

Making health systems work

Tim Evansⁱ, Sara Bennettⁱⁱ, Paul Davisⁱⁱⁱ, Phyllida Travis^{iv}, Suwit Wibulpolprasert^v, Paul Zeitz^{vi}

The Challenge

Health systems face challenges unlike those they have ever faced before. Widespread economic crisis in low income countries during the 1980s contributed to their decline, but economic problems and low or dwindling health budgets have been exacerbated by a range of other emerging issues. Globalization has increased labor migration from the South to the North and made it harder for countries to retain qualified health staff. Reforms in the public sector, such as decentralization and privatization, although often designed to improve accountability and responsiveness, have sometimes been implemented in ways that have further undermined health systems. Boundaries between public and private sectors have become blurred: drugs purchased by the public sector have leaked into informal drug markets, government health workers have moonlighted in the private sector, or imposed private charges when they see patients in public health facilities. This has occurred particularly in weak and fragile states, including those plagued by conflict, where there has been a broader erosion of state capacity. On top of all this, health systems face increasingly difficult health challenges, from HIV/AIDS in particular, but also from the rise in associated infectious diseases (such as TB), and the rapid emergence of non-communicable diseases. While these problems are manifest at country level, their increasingly complex and global nature means that they cannot be resolved entirely by individual countries alone.

Many of the health system problems described above are long standing, but they have come under the spotlight recently, because of increasing recognition of the obstacles that weak health systems pose to the achievement of the Millennium Development Goals and other global health goals. The momentum generated by global health initiatives, such as the Global Fund and GAVI, has been frustrated by weak health systems which have hindered the rapid scale up of known effective interventions. At the same time, the unprecedented mobilization of resources for AIDS, TB and malaria, means that we now have the opportunity for concerted and coordinated health systems strengthening action. There seems to be increasing convergence across global health initiatives in terms of the obstacles cited as being the most critical constraints to scale up. These typically include limited human resources, weak national health governance, slow procurement systems, poor financial management systems and limited prospects for sustainability, no or limited health information, and lack of coordination of initiatives, amongst other factors¹.

“Our ability to meet the Millennium Development Goals turns on our ability to think differently and act differently about our health systems.....[this Millennium Project M&CH Task Force paper] demonstrates that functioning, responsive health systems are an essential prerequisite for maternal and child health at scale and in a sustainable way—in short, for meeting the MDGs.”²

“The 3 by 5 initiative [to provide 3 million people with access to antiretrovirals by 2005] cannot be implemented in isolation from a regeneration of health systems.”³

ⁱ Evidence and Information for Policy Cluster, WHO, Geneva.

ⁱⁱ Partners for Health Reform *plus*, Abt Associates, Bethesda, Maryland.

ⁱⁱⁱ Health GAP (Global Access Project), US.

^{iv} Evidence and Information for Policy Cluster, WHO, Geneva.

^v Ministry of Public Health, Thailand

^{vi} Global AIDS Alliance, Washington DC

Prior responses

Country efforts to improve health systems are as old as the systems themselves and many countries have developed their own health sector strategies, priorities, and medium term expenditure frameworks. Recent health system strengthening strategies have ranged from broad reforms to the organization and/or financing of the health sector (as in Zambia and Colombia during the early 1990s) to more discrete efforts focused on particular elements of the health system. While some of these initiatives have scaled up and achieved considerable success, many innovative reforms remain at a small scale, due either to lack of political support, staff turnover in Ministries of Health, changing donor interests or inadequate financing, and limited implementation capacity.

At the international level, disease or service specific global health initiatives have begun to develop strategies to overcome health system constraints they have encountered. For example GAVI launched in 2001 a special tranche of funding designed to address system barriers, and recently initiated an exercise to help countries identify and resolve system constraints related to immunization programs⁴. The Global Fund in its fifth call for proposals explicitly welcomes proposals for health systems strengthening that are directly related to the three core diseases, in addition to activities on the three core diseases. The 2nd Ad Hoc committee on the TB Epidemic recommended that the Stop TB Partnership promote collaboration between programme staff and health policy and decision makers “to ensure that TB control programmes contribute to and build upon broader approaches to health systems strengthening and link with other public health interventions.”⁵. These and other interventions supported by Roll Back Malaria, child health and reproductive health programmes have achieved considerable success.

Efforts to strengthen particular health system elements have also been launched recently. The Joint Learning Initiative on Human Resources for Health (HRH), focused explicitly on the acute HRH crisis and aimed to understand better the role of workers in health systems and to identify new strategies to strengthen their performance. The High Level Forum in Abuja and the Oslo Consultation have been further important steps towards strengthening country and global actions on HRH. The Health Metrics Network (HMN) brings together partners around a common goal of strengthening country health information systems to generate better data for decision-making at country and global levels. The Commission on Social Determinants of Health is designed to help translate knowledge on social determinants into practical policies. To address research evidence gaps, a Special Partnership Programme for Health System Research is being developed. However, there are many elements of health systems – such as financing systems, donor coordination, governance, knowledge generation and management, relations between public and private sectors – that may be equally critical to the achievement of global health goals but are currently not the subject of such a coordinated effort.

Health systems and health systems strengthening

Health systems in different countries aim to achieve similar goals - improved health (as equitably as possible), through systems that are also responsive and financially fair. And all health systems have to carry out the same basic functions regardless of how they are organised or which health interventions they are trying to deliver. These functions are the development of human and other key resources; service provision; financing and stewardship (oversight and guidance). At its broadest, health system strengthening can be defined as any of a broad array of initiatives and strategies aimed at making improvements to one or more of the four functions of the health system, that lead to better health through improvements in - for example - access, coverage, quality and efficiency

The remaining need

The response to-date to the crisis in health systems in the poorest countries has been patchy and not always conducive to the development of consistent and coherent country-led health system strengthening strategies. At country level, the move to 'sector-wide approaches' in health and other sectors during the late 1990s was a deliberate effort to encourage stronger partnerships between governments and donors and promote a higher level, more systems-oriented investment approach⁶. While in some countries this approach has had significant success, it is not entirely effective, and many countries still operate without such sector wide approaches.

The relative lack of dialogue at global level between those focused on disease-specific health system strengthening and those focused on broader health system strengthening, and the lack of a shared understanding as to how these two aspects relate, has limited the emergence of clear avenues of investment for strengthening health systems at country level. The additional external funds now being mobilized through global health initiatives are welcomed and could, if appropriately used, lead to a fundamental shift in health systems. But concerns exist about the potentially distorting effects of large injections of earmarked health funds on other priority services, as well as the possible consequences of multiple fragmented, disease or service-focused health systems strengthening efforts.

National policy makers receive a wealth of advice from external partners, and different technical and development agencies hold potentially conflicting views as to which health system strengthening strategies are likely to be most effective. If we are to provide more effective support to national governments, there are clear arguments for having greater consensus on those health system strengthening options that have been shown to be effective.

The Way Forward

Limited funding is only one of the constraints to more effective action to improve the health systems, upon which the health of millions of poor people depend. Further action is also required. While a wide array of national and international actors share the same goal: more robust health systems that deliver better health and health services. It is the way to get there that is less clear. A clear and simple vision is needed of what must be done to strengthen health systems, and a mechanism for coordinating action to achieve this vision.

WHO hosted a recent meeting in Montreux that brought together country representatives, technical agencies, academic institutions, civil society, multilaterals, the private sector and donors to discuss what should be done. A number of follow-up activities were suggested:-

- **The need to move specific elements of the health systems strengthening agenda forward** - in addition to emerging and ongoing work on human resources, health metrics and health systems research, the need for greater focus on health financing was felt to be a particular priority, but also management strengthening and government's role with respect to non-state actors.
- **Using a "local lens" to inform policy** - districts are the level (in many countries) where disease and service-specific programmes, and health systems come together. How can we use a district level focus to inform national policy and health systems strengthening activities?
- **A communications and social mobilization strategy** - clearer messages, an effective communications strategy, and engagement with concerned stakeholders, particularly civil society actors, who previously have not been part of the health systems debate are critical.
- **Articulating roles for priority programmes in health systems strengthening** - convening priority programmes and health system strengthening experts to map out how best they can work together.
- **Creating a 'Health Systems Action Network' (HSAN)**

The idea of a Health System Action Network was floated in Montreux as a way to build on the growing interest and momentum around creating stronger health systems. Given the multiple parties concerned with this agenda, there is a need for a forum to bring partners together and strengthen the coherence of activities. We hope that participants in the GHC conference, and those unable to join the conference, will recognize that health systems strengthening is the key to unlock many of the doors currently preventing greater progress on global health goals. During the conference, we hope for an active debate on the suggested HSAN, that will contribute towards more clearly articulating its possible goals, roles, functions, and 'niche' within the international health arena.

¹ Travis P, Bennett S, Haines A. et al (2004) Overcoming health-systems constraints to achieve the Millennium Development Goals, *The Lancet* 364:900-906.

² Freedman, L., Waldman, R., de Pinho, H., & Wirth, M. (2005). Who's got the power? Transforming health systems for women and children, Task Force on Child Health and Maternal Health. New York: UN Millennium Project.

³ WHO (2004) *World Health Report 2004: Changing history*. Geneva: World Health Organization, 2004.

⁴ Centre for Health and Social Development (2004) Efforts to address system wide barriers to immunization in selected countries: Basic elements of approach, process of work and tools, Oslo, Norway.

⁵ Stop TB (2004) *Report of the 2nd Ad Hoc Committee on the TB Epidemic*. Stop TB, Geneva.

⁶ Cassells A and Janovsky K (1998) Better health in developing countries: are sector-wide approaches the way of the future *The Lancet* 352: 1777-79.