



HEALTH SYSTEMS
DEVELOPMENT
PROGRAMME:
A Medium-term Strategy

May 1997

World Health Organization
Geneva



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HEALTH SYSTEMS DEVELOPMENT PROGRAMME

A Medium Term Strategy

Recent social, political and economic trends have had far reaching effects on the health sector where policy making has often been driven by external events. Social shifts, such as the breakdown of families and communities, are leaving many people isolated and unsupported, and the promotion and pursuit of unhealthy lifestyles is becoming more common. Overall, an emphasis on cost containment and efficiency in health services has aggravated existing disparities. Poor public sector health services have become less accessible and affordable for the majority of the population in poorest countries, and for increasing numbers in the richer ones. Health policy and health systems development can be said to be at a crossroads. The redefinition of government functions, and a scaling down of public financial responsibility, are common responses to new political and economic pressures. Increasingly, households are expected to shoulder a larger share of the health financing burden. A larger role for private finance and provision has become a reality in most countries, though often without concomitant examination and development of public policy toward the private sector.

Each country's health system is unique, and successful health systems development and reform must be defined in the light of national and local context, and not by any set of standardized international models as has become fashionable. Nevertheless, all countries share common policy concerns. The need to find an acceptable balance between the provision of personal health services and population-based health functions is an issue in every country, as is determining the balance between goals of equity, service quality and overall efficiency. Whilst there are no universal solutions or blueprints in health systems development, there are nevertheless commonalities and patterns from which all countries can learn.

This note describes the strategy of WHO's Health Systems Development Programme (HDP). Four aspects of HDP's strategic response are considered: 1. vision and values, 2. approaches and mechanisms for implementing HDP's programme of work, 3. core themes and priority areas of work, and 4. HDP's organisation and staff development.

1 VISION AND VALUES

The goals of the Health Systems Development Programme are embedded within WHO's Health for All Strategy. They aim to

- ▶ increase the healthy lifespan of people, and reduce health disparities between population groups; and
- ▶ support the development of equitable, efficient, responsive and sustainable health systems which deliver quality care and promote health.

2 APPROACHES AND MECHANISMS

The ultimate responsibility for the complex and long-term process of strengthening and reforming their health systems rests with countries themselves. HDP employs a number of interlinked strategies to support national processes of health systems development. These processes require not only sound technical strategies, but are also dependent on political management and skilful negotiation.

Whilst the emphasis of support is on countries in greatest need, HDP interacts with countries at all levels of development to ensure sharing of lessons between countries. Work is carried out in close collaboration with WHO regional and country offices.

► *Research, analysis and advocacy*

HDP is concerned with the generation and communication of knowledge. Analytic work draws on a wide range of relevant experience to identify issues and options, and to document best as well as bad practices. Approaches used include review and synthesis of existing knowledge; development of appropriate analytic frameworks, tools and methods; comparative policy and systems analysis with an emphasis on context and process, conducted in a way that provides relevant, timely knowledge for decision makers; effective communication and evidence-based advocacy so as to influence national and global debates and priorities.

► *National capacity building and strategic support to countries*

Support and advice to countries is focused on initiating the use of knowledge and catalyzing capacity building processes, making use of relevant tools and guidelines to develop national capacity of institutions and individuals. HDP strategic support to countries entails a holistic approach to needs and performance assessment.

In order to increase the visibility of health systems development as a fundamental aspect of WHO's work, it is intended to devote the 1999 World Health Report to this subject. This will provide a major opportunity for HDP to articulate its policy message, disseminate the results of its analytic work and evaluate progress in improving national health systems.

Partnerships

Within WHO, HDP has begun to strengthen collaboration and linkages with other programmes, particularly those concerned with specific diseases and priority interventions, in order to ensure a more integrated approach to health services delivery and to reduce conflicting messages and duplication of effort.

The number of agencies and institutions active in health systems development and reform is increasing. HDP seeks to strengthen existing partnerships and establish new ones. Partners include WHO collaborating centres, resource institutions and international NGOs as well as other multi-lateral and bilateral agencies. HDP will continue to participate in a range of international initiatives, including the 20/20 Initiative; the Health Systems Reform Initiative; the SWAp Initiative; the Forum on Health Sector Reform, the Forum on Health Research and the UN Special Initiative for Africa.

3 CORE THEMES AND PRIORITY AREAS OF WORK

The main focus of HDP's work is on the development of coherent policies, plans and financial arrangements; and on strengthening institutions, systems and staff for effective implementation and for engaging and responding to civil society. The six core themes set out below form the basis of HDP's work programme for the medium term.

Strategic planning, the health policy process and management of external assistance

The policy process is becoming more open and complex to manage, as a wider range of actors in and outside Ministries of Health are involved. Traditional centrally-driven masterplans are increasingly replaced by strategic planning frameworks which feature greater flexibility to allow local priority setting whilst at the same time imposing more realism with regard to available resources. Ministries need better information, new skills, and new tools with which to map and work with divergent pressure groups and partners, including other central government agencies and external donors. New approaches to aid, such as sector investment programmes, promise significant benefits for donors and recipients of aid, but are also raising a range of new conceptual and operational problems. Performance monitoring and management audit are a central feature of these new approaches.

Key programme directions

- ▶ Comparative analytic work on the policy process, together with development of tools and methods to assist processes of policy analysis and planning.
- ▶ Sector wide approaches to planning and aid management: analytic work on current and new donor approaches to health sector development; provision of selected direct country support in strategic sectoral planning and aid management. -
- ▶ Development of systems and indicators for monitoring health system performance.

Institutional reform: changes in governance, regulation, organization and management

In many countries, there are moves to redefine the roles and functions of the public sector, downsize, decentralize, introduce new systems of governance and management, and create incentives to improve performance. Ministries of Health are often in a dilemma regarding the most appropriate way to respond to these pressures. They also have to find ways to guide the widespread growth of the private sector. Instruments, such incentives, contracts and regulations are increasingly being used to steer private actors in the desired directions of public policy. However, existing MOH capacities and systems are often insufficient or inappropriate for these new functions.

Key programme directions

- ▶ New roles, functions and structures of Ministries of Health: analysis of country experience with the process and consequences of change; provision of country specific support on restructuring, decentralization and new public management approaches.
- ▶ Public policy towards the private sector: systematic evaluations of current policy approaches to the private sector, and their contribution and consequences for public sector goals.
- ▶ Detailed documentation and analysis of regulatory frameworks within reconfigured health systems, including legislation and contracting arrangements inside the public sector and with the private sector.

Financing, allocation and use of resources

Health sector reform has been dominated by financing issues in many countries. However, in reality the scope to mobilize new funds is often limited. Instead, new approaches to effecting reallocation of resources and improving the efficient use of existing scarce resources need to be developed. Frequently, financing reforms expose a conflict between the goals of improving health sector sustainability through mobilising more funds, and securing equitable access to care. More research is needed on ways to share risks and to provide insurance coverage for persons who work outside the formal sector and are not usually included in traditional health insurance schemes.

Key programme directions

- ▶ Evaluation of health financing reforms will continue, together with the development of practical indicators and methods for evaluation.
- ▶ Health insurance: work will include analysis of non-formal sector schemes, and exploration of options for achieving universal risk protection, and population-based health-care purchasing.
- ▶ Priority setting and resource allocation: work will be linked with analysis of institutions and mechanisms for purchasing and contracting for provision of health care.

Service delivery and management

Ensuring integrated, people-centred health services of satisfactory quality has remained an elusive goal in most developing countries. Utilization of government health services is consistently low in many poor countries, whilst the quality of modern and traditional care, including pharmacies, in the private for profit and not for profit sectors varies widely. Technology assessment has been widely neglected resulting in the construction and purchase of inappropriate and expensive plant and equipment. Strengthening the capacity of health institutions to provide quality, effective and accessible health care needs to be coupled with an improved responsiveness to the needs of the public.

Key programme directions

- ▶ Analysis of experience and options for developing more integrated health care systems, whilst sustaining important gains made through the classical vertical programmes.
- ▶ Quality assurance, technology assessment and maintenance: support for the use of guidelines and for relevant systems development.
- ▶ Continuing analysis of the roles and functions of hospitals and health centres in urban and rural settings; of the costs, cost effectiveness and performance of hospitals and other institutional providers, and linkages between them.

Human resources for health

Health systems are labour-intensive, and the health workforce usually accounts for some 70% or more of the recurrent health budget, despite often very low levels of pay. There are persistent problems of maldistribution, shortage, low morale and performance. In many countries, the changes required to improve the efficiency, productivity and working conditions of health workers are known. However, change is hindered in part because employment issues, salaries, and career progress are often centrally decided and inflexible.

Key programme directions

- ▶ Country studies of current approaches to human resources policy and planning coupled with direct country policy support, particularly in relation to nursing/midwifery.
- ▶ Workforce management: analyses of effective provider incentives; of the roles and potential of private providers, both modern and traditional; and on the implications of civil service reform for employment conditions and health worker performance.

Health, development and civil society

Health status and health systems are influenced by many factors and decisions beyond the control of Ministries of Health. Absolute poverty and inequities in access to income, housing, education and health services have a major effect on health. In many countries, decisions have tended to be taken by small elites. However, with spreading democratization, a wider range of stakeholders is being recognized. New opportunities for public participation are beginning to emerge, for example, through networks of interest groups, the development of citizens' charters, and social contracts.

Key programme directions

- ▶ Work on equity and poverty reduction will continue. The *Equity Initiative* will be expanded to more countries. Coherent WHO approaches to advocacy, monitoring, and implementation of policies that support equity and poverty reduction will be developed.
- ▶ Documentation and analysis of contrasting patterns and trends in the role of civil society with regard to health, in selected countries.

4 ORGANISATION AND STAFF DEVELOPMENT

The *Management Team* of the Health Systems Development Programme will consist of *permanent members* (ADG and divisional directors) and *rotating members* (selected by the permanent members from among senior HDP staff and serving for six-months terms) to foster a participatory approach to programme management.

It is now envisaged that HDP's current three divisions will be merged into two, the Division of *Analysis, Research and Assessment* and the Division of *Capacity Building & Country Support*, by the end of 1997. The current cross-cutting theme groups, created as part of the initial restructuring, will be replaced by 8 - 10 *Technical Working Groups* (TWGs) which are also cross-cutting in nature. TWGs will be product-oriented and time-limited. In addition to HDP professional staff, experts from other divisions working on closely related issues will be invited to join. The groups will reflect major areas of work, covering analytic issues and development of tools as well as country support. Their scope of work will include evaluating the impact of WHO/HDP activities. In due course, budgets will be allocated to TWGs for which they are accountable to the *HDP Management Team*.

A two-pronged staff development strategy will improve the Programme's skill base. Two sets of needs will be addressed: firstly, improved skills for leadership, team work and effective communication, and secondly, added technical skills and knowledge to cover new areas of work.