

Strategic Planning Document

Department of Health Systems
and Community Health



World Health Organization
Regional Office for South-East Asia

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and Community Health*



WORLD HEALTH ORGANIZATION

Regional Office for South-East Asia
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1. INTRODUCTION

Nearly 25% of the world's population resides in the South-East Asia Region which accounts for 5% of the global land mass. The Region is also home to some 40% of the world's poor, of which women constitute a much larger proportion. Currently, it is in a state of rapid transition with political, socioeconomic, environmental, technological, demographic and epidemiological changes, and the existing systems find it difficult to keep pace with the evolving social and health demands. In addition to the old, the countries in the Region are challenged by a host of new and emerging health problems.

Globally, significant changes are occurring in international health, placing increasing demands on WHO's technical leadership in international health. In order to effectively respond to a complex changing global health environment, the structure and functions of WHO need suitable readjustment at all levels. To this effect, the WHO Director-General, Dr Gro Harlem Brundtland, initiated organization-wide reforms since early 1998. The South-East Asia region has undertaken active steps towards this initiative under the leadership of Dr Uton Muchtar Rafei, the Regional Director.

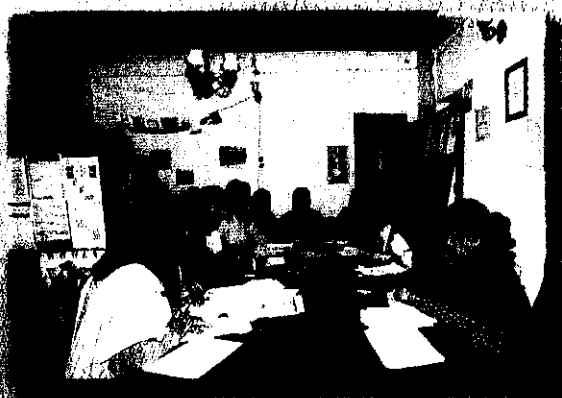
The department of Health Systems and Community Health (CHS) is one of the eight departments established under the new organizational structure of SEARO. This department has evolved from and contains elements of the former divisions of Health Services Development, Family Health and Research, and Health Policy and Management [See Annex-I].

The department is responsible for four major programme areas: Health Systems Development (HSD), Child and Adolescent Health (CAH), Reproductive Health and Research (RHR), and Women's Health (WMH) [See Annex-II].



The strategy document was prepared through active discussions and contributions from members of the CHS department. The team members felt that a functioning health system was the essential vehicle by means of which different programmes would be able to deliver services to the population in an integrated manner. Within the context of WHO corporate strategy, a framework, outlining the major functions of health systems responsive, gender sensitive and fair in reaching the quality health services to all, particularly the marginalized and the vulnerable groups, was developed through intradepartmental discussions and consensus. Inputs were also solicited from other departments in the Regional Office as well as from the Country Offices and the FCH Cluster in WHO HQ [See Annex-III].

The time frame for this strategy document is 2000-2005.



2. POLICY BASIS

The past few decades have witnessed remarkable improvements in the health status of the people throughout the world. After the Alma Ata declaration in 1978 with PHC as the key strategy to achieve health for all, emphasis has been laid on the effective and efficient delivery of health services and ensuring equitable access for all. A well-organized health system, based on the primary health care approach, can be a prime vehicle for health development and improvement. Therefore, equity, efficiency and responsiveness of health systems to local needs remain the principal goals of health policy.

Widespread changes are being implemented in health systems everywhere. Some of these reforms relate to improvement of quality of health services; many more are a result of pressures external to the health sector. Health reforms should, however, be guided and evaluated by improvements in health outcomes, responsiveness and fairness in financing in reaching all, particularly the poor. The organization and operation of health systems is a complex job. International experiences point to the need for sustained and often increased levels of public financial support for priority interventions in health in order to ensure protection against financial loss due to illness. Privatization of health care services is on the increase. The Ministry of Health should be enabled to better regulate and support, as appropriate, both public and private health providers and to ensure an appropriate mix of public and private sectors. However, this does not relieve the public sector from its responsibility of ensuring that the health needs of the vulnerable populations, particularly women and children are met. Therefore, health systems need to be pro-poor and gender sensitive, based on partnerships for integrated good quality health services.

The policy basis of all four teams - HSD, CAH, RHR



and WMH- is derived from the World Health Assembly, i.e., resolutions on health policy and health systems; district health systems based on PHC; human resources for health; nursing; fellowships; child and adolescent health; maternal and child health; human reproduction and reproductive health, gender issues and women's health.

Currently, the Corporate Strategy for the WHO Secretariat, which was presented by the Director-General and endorsed by the WHO Executive Board at its 105th Session in January 2000, provides the core policy directive for WHO's work at all levels. The purpose of the WHO corporate strategy is to guide the Secretariat as it responds to a changing global environment to enable WHO to continue making the greatest possible contribution to world health. The WHO Corporate Strategy is inspired by the vision and values of Health For All. The framework of the WHO Corporate Strategy sets out four strategic directions, core functions and criteria for defining specific priorities for the secretariat [See Annex-IV].

Additional inputs to the policy of WHO's work also come from WHO commitments in major international conferences, especially the World Summit on Children (1990), the International Conference on Population and Development (1994), the Fourth World Conference on Women, Beijing (1995), the World Social Summit (1995) and the ICPD plus 5 Conference (1999).

Resolutions of the WHO Regional Committee for South-East

Asia pertaining to health systems and community health specific and relevant to the regional perspective, provide the policy basis for the development of health systems and community health programmes in the Region. Documents such as the Regional Health Declaration, adopted by the Health Ministers of the Region and the Regional



Director's Mission and Vision further provide the policy basis for CHS. The foremost challenges for health in the Region as identified in the Health Declaration include:

- (i) **Placing health at the centre of development;**
- (ii) **Narrowing the gaps and inequities in health in our societies;**
- (iii) **Creating conditions that promote health and self-reliance;**
- (iv) **Ensuring basic health services for all, especially the poor and vulnerable groups, and**
- (v) **Upholding and enforcing health ethics.**



3. GOAL

The Department will collaborate with the Member Countries, WHO/HQ and country offices, development partners and NGOs in improving access to quality health care, specially for the marginalized and vulnerable groups, for promoting health and reducing excess mortality, morbidity and disability through effectively strengthening health systems and empowering individuals, families and communities for health and development [See Annex V].



4. STRATEGY

The Department, in implementing the mission will use the following strategies:

- Gender sensitive approach/mainstreaming gender perspectives;
- Partnerships with policy makers, health managers, academic institutions, professions, community, and other stakeholders impacting on health;
- Community empowerment approach;
- Operational research;
- Evidence-based appropriate technology, and
- Use of WHO Collaborating Centres and national Centres of Excellence.



5. OBJECTIVES

- To strengthen the capacity of health systems for further development and implementation of equity and gender-sensitive national health policies and strategies to ensure equitable and universal access to comprehensive, integrated quality health care that responds to the community's legitimate needs, with a special focus on the marginalized and vulnerable population;
- To reorient education of health personnel and strengthen the capacity of human resources for health for the provision and management of integrated quality health care at all levels of the *health system*;
- To develop and promote effective approaches to foster individual, family and community action for health and development;
 - To develop, generate, utilize and promote evidence-based, integrated, cost-effective health care strategies and *interventions to ensure equitable and universal access to quality health care that responds to community needs and the needs of marginalized and vulnerable groups, including children, adolescents and women* [See Annex-V].



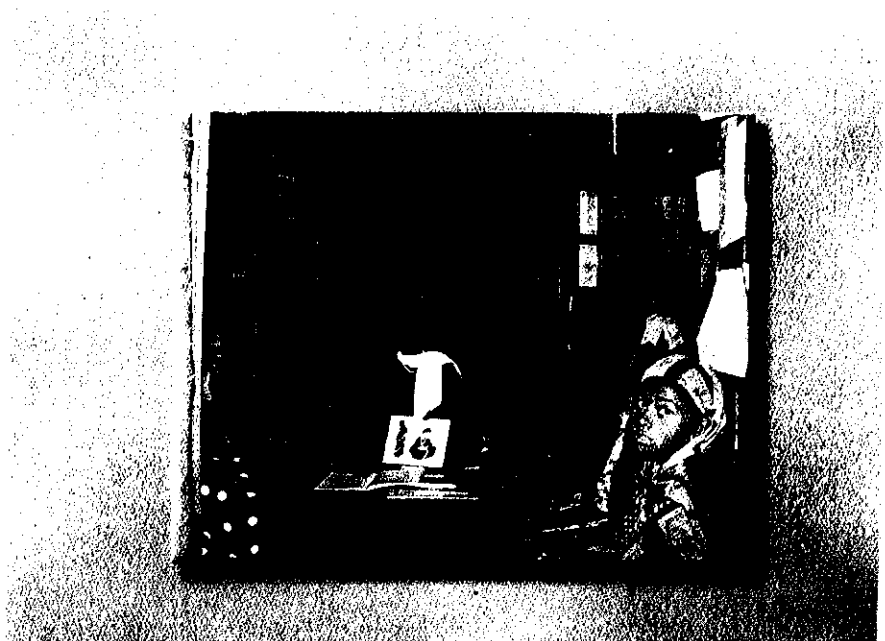
6. MAIN AREAS OF WORK

The Department will focus mainly on the functions of four different teams. The main areas of work under each team are described below.

6.1 Health Systems Development

The Health Systems Development Team (HSD) will mainly focus on the following areas:

- **National Health Policies and Plans**
 - Policy formulation and analysis
 - Strategic planning and programming
 - Health sector reform (in collaboration with the Dept. of EIP)
 - Health legislation
- **Health Economics (in collaboration with Department of EIP)**
 - National health account
 - Health care financing
 - Cost-benefit/cost-effectiveness analysis
 - Resource allocation and mobilization
- **Organization and Management of Health Systems Development (HSD)**
 - National and district health systems based on PHC
 - Integrated health care/ integrated health systems
 - Health information systems



- Community health services
- Community empowerment and participation
- Referral systems including telemedicine
- Quality assurance
- Universal accessibility
- **Human resources for health development**
 - HRH planning
 - HRH production
 - *HRH management*
 - Education and training support

6.2 Organization and Management of Health Systems Development

Objectives:

- To strengthen national capacities for further development and implementation of national health policies, strategies, plans and programmes and health sector reform;
- To enhance national capacity in human resources for health (planning, production and management), education and training support;
- To develop/strengthen health infrastructure with particular emphasis on district health systems based on PHC, for efficient delivery of priority health needs of all, particularly the vulnerable and marginalized groups, with involvement of other stakeholders and responding to the needs of the community;
- To promote linkages and networking of regional and national centres of excellence



with health planners, managers and health care providers, and

- To undertake studies for the development of models/innovative approaches for further improvement of health services and health outcomes.

Expected Results:

- Enhanced national capacity on health policy, planning and management for the provision of effective and efficient health services that are responsible to the community's needs, particularly those of the poor and vulnerable groups;
- Strengthened national capacity for health sector reform to effectively manage reforms that lead to equity, effectiveness and efficiency in health care in the countries of the Region.



6.3 Child and Adolescent Health and Development

The Child and Adolescent Health and Development (CAH) Team will mainly focus on the following areas:

- Child Health and Development,
- Adolescent Health and Development.

Objectives:

- To promote and advocate policies and strategies aimed at protecting the rights of children and adolescents, reducing health risks, mortality and morbidity and improving psychological development;
- To provide technical support to countries to strengthen their capability to implement health interventions;
- To develop/strengthen integrated child and adolescent-friendly health services that address priority child and adolescent health development problems and improve access to these services;
- To develop evidence-based health interventions (health promotion, prevention and care) for children and adolescents.



Expected Results:

- An integrated approach to child and adolescent health and development included in the national policies and strategies of Member Countries;
- Strengthened national capacity on IMCI implementation and management;
- Improved family knowledge and practices on the home care of childhood diseases and on the promotion of child and adolescent health and development;
- IMCI content and training methodology incorporated into the curricula of educational and training institutions for health personnel;
- Expanded integrated package of child and adolescent-friendly health services with support from donors and other supporting agencies.



6.4 Reproductive Health and Research

Reproductive Health and Research Team will mainly focus on the following areas:

- Reduce pregnancy-related mortality,
- Increase skilled attendants at birth,
- Life span approach to reproductive health.
 - Essential/comprehensive reproductive health care;
(Essential reproductive health care consisting of Making Pregnancy Safer, family planning, prevention and treatment of complications of abortion, RTI/STD/infertility and adolescent reproductive health)
(Comprehensive reproductive health care includes all the above plus cancers, peri and postmenopausal issues)
 - Operations research on reproductive health.

Objectives:

- To address standards for maternal and newborn care (including post-abortion care), family planning, treatment of abortion complications, priority RH problems with special emphasis on the reduction of high MMR within national health policies, plans and programmes;
- To improve access to effective maternal and newborn care and fertility regulation services;



- To improve systems for monitoring maternal and newborn health care;
- To conduct operations research to generate best practices and evidence for addressing priority RH problems;

- To promote the incorporation of best practices in reproductive health, obstetric and newborn care into the curricula of education and training institutions for health personnel, and
- To promote the implementation of evidence-based integrated cost-effective RH interventions with focus on making pregnancy safer within the context of district health systems based on the PHC approach.

Expected Results:

- Maternal mortality significantly reduced and reproductive health status improved;
- Evidence for successful approaches generated through operations research and utilized for strengthening integrated RH services, and
- National capacity strengthened for policy and the delivery of integrated interventions for reducing maternal and newborn mortality.



6.5 Women's Health

The Women's Health (WMH) Team will mainly focus on the following areas:

- Mainstreaming gender in health,
- Selected women's health issues across the life span
 - Violence against women
 - Women's work and health
 - Aging
 - Others as identified in collaboration with countries
- Equitable access to quality health care,
- Women's empowerment in health and development.

Objectives:

- To mainstream gender perspective with focus on women's health across the life-span in national health policies, plans and programmes;
- To assess the health implications of WHO and national health policies, plans and programmes for women and girls across the life-span;
- To promote evidence-based strategies and interventions for improving women's access to quality health care and for enhancing women's empowerment in health and development.



Expected Results:

- *Strengthened WHO and national capacities for applying gender-based analysis and perspective in health policies, plans and programmes focussing on women's health interests;*
- *Information on priority women's health issues, strategies and best practice models generated and disseminated, and*
- *Incorporation of evidence-based strategies and interventions for addressing priority women's health issues in national health plans and programmes.*

7. INSTITUTIONAL FRAMEWORK AND MANAGEMENT MECHANISM

In general, the department consists of four teams concerned with major themes such as Health Systems Development; Child and Adolescent Health and Development; Reproductive Health and Research; and Women's Health.

Since the CHS Department deals with such inter-related areas as health systems, human resources for health, women's health and reproductive health, interdisciplinary teams within and outside the Department are envisioned for mutual benefit. Existing formal and informal groups and their functions will be reviewed thoroughly, and recommendations will be made to reorganize the teams and groups to make them more relevant to the Department.

8. RESOURCES

WHO regular budget resources will be mainly used for priority activities which fall under national and WHO mandates, at the country, intercountry and regional levels. Efforts will be made to invite development partners to support and participate in WHO plans and activities at all levels. Extrabudgetary resources will be sought from HQ and donor agencies to augment WHO regular budget.



9. LINKAGES AND PARTNERSHIPS

The WHO Corporate Strategy provides a framework which cohesively binds WHO's work carried out at all levels as a cohesive package of "one WHO". Within the framework of WHO Corporate Strategy and Country Cooperation Strategy, collaboration among CHS/SEARO, FCH/HQ and Country Offices is occurring. The CHS/SEARO teams will closely work with the FCH and EIP clusters in HQ, among others. There are intra- and interdepartmental working teams established in SEARO for priority programmes like "Making Pregnancy Safer" and "Improving the Health of the Marginalized and Vulnerable Groups", both are coordinated by the Director of the CHS Department. All teams within CHS will collaborate closely with each other, particularly in the planning, implementation and monitoring of country as well as regional activities. In addition, all teams will work together in assisting the countries in strengthening their national health systems especially focusing on the nine WHO priority areas as outlined in Annex-IV. For example, the five themes for the intercountry projects for 2000-2001 were jointly identified by Member Countries and the Regional Office. SEARO has deployed inter- and intra-departmental efforts which reflect both WHO and country priorities and coordination in the planning, implementation and monitoring of the priority programmes.

The CHS Department has established close linkages with the Departments of Communicable Diseases (CDS) and Noncommunicable

Diseases and Social Change (SCN) to support them in the organization and management, of health services for effectively tackling diseases and minimizing disease burden in the Region including human resource management. It works closely with the



Department of Evidence for Information and Policy (EIP) in establishing a sound knowledge base on health policy and systems and providing evidence-based information to Member Countries to assist them in policy development and programme management. Linkages are also maintained with the Department of Sustainable Development and Healthy Environment (SDE) in areas such as health and poverty, equity and health for sustainable development. CHS also links with other departments such as Health Technology and Pharmaceuticals (HTP) and General Management (GMG). Appropriate mechanisms have been developed for establishing effective and supportive collaboration with WHO headquarters and country offices. A joint planning mechanism is already operational among FCH/HQ, CHS/SEARO and the country offices for Making Pregnancy Safer and other areas.

The Department will continue to strengthen partnerships with WHO collaborating centres, members of scientific committees and panels of experts, national and international institutions dealing with CHS, particularly education and research. Active collaboration through joint planning is progressing with the WHO country offices through annual meetings of RD with WRs, retreats, country visits.

The Department will further strengthen its collaboration with countries of the Region by working in and with them according to the country cooperation strategy [CCS] that is currently being developed. The development and implementation of CCS would surely bring the departmental work much closer to countries' strategic planning for health development. It would also help to focus WHO resources on the priority areas that are common to both the country and WHO and which are within WHO's manageable interests or comparative advantage.



In addition, collaboration with donors to advocate WHO policy and strategies and for seeking financial support will be strengthened. Linkages with UN partners such as UNDP, UNICEF, UNFPA and the World Bank will be strengthened. Coordination and collaboration with other developmental partners will be intensified to ensure WHO resources and technical input is optimally utilized and supported. An operational mechanism on partnerships will be developed at the Regional Office for more effective and meaningful collaboration.



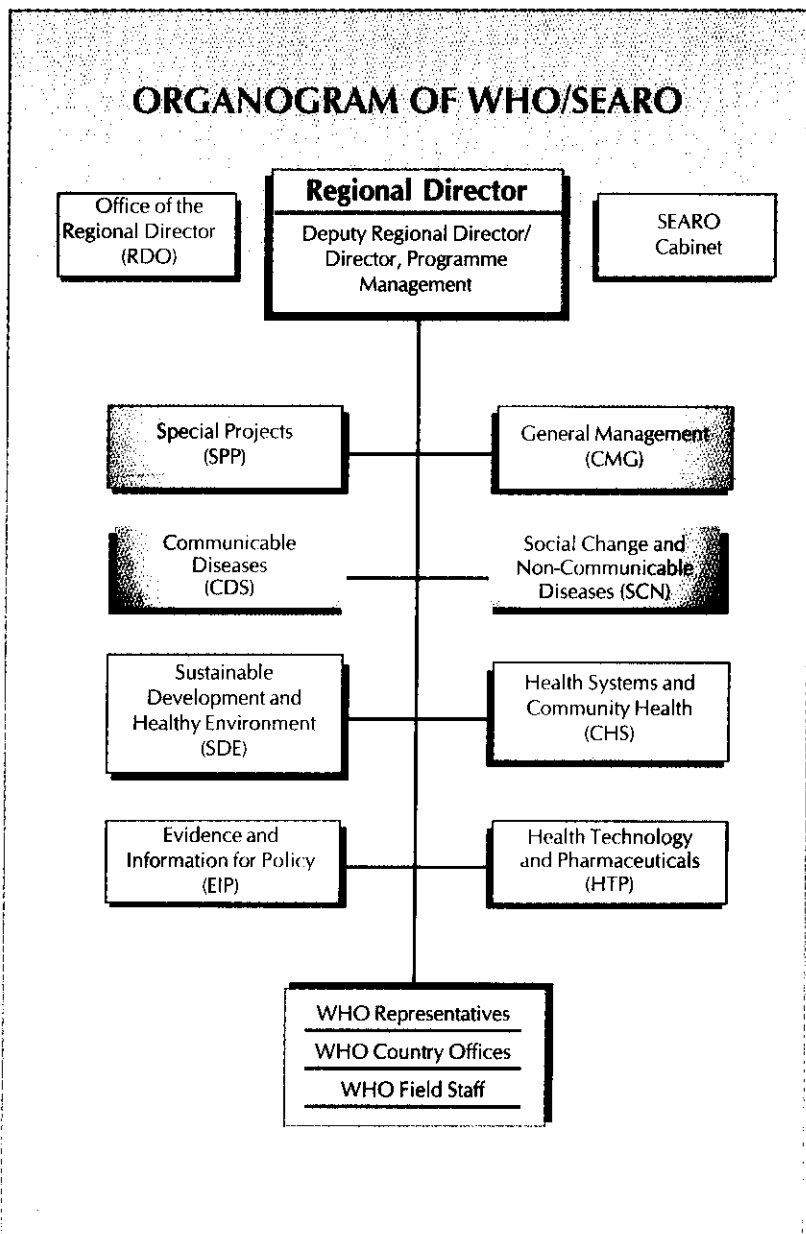
10. MONITORING AND EVALUATION

Monitoring and evaluation will be an integral part of the action plan of the Department. In consultation with HQ and the country offices, all teams will develop a broad framework for each biennium as part of the preparation of the WHO Programme budget. This will be followed by preparation of detailed plans of action at least one year ahead of the biennium, that are supportive of national strategies for meeting agreed upon policies and priorities of Member Countries. Monitoring and evaluation of each programme area will be built in programme development and management, with time-bound targets and key *expected results, which would be used as a basis for continuous monitoring and biennial evaluation.* Other mechanisms will be established as and when appropriate.

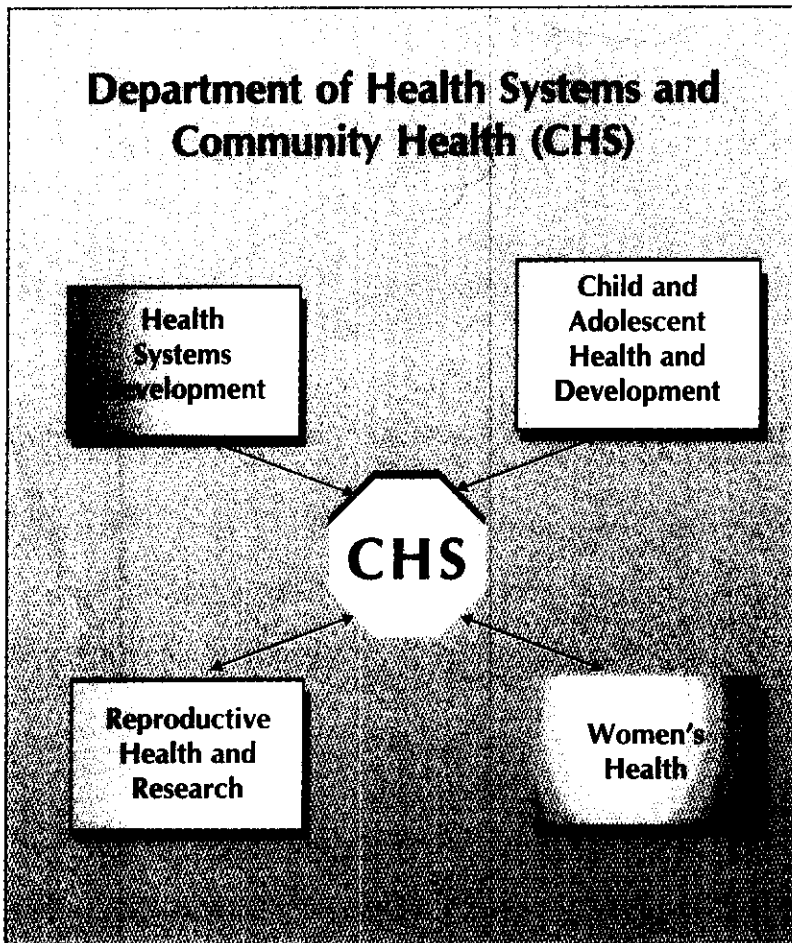
A common framework with indicators (in line with HQ indicators) will be developed to monitor intra- as well as inter-departmental activities in collaboration with other departments in SEARO.



Annex-I



Annex-II



Annex-III

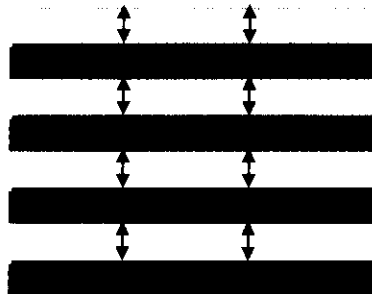
FRAMEWORK OF A HEALTH SYSTEM

KEY FUNCTIONS OF HEALTH SYSTEMS

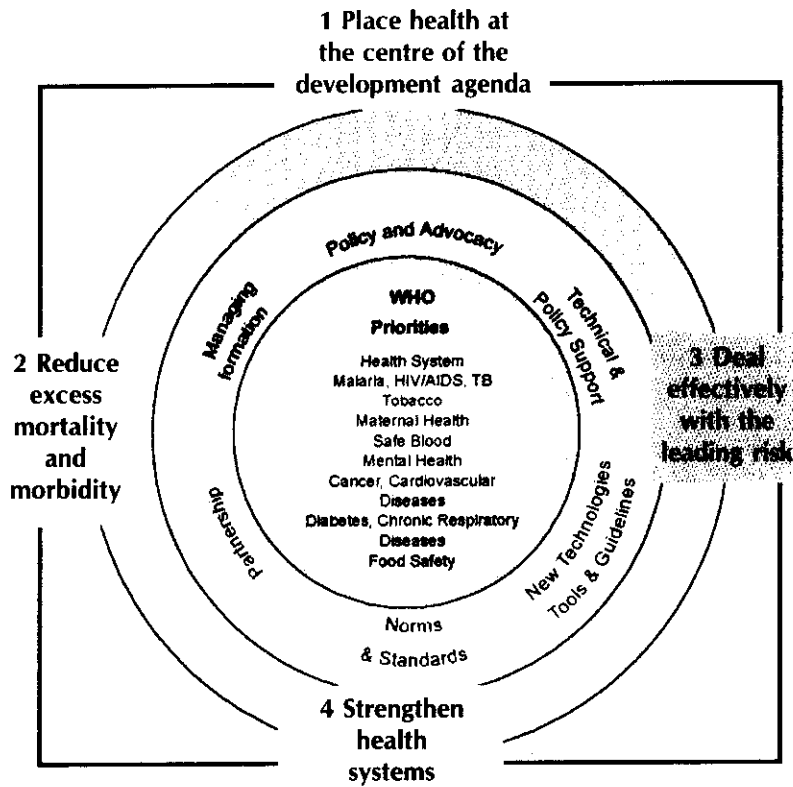
1. Stewardship
 - Policy formulation and analysis
 - Strategic planning and programming
 - Health sector reforms
 - Health legislation
2. Health Care Financing
 - National health account
 - Health Insurance
 - Resource allocation and mobilization
3. Provision of Health Care
 - National and district health systems based on PHC
 - Integrated health care
 - Health information systems
 - Community health services
 - Community empowerment and participation
 - Referral system including telemedicine
 - Quality assurance
 - Universal accessibility based on "New Universalism"
4. HRH Development
 - HRH planning, production and management
 - Education and training support

MAJOR STRATEGIES

- Gender sensitive approach
- Partnerships
- Community empowerment approach
- Operational research
- Evidence-based appropriate technology
- Use of CCs and national centres of excellence



Annex-IV
WHO Corporate Strategy
WHO Constitution - Mission
HFA Policies
Four Strategic Directions and Six Core Functions



* *Towards a Strategic Agenda for the WHO Secretariat*
 Statement by the Director-General, WHO, at the 105th Session of EB,
 24 January 2000.

Annex-V

GOAL AND OBJECTIVES

GOAL

The Department will collaborate with the Member States, WHO/HQ and country offices, development partners, and NGOs in improving access to quality health care, specially the marginalized and the vulnerable groups, for promoting health and reducing excess mortality, morbidity and disability through effectively strengthening health systems and empowering individuals, families and communities for health and development.

OBJECTIVES

The CHS Department will collaborate with the Member States in attaining the following:

- (1) To strengthen capacity of health systems for further development and implementation of equity and gender-sensitive national health policies and strategies to ensure equitable and universal access, to comprehensive, integrated quality health care that responds to community's legitimate needs, with special focus on the marginalized and vulnerable population.
- (2) To reorient education of health personnel and strengthen the capacity to human resources for health for the provision and management of integrated quality health care at all levels of the health system.
- (3) To develop and promote effective approaches to foster individual, family and community action of health and development.
- (4) To develop, generate, utilize and promote evidence-based, integrated, cost-effective health care strategies and interventions to ensure equitable and universal access to quality health care that responds to community needs and the needs of marginalized and vulnerable groups, including children, adolescents and women.

