory, perhaps patterned on the model developed by the WHO Regional Office for Europe, will be explored for the future with a focus multi-institutional and multi-country support.

3.5.1 Strengthening collaboration at all levels of the Region

The Division in the Region will address fragmentation, duplication and inefficiency identified at the country and regional levels through improved collaborative action at three levels:

- within health systems programmes themselves of the Division;
- between health systems and health outcomes programmes (cross-divisional work); and
- with WHO Headquarters and other WHO regions.

All will aim at producing a more effective response to the needs of Member States and country offices.

Health systems programmes within the Division

The Division will work jointly and provide more coherent technical input to Member States and country offices by improving collaborative processes within the division. Processes to accomplish this will include joint work planning, joint country missions, and joint technical support to national health sector plans and strategies. The Division will avoid the problem of having separate “silos” of the Division unit work.

Time-limited working groups comprising all units working in either certain countries and areas, or with certain issues, will be formed when appropriate. Appropriate areas might include the private sector, strategic planning based on country schedules, country cooperation strategies for WHO, or even proposal development to assist countries applying to the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI or others.

The lack of capacity within the Division to cover all areas of health systems in each country sometimes leads to fragmented assistance. The Division will seek to remedy this by increasing the more general health systems skills of country-based staff and by increasing the availability of regional and Headquarters staff to cover more specialized areas of the health systems agenda within countries.
**Action points**
- promote joint work through joint work planning, joint country missions and joint technical support to country offices;
- strengthen links between programmes of the Division in the Region to address health systems issues holistically;
- establish regional task-specific, time-limited working groups for specific health system issues or processes such as country cooperation strategies, proposal development, etc.;
- undertake specific country health system assessments with contributions from all areas of the Division (health systems profiling); and
- develop and implement, based on previous assessments of capacities in each country office, a specific plan for expanding skills in those areas (building blocks) of the health system lacking.

**Collaboration between Health Systems and Health Outcome Programmes**

Cross-divisional work is key to health systems strengthening for improved health outcomes. Priority areas for cross-divisional work include:

- strengthening collective country office (health systems and programmes) engagement in national and health sector development planning processes;
- collaborative work in developing WHO country office plans, i.e. country cooperation strategies;
- strengthening collective engagement in the development of Member States proposals for funding from Global Health Initiatives, e.g. GFATM and GAVI;
- identification, development and implementation of integrated packages of health services;
- technical support and collaboration in equity, poverty, gender and human rights;
- support in pharmaceutical areas particularly on prequalification, access to and production of drugs (e.g. antiretroviral drugs), vaccines and strategies for quality assurance (counterfeit drugs), and detection of drug resistance; and
- development, implementation and monitoring and evaluation of national plans for laboratory services.

Other actions to promote and strengthen the work of outcomes and systems programmes are:

- analysis of specific health outcomes programmes with a systemic perspective using the six building block framework;
- develop health outcome indicators to assess health systems strengthening;
- familiarize the staff of the Division with the basic structure, technical needs and issues involved in key health programmes and provide input so health outcome programmes become more health systems literate;
- increased cross-divisional involvement in planning and proposal development processes;
- opportunities for health system impact assessments of different programmes will be sought and support offered to address potential gaps in this regard;
- inclusion of activities with programmes in other divisions in the Division activity plans; and
- increased collaboration on areas of joint interests, e.g. joint task forces.
Implementation of these actions will require additional staffing, including cross-divisional activities in workplans, and increasing openness to the concept of cross-divisional work.

**Action points**

- prioritize areas of activity involving cross-divisional work;
- build the Division staff capacity concerning the basics of health outcomes programmes and for staff working in other divisions about the basics of health systems;
- promote the use of health outcomes programmes as an entry point to address health system issues; and
- organize working groups or task forces dealing with specific cross-divisional issues (e.g. GAVI and GFATM).

**WPRO leveraging Headquarters resources and support for health systems strengthening work in country offices**

Considerable health systems expertise exists at the various levels of WHO. This expertise is frequently not utilized to its maximum for country support. The Regional Office will work with Headquarters to provide more strategic and timely support responsive to the needs of country offices and Member States. Examples of possible complementary and additive Headquarters and Regional Office activities include:

- jointly planned responses to country office capacity enhancement requests;
- sensitizing country offices to the global perspective surrounding specific health systems issues;
- Headquarters to support action at regional or country level with global initiatives;
- provision of norms, standards, guidelines and strategies for specific health systems areas for country offices which can be adapted to country needs; and
- sharing of global knowledge, best practices and leveraging knowledge networks and alliances in support of country office and liaison office needs.

**Action points**

- promote channelling support to country offices through the regional level to reinforce its role;
- strengthen Headquarters role as a global source of technical and normative support for the country and regional levels; and
- implement joint capacity-building efforts across the six building blocks with Headquarters.
3.5.2 Strengthening Technical Capacities

The Division in the Region will build and strengthen existing technical capacity in health systems in order to increase its responsiveness to Member States and country office needs. Strategies to increase capacity include:

**Improving the use of existing capacity**

- Increase mobility of the Division country staff to eventually support other neighbouring countries on specific issues (subregional pooling of skills);
- Increase mobility of staff from the regional and Headquarters level to country offices on a discretionary basis, including strategic use of consultants where needed;
- Link with staff employed by health outcome programmes, who have health systems skills;
- Reactivate of technical advisory groups and meeting with experts to support regional health systems work;
- Strengthen partnership with regional and global initiatives; and
- Establish and/or strengthen global, regional and national networks of experts in health systems (Health Systems Professional Network).

**Building new capacities**

- Develop and implement appropriate professional development plans for each staff member of the Division in the Region; and
- Provide basic health systems and aid effectiveness orientation for all professional staff in country offices, particularly for WHO Representatives and Country Liaison Officers.

**Recruiting new capacity**

- Recruit and retain new staff where either technical or geographical areas are not covered; and
- Adapt the skill mix of the Division and related staff in country offices to the specific needs of that specific country and those in the vicinity (subregional pooling of skills).

**Improving access to important knowledge, information and experience**

- Improve communication through a division- and office-wide communication strategy (see 3.5.3);
- Improve and facilitate delivery by global technical alliances and networks (e.g. GHWA, HMN);
- Consider development of a health systems “help desk” at the Headquarters or regional level to offer technical support on specific health systems issues on demand from countries or regional levels;
- Further develop the toolbox concept where a variety of materials and methods are collected which can be utilized or adapted to local circumstances, as appropriate; and

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4 Currently the WHO Headquarters is developing a health systems capacity building programme that should be adapted and used to implement actions in this regard immediately.
explore the establishment of a regional health systems observatory that promotes evidence-based health policy-making by providing relevant and comparative information about health systems and reforms and to assist policy-makers in development of health systems in their countries.

**Action points**

- improve and maximize the use of existing capacity;
- build new capacity on specific health systems issues;
- recruit of new capacity;
- improve knowledge management; and
- explore the development of the health systems observatory concept within the Region.

### 3.5.3 Strengthening internal and external communication on health systems

Communication, both internally and externally, is an essential element of the implementation of *Everybody’s Business* and the Regional Framework for Health Systems Strengthening. Information must be timely and valid, but also in a form that is usable and available. Proposed communication outcomes are:

1. improved health systems understanding and literacy within the Division and other divisions;
2. increased communication and collaboration within the Division and between the Division and other divisions on health systems development;
3. increased sharing, understanding and use of important WHO resolutions, policy directions, strategies and positions within WHO and with WHO Member States and partners to strengthen health systems;
4. increased profile of health system strengthening and the role of the Division within WHO and with Member States and partners;
5. systematic sharing of the most up-to-date health systems news, best practices and literature, as well as leveraging knowledge networks and alliances in support of the needs of the Division in the Region; and
6. increased resource mobilization through clearer information about WHO health system work in the Region.

**Potential priority actions of the Division to improve health systems communication**

A comprehensive communication strategy will be developed. The audience will be the WHO Secretariat, Member States, partners and the general public. It will require access to communications expertise or sufficient capacity in the Public Information Office in the WHO Regional Office for the Western Pacific to meet the communications needs of the Division in the Region. Key elements of that strategy will include the following:

- Regional Office Website: improve the visibility and ease of WHO and public access to the Division and health systems information on the WHO global, Regional Office and country office websites; and improve and expand the Division input to the Regional Office and country office websites.
Regional Office Bulletin/Newsletter: Produce and disseminate widely a quarterly newsletter from the Division to share, promote and highlight innovative health systems strengthening work being done in the Region. Country office staff will have the opportunity to disseminate their work and to see what is being done in other countries.

WHO/Division of Health Sector Development, Health Systems Communications Materials/Products: Produce and disseminate strategically WHO/Division of Health Sector Development health systems communications materials and products such as folders, brochures, wall and 12 month calendars with quotes on goals of the health system and the six building blocks, including a PowerPoint template with a standard slogan for health systems strengthening.

A rolling 12- or 24-month calendar/schedule of key health system strengthening events highlighting key communication opportunities (high-level visitors, meetings) for health systems products and materials.

Media engagement plan that includes the development of media information briefs on health systems and coordination of participation of media in workshops and seminars on health systems strengthening.

Dissemination of relevant journalistic information about health systems issues and events in the Region as well as, in collaboration with Situation Analysis for Policy, facilitate dissemination of relevant scientific information and evidence.

Access to specialist capacity in communications is required. Health systems work often goes unnoticed. Increasing the visibility of the work of the Division in the Region is part of the strategy to strengthen WHO’s role in health systems and to solidify WHO's position in the regional health systems agenda. The communications officer would work closely with other communications staff at country, regional and headquarters levels.

**Action points**

- undertake the Division's communication needs assessment;
- reinforce existing means of communication and establish new ones as required;
- engage specific capacity in communication; and
- work close to Situation Analysis for Policy regional focal point to improve dissemination of relevant information and evidence.
**4 Conclusions**

The Strategic Plan for Strengthening Health Systems in the WHO Western Pacific Region was developed as the regional response to Everybody’s Business. The regional response was developed through a consultative process involving many stakeholders. The response has been designed to be inclusive and comprehensive while at the same time realistic and achievable. Although aiming at consensus, it has not shied away completely from areas of potential disagreement or controversy.

The Strategic Plan covers the four main streams of action in Everybody’s Business. Priority areas for action were identified using the six building blocks framework. It aims to improve the quality of output of the Division of Health Sector Development in the Region at all levels. It will bring the work of health systems and outcomes programmes closer.

The implications for the way WHO works in the Region are important. Introducing elements of a demand-driven organization and a more bottom-up agenda-setting approach will increase the responsiveness of the Organization to country needs. However, it will also put new stresses on the capacity of the Organization. Strengthening capacity and improving communication is expected to increase the ability of the Division in the Region to engage in key health system processes throughout the Region. The ultimate aim is to work with our Member States and other counterparts to improve the health of the population in the Region.

The work of the Division has many aspects. It includes direct provision of technical assistance, increasing the capacity of country offices to serve the Member States, and finally, to broker into countries the normative inputs of Headquarters. This Strategic Plan is not the end of the process but a significant step towards the implementation of Everybody’s Business. It will be judged by the extent to which it truly leads to effective action. Although the regional strategy is aimed specifically at how WHO works, ultimately its success will depend on how individual Member States respond to WHO’s renewed emphasis on health systems.
Annexes

Annex 1: Country Priorities
Annex 2: Sub-regional Priorities
## Annex 1: Country Priorities

### Cambodia

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<td>2. Improve access to and quality of pre-service training</td>
<td>2. Improve data quality, validity and timeliness</td>
<td>2. Setting, validating, monitoring, promoting and supporting the implementation of international norms and standards to promote the quality of medical products, vaccines and technologies, and ethical, evidence-based policy options and advocacy</td>
<td>2. National planning and monitoring processes as core of harmonization and alignment</td>
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<td>2. Integrate service delivery packages linked to appropriate demand generating mechanisms</td>
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<td>3. Improve quality of essential packages of services</td>
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<tr>
<td>Leadership and Governance</td>
<td>1. Leadership development for non-health sectors responsible to health related policies</td>
<td>2. Managerial capacity building for less developed areas</td>
<td>3. Setting up transparent and accountability system</td>
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<tr>
<td>Medical Products, Vaccines and Technology</td>
<td>1. Promotion of national essential medicine policy for medicines and medical devices</td>
<td>2. Quality assurance system for medicines and medical devices</td>
<td>3. Quality, safety and efficacy standard improvement</td>
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<tr>
<td>Health Information System</td>
<td>1. Monitoring and evaluation for implementation of health policy initiatives</td>
<td>2. Synthesis and analysis of evidence for informed policies</td>
<td>3. Setting up transparent and accountability system</td>
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<td>Human Resources for Health</td>
<td>1. Health staff deployment and retention</td>
<td>2. Qualification of community health workers</td>
<td>3. Setting up transparent and accountability system</td>
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<tr>
<td>Health Care Financing</td>
<td>1. Design of health insurance for equity and efficiency</td>
<td>2. Financing of public health and essential clinical services</td>
<td>3. Strengthening in-service training of clinicians and pharmacists at the low level health facilities</td>
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<tr>
<td>1. Improve understanding of costs of health services and NHA (who is paying what, when and impact on access)</td>
<td>1. Improve remuneration and incentives scheme for health workforce</td>
<td>1. Improve access to “integrated package of quality health services” by rural and outer island populations</td>
<td>1. Strengthen and simplify the Health Information System (with AusAID and HMN)</td>
<td>1. Improve availability and access to diagnostic services</td>
<td>1. Increase participation and support to Ministries of Health for national and health sector planning linked to SWAps, Country Cooperation Strategy</td>
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<tr>
<td>2. Improve allocative efficiency – improving use of existing health resources</td>
<td>2. Coordinate training and workforce development based on National Health Human Resource Plans</td>
<td>2. Improve health management capacity at operational and policy levels to plan and manage service delivery</td>
<td>2. Rationalize information requests to Ministry of Health and improve feedback to information sources on use of information and publication</td>
<td>2. Improve awareness on the need for quality, establish regulatory frameworks for medical technologies and laboratories (all Pacific Island Countries, start in Fiji, Solomon Islands, Papua New Guinea, Guam)</td>
<td>2. Strengthen health planning, leadership and management capacity at all levels (through undergraduate, post graduate and on the job leadership executive courses)</td>
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<tr>
<td>3. Explore additional Health Financing Options for selected countries</td>
<td>3. Promote awareness of and expand access to education and learning including on the job learning through mechanisms such as Pacific Open Learning Health Network (POLHN)</td>
<td>3. Strengthen and expand interventions for prevention and control of Noncommunicable Diseases</td>
<td>3. Strengthen the synthesis and analysis of basic information for policy making and service intervention</td>
<td>3. Support development of Asia Pacific regional laboratory networks (both, clinical and public health laboratories)</td>
<td>3. Strengthen the Ministry of Health capacity to regulate the private sector (private/public mix)</td>
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<tr>
<td>4. Strengthen health care financing capacity within Ministries of Health through various methods including distance education for group of health managers</td>
<td>4. Review the types of health care services and model of delivery in view of increase in chronic and high cost care for Noncommunicable Diseases</td>
<td>4. Increase participation and support to Ministries of Health to regulate the private sector (private/public mix)</td>
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<td>4. Increase support to health legislation and regulatory support for selected Pacific Island Countries</td>
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## Kiribati (Country Liaison Office)

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<tr>
<td>(1) Develop first NHA Report</td>
<td>(1) Coordinate programme approaches to training and workforce development based on National Health Human Resource Plans</td>
<td>(1) Improve health management capacity at operational and policy levels to plan and manage service delivery</td>
<td>(1) Rationalize information requests to the Ministry of Health and improve feedback to information sources on use of information and publication</td>
<td>(1) Improve availability and access to diagnostic services</td>
<td>(1) Support SWAps, and whole of government approach</td>
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<td>(2) Explore additional Health Financing Options for Kiribati</td>
<td>(2) Develop and implement staff development plans tailored to individual and workforce needs</td>
<td>(2) Provision of essential health services in remote and rural areas</td>
<td>(2) Strengthen and simplify the Health Information System (with AusAID and HMN)</td>
<td>(2) Improve quality and maintenance of medical supplies and technology</td>
<td>(2) Strengthen health planning and management capacity to manage the Ministry of Health, health sectors and donors</td>
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<td>(3) Improve allocation of resources (government and donor) based on national health priorities</td>
<td>(3) Strengthen integration of service delivery</td>
<td>(3) Strengthen the synthesis and analysis of basic information for policy making and service intervention</td>
<td>(3) Strengthen global, regional procurement systems of medical products and technology to reduce wastage and inappropriate technology</td>
<td>(3) Strengthen regulatory capacity of the Ministries of Health</td>
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<td>(4) Strengthen health care financing capacity within Ministries of Health through distance education for group of health managers</td>
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**Note:** This table outlines the strategic plan for strengthening health systems in the WHO Western Pacific Region, focusing on Kiribati. Each row corresponds to an action plan under different themes including health care financing, human resources for health, health services development, health information system, and medical products, vaccines, and technology.
Lao People’s Democratic Republic

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<tr>
<td>1. POLICY-Develop a Health Care Financing policy framework, including in review of cost recovery system in health facilities (actually based on user-fees and drug-revolving funds)</td>
<td>1. POLICY-Finalization and implementation of the national framework for Human Resources for Health development</td>
<td>1. REGULATION-Introduction of a national accreditation and licensing system for health facilities and health professionals</td>
<td>1. REGULATION-Review national procurement system for drugs</td>
<td>1. SECTOR COORDINATION-Operationalize national sector wide coordination mechanism, for better transparency, better ownership and coordination, etc in accordance with the principles of the local Paris Declaration</td>
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<tr>
<td>2. BUDGET ALLOCATION-Initiation of discussions on allocation of national revenues of hydro-power and other natural resources for increasing of state budget resources for recurrent cost and &quot;re-equilibrium&quot; between capital investment and recurrent expenditure</td>
<td>2. POLICY-Review of project and donor practices for indirect financial incentives and introduction of performance based financial and non-financial incentives</td>
<td>2. REGULATION-QUALITY ASSURANCE-Reinforce quality assurance at health facilities level for medical and non-medical services (e.g. financial management; laboratories, etc.)</td>
<td>2. PLANNING-Review, develop and implement strategies to ensure equitable access to quality drugs and medical technologies in all parts of the country</td>
<td>2. LEADERSHIP-Strengthen central leadership role of the Ministry of Health in determining strategies and implementation of health priorities at provincial and district level</td>
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<td>3. RISK-POOLING AND PREPAYMENT-strengthening of safety nets and other risk pooling and prepayment instruments for the poor and protection of catastrophic expenditure (health equity funds, community based health insurance, social security, etc.)</td>
<td>3. TRAINING AND EDUCATION-Review of the national education and training system, including continuous education and coaching system on the job</td>
<td>3. ESSENTIAL PHC-Development and implementation of a integrated PHC package for Maternal and Child Health/Expanded Programme on Immunization with focus on fixed sites approaches</td>
<td>3. MANAGEMENT-Strengthening and rationalizing of medical equipment management systems</td>
<td>3. GOOD GOVERNANCE-Strengthen accountability and good governance in the health sector</td>
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### Mongolia

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<tbody>
<tr>
<td>1. Strategies and policies to increase budget towards PHC</td>
<td>1. Strategies and policies on distribution, salary, incentives of health care workers</td>
<td>1. Quality and safety issues</td>
<td>1. Integration and sharing of information</td>
<td>1. System for procurement, distribution and maintenance of supplies and equipment</td>
<td>1. Leadership coordination and transparency</td>
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<td>2. Strategies and policies for expanding health insurance coverage and package of activities</td>
<td>2. Pre and post service education, review of current training</td>
<td>2. Support and supervision to enhance implementation of delivery packages</td>
<td>2. Use of information for policy formulation and advocacy</td>
<td>2. Quality assurance</td>
<td>2. Elimination of corruption in all aspects of health system</td>
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<tr>
<td>1. Assess the feasibility of a social health insurance scheme in West New Britain Province</td>
<td>1. Mapping of current Human Resources for Health development activities</td>
<td>1. Mapping of health care providers in Papua New Guinea and assessment of health facilities' operational capacity</td>
<td>1. Full implementation of International Statistical Classification of Diseases and Related Health Problems - 10th Revision (ICD-10) coding in all central and provincial health facilities</td>
<td>1. Separation of regulation and quality assurance in the pharmaceutical sector from procurement and distribution of medical supplies</td>
<td>1. Support the restructuring of the National Department of Health (2nd trial in progress) with an open recruitment process based on merits</td>
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<tr>
<td>2. Pilot a social health insurance scheme in West New Britain Province if found feasible or assess social health inequities and address social determinants of health</td>
<td>2. Strengthening of health care worker education, (medical and nursing officers), pre service training curriculum and continuing education</td>
<td>2. Development of an integrated supportive supervisory system in the provinces and creation of a conducive environment to conduct outreach activities</td>
<td>2. Evaluation by an expert team to show options to outsource or create an independent body for procurement and distribution of medical supplies</td>
<td>2. Enforce the new Provincial Health Act by joining the Hospital and Provincial Health Boards to re-establish central authority over the whole public health care system</td>
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<td>3. Follow up the government trial to introduce a mandatory health insurance in the public (&amp; formal) sector</td>
<td>3. Strengthening of professional and regulatory support systems for Human Resources for Health Evaluation, Licensing Working conditions, safety at work, etc.</td>
<td>3. Evaluate options for a GAVI HSS proposal to access funds to pilot and showcase a functional health service delivery system in 2–4 provinces</td>
<td>3. Harmonization and integration of the Health and Management Information System</td>
<td>3. Introduction of a simple drug screening procedure for quality assurance</td>
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<td>1. Full implementation of International Statistical Classification of Diseases and Related Health Problems - 10th Revision (ICD-10) coding in all central and provincial health facilities</td>
<td>1. Separation of regulation and quality assurance in the pharmaceutical sector from procurement and distribution of medical supplies</td>
<td>1. Support the restructuring of the National Department of Health (2nd trial in progress) with an open recruitment process based on merits</td>
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<td>2. Evaluation by an expert team to show options to outsource or create an independent body for procurement and distribution of medical supplies</td>
<td>2. Eliminate the current 50 % tax rate &amp; implement the new provincial Health Act (in progress)</td>
<td>2. Enforce the new Provincial Health Act by joining the Hospital and Provincial Health Boards to re-establish central authority over the whole public health care system</td>
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<tr>
<td>1. Improve allocation of available health finances, especially at local levels</td>
<td>1. Establish harmonized and integrated information system of available health professions in the country</td>
<td>1. Strengthen ownership/social accountability at the community level</td>
<td>1. Promote institutionalization of full time staff and capacity building for health information (instead of adding the task to medical staff)</td>
<td>1. Ensure the sustained availability of medicines, supplies, equipment and facilities</td>
<td>1. Broaden community involvement to include advocacy for policies that support sustainability of priority health services</td>
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<td>2. Reduce out of pocket payments</td>
<td>2. Policies to ensure better compensation and benefits for health workers to improve retention and performance, especially in the public sector</td>
<td>2. Revitalize PHC in the context of health reforms particularly increasing community participation</td>
<td>2. Promote use of available information for policy analysis and decision-making, both at national and local levels (more a problem in local levels)</td>
<td>2. Promote transparency in procurement, especially at local levels</td>
<td>2. Strengthen intersectoral action (beyond health sector) and partnership especially at the local levels</td>
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<td>3. Identification and targeting of the real poor for subsidized social health insurance and user fees exemption</td>
<td>3. Address geographic imbalances; incentives to work in rural areas are lacking or inadequate</td>
<td>3. Sustain quality of health service amidst the fast turnover of health workers</td>
<td>3. Increase capacities for data management (integrated data warehouse with written procedures for data management and metadata data dictionary; comprehensive database for private health facilities) at all levels</td>
<td>3. Strengthen implementation of the national drug policy</td>
<td>3. Sustain good practices and initiatives (through legal frameworks)</td>
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| 1. Increase awareness of and utilization of NHA in decision making processes  
2. Explore social health insurance models for selected countries  
3. Evaluate the financial sustainability of current taxation-supported system | 1. Evaluate the fellowship programme  
2. Support the implementation of Ministry of Health’s Human Resources Development plans  
3. Support strategies to improve retention of health workers | 1. Improve the quality of health care services  
2. Improve Ministry of Health/National health services management especially laboratory and pharmacy management (critical)  
3. Evaluate and improve the effectiveness of preventative health services | 1. Improve reliability of data  
2. Integrated Information System  
3. Strengthen surveillance systems | 1. Improve sustainability of in-country high technologies/specialties versus overseas treatment/diagnosis  
2. Increased support to rational and systematic drug procurement  
3. Increased links to global/regional procurement processes | 1. Improve capacity of Ministries of Health for evidence based decisions making that is accountable and transparent  
2. Strengthen capacity of Ministries of Health to enforce reviewed health legislation  
3. Implementation and monitoring of health policies |
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<tr>
<td>1. Develop first NHA Report</td>
<td>1. Coordinate programme approaches to training and workforce development based on National Health Human Resource Plans and Country Cooperation Strategy</td>
<td>1. Improve health management capacity at operational and policy levels to plan and manage service delivery</td>
<td>1. Rationalize information requests to Ministry of Health and improve feedback to information sources on use of information and publication</td>
<td>1. Improve availability and access to diagnostic services</td>
<td>1. SWAp, poverty reduction and whole of govt approach</td>
</tr>
<tr>
<td>2. Explore additional Health Financing Options for Solomon Islands</td>
<td>2. Evaluate the impact and future of the fellowships programme</td>
<td>2. Provision of essential health services in remote and rural areas</td>
<td>2. Strengthen and simplify the Health Information System (with AusAID and HMN)</td>
<td>2. Improve quality and maintenance of medical supplies and technology</td>
<td>2. Good governance and leadership capacity building</td>
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<tr>
<td>3. Improve allocation of resources (government and donor) based on national health priorities</td>
<td>3. Promote awareness of and expand access to on the job learning such as POHNL</td>
<td>3. Build on success of Integrated Management of Childhood Illness and expand to integrate with other programmes. E.g. measles and malaria programme integration</td>
<td>3. Synthesis and analysis of information for policy making and service intervention (epidemiological skills critical)</td>
<td>3. Strengthen global, regional procurement of medical products and technology</td>
<td>3. Build on and strengthen partnerships with development partners for health</td>
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<td>Tonga (Country Liaison Office)</td>
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<td>1. Explore Health Financing Options (health insurance) for Tonga in collaboration with the World Bank</td>
<td>1. Coordinate programme approaches to training and workforce development based on National Health Human Resource Plans</td>
<td>1. Improve health management capacity at operational and policy levels to plan and manage service delivery</td>
<td>1. Rationalize information requests to the Ministry of Health and improve feedback to information sources on use of information and publication</td>
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<td>1. Support SWAps, and whole of govt approach</td>
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<td>2. Improve allocation of resources (government and donor) based on national health priorities</td>
<td>2. Develop and implement staff development plans tailored to individual and workforce needs</td>
<td>2. Provision of essential health services in remote and rural areas</td>
<td>2. Strengthen and simplify the Health Information System (with AusAID and HMN)</td>
<td>2. Improve quality and maintenance of medical supplies and technology</td>
<td>2. Strengthen health planning and management capacity to manage the Ministry of Health, health sectors and donors</td>
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<td>3. Strengthen health care financing capacity within Ministries of Health through distance education for group of health managers (consider linking distance postgraduate training for health managers with POLHN online programme)</td>
<td>3. Strengthen integration of service delivery</td>
<td>3. Strengthen the synthesis and analysis of basic information for policy making and service intervention</td>
<td>3. Strengthen global, regional procurement systems of medical products and technology to reduce wastage and inappropriate technology</td>
<td>3. Strengthen the capacity of the Ministry of Health to manage and regulate the private sector and consider optimal private/public mix of health services</td>
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<td>4. Improve strategic use of WHO funds. There should be a certain percentage of programmes that are not reprogrammable</td>
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<td>1. Explore additional Health Financing Options</td>
<td>1. Improve remuneration and incentives scheme</td>
<td>1. Provision of essential health services in remote and rural areas</td>
<td>1. Synthesis and analysis of information for policy making and service intervention</td>
<td>1. Improve availability and access to diagnostic services</td>
<td>1. Strengthen capacity of the Ministry of Health to manage and coordinate Health Sector Reforms and SWAPs</td>
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<tr>
<td>2. Develop second NHA Report</td>
<td>2. Strengthen links between WHO funded workforce training and the national health workforce plans</td>
<td>2. Improve health management capacity at operational and policy levels to plan and manage service delivery</td>
<td>2. Rationalize information requests to the Ministry of Health and improve feedback to information sources on use of information and publication</td>
<td>2. Improve quality and maintenance of medical supplies and technology</td>
<td>2. Improve Health Sector Plans and links to Resource Frameworks and Health Human Resource Plans</td>
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<td>Annex 1: Country Priorities</td>
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<td><strong>Viet Nam</strong></td>
<td><strong>Leadership and Governance</strong></td>
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<td>1. Re-organization of Health in line with the current decentralization process</td>
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<td>2. Review and amend various health sector legislation and policies</td>
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<td>3. Strengthen the Ministry of Health to monitor and enforce measures against irregularities and prevent system loss</td>
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<td><strong>Health Information System</strong></td>
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<td>1. Health information system development and implementation strategies</td>
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<td></td>
<td>2. Harmonize and align functions of health information system with various health programmes to ensure effective generation and use of data</td>
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<td>3. Decentralization of health information services</td>
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<td><strong>Health Services Development</strong></td>
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<td>1. Quality of health care services</td>
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<td>2. Improvement in hospital management and laboratory services</td>
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<td>3. Delivery of health services in low population density rural, remote and mountainous areas</td>
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<td><strong>Human Resources for Health</strong></td>
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<td>1. Review and revise Human Resources for Health master plan and development of implementation strategies</td>
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<td>2. Improvement of health and medical education</td>
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<td>3. Retention of health workers in remote and difficult-to-reach areas</td>
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<td><strong>Health Care Financing</strong></td>
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<td>1. Social health insurance: choice of a suitable scheme and financing module</td>
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<td>3. Institutionalization and utilization of NHA</td>
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<td><strong>Medical Products, Vaccines and Technology</strong></td>
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<td></td>
<td>1. Review, develop and implement strategies to ensure equitable access to quality drugs and medical technologies in all parts of the country</td>
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<td>2. Development and implementation of drug and health technology policies: pricing, quality, logistics, procurement, sales, prescription</td>
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<td></td>
<td>3. Implement the national blood safety policies and improve quality and capacity of various types of laboratories</td>
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</table>
## Strategic Plan For Strengthening Health Systems in the WHO Western Pacific Region

### Priorities by Sub-region (Informal Groupings of Common Concerns)

<table>
<thead>
<tr>
<th>Annex 2: Sub-regional Priorities</th>
<th>Health Services Development</th>
<th>Human Resources for Health</th>
<th>Health Care Financing</th>
<th>Health Information System</th>
<th>Medical Products, Vaccines and Technology</th>
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</thead>
<tbody>
<tr>
<td>Mekong and Philippines</td>
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<td></td>
<td>1. Improve quality of Health Services</td>
<td>1. Improve retention (incentive package)</td>
<td>1. Improve quality of information (Health Information System)</td>
<td>1. Support development of national plans for drugs, medical equipment and laboratories</td>
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<td>2. Strengthen health service management</td>
<td>2. Increase quality of pre- and in-service training</td>
<td>2. Increase information and policy analysis for decision making</td>
<td>2. Develop Health Information System</td>
<td>2. National drug procurement policies regulation for drugs, medical products and technology</td>
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<td>China and Mongolia</td>
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<td>1. Improve access for the poor and disadvantaged</td>
<td>1. Increase quality of pre- and in-service training</td>
<td>1. Increase information and policy analysis for decision making</td>
<td>1. Strengthening Health Information System</td>
<td>1. National drug procurement policies regulation for drugs, medical products and technology</td>
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<td>2. Strengthen health service management</td>
<td>2. Improve quality and capacity of Community Health Worker</td>
<td>2. Develop Health Information System National policies</td>
<td>2. Rationalized Health Information System according to information needs</td>
<td>2. National drug procurement policies regulation for drugs, medical products and technology</td>
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<td>Pacific Island Countries and Papua New Guinea</td>
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