The Regional Six-point Strategy for Health Systems Strengthening based on the Primary Health Care Approach

World Health Organization
Regional Office for South-East Asia

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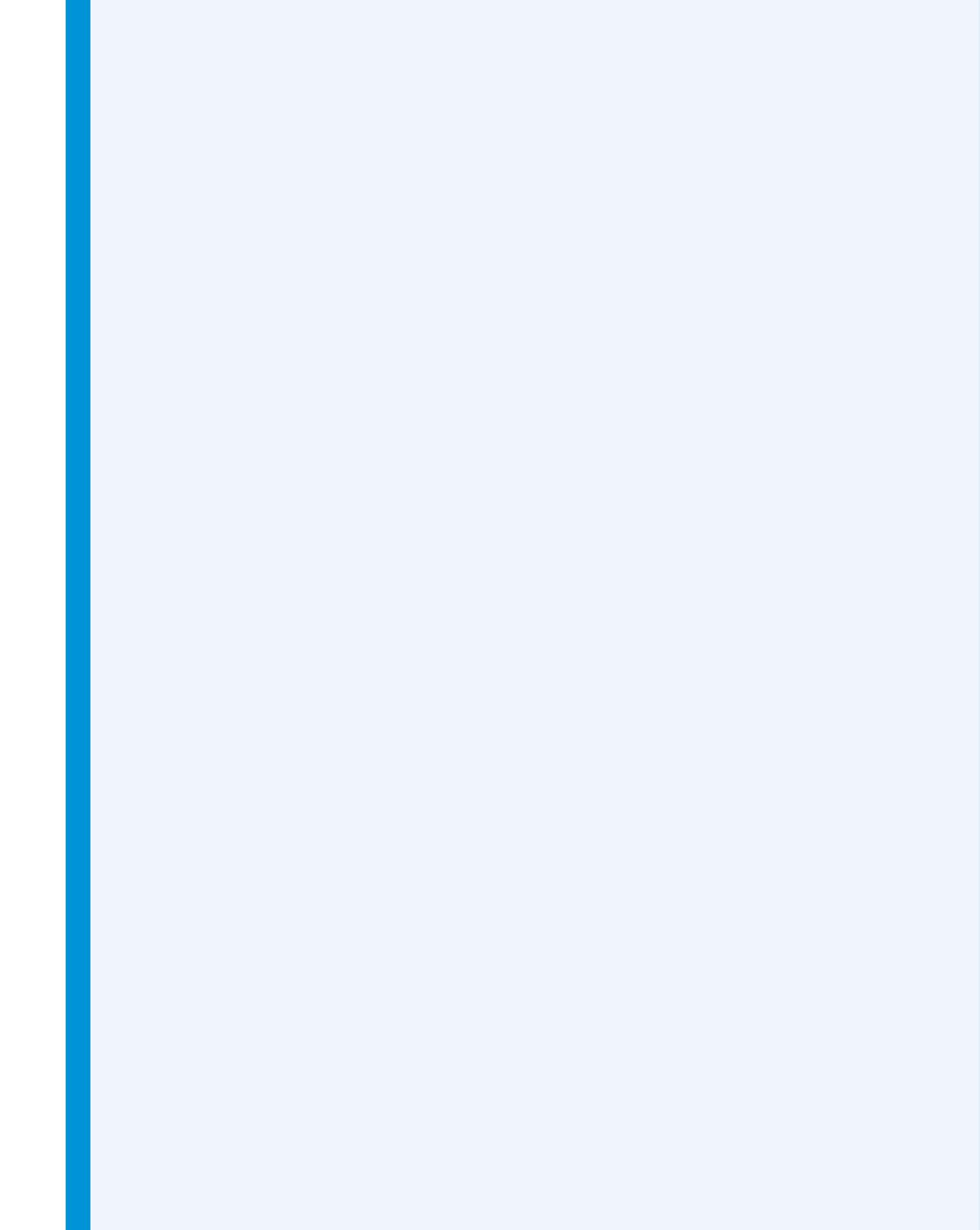Regional Office for South-East Asia

Printed in India

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I. Background

Strengthening health systems is fundamental to achieving health-related Millennium Development Goals (MDGs) and other national health targets in all Member countries of the World Health Organization (WHO) in the South- East Asia Region. In the absence of more efficient and equitable health systems, countries will not be able to scale up the disease prevention and control programmes that are required to meet specific health goals, such as reducing child and maternal mortality.

Health systems are fragile in many countries because of a gamut of reasons, such as political instability, social unrest and external debts . The outcome has been chronic underfunding in public health, leading to weakened health systems, poor infrastructure, shortage of health workers and inadequate medicines and equipment. Access to health services is also not improving, especially for poor population.

In recent years there has been growing acceptance of the important role that primary health care (PHC) and its revitalization in helping to strengthen health systems for the improvement in equity, efficiency, effectiveness and responsiveness of national health systems. The strength of a country's PHC system is associated with improved population health outcomes for all-cause mortality, all-cause premature mortality, and cause-specific premature mortality from major respiratory and cardiovascular diseases . Furthermore, increased availability of PHC is associated with higher patient satisfaction and reduced aggregate health-care spending. Health systems in low-income countries with a strong primary care orientation are likely to be more pro-poor, equitable and accessible.

 WHO in 2003 had conducted a global review on the contribution that PHC can be expected to make to tackle the health issues of the 21st Century . The findings showed that there was genuine commitment, at every level within countries, to the principles of primary health care. Twenty five years after the Declaration of Alma Ata, international support for the values of primary health care remains strong. The main messages of major reviews suggest that many in the global health community consider a primary health-care orientation to be crucial for equitable progress in health .

The workshop on primary health care policy review organized by the WHO South-East Asia Regional Office in New Delhi, 12-13 June 2001 concluded that while the original principles of PHC were still valid, new models of PHC organization and delivery needed to be developed which would be sufficiently flexible to respond to changing health needs such as newer health impacts brought on by changing lifestyle, global warming, epidemiological transition, growing privatization and the involvement of non-governmental organizations in the delivery of health services . Universal access to care and coverage on the basis of need and commitment to health equity as part of the development process still remain as a key pillar of social justice.

Community participation in defining and implementing the health agenda and intersectoral approaches in health actions continue to be recognized even today as key approaches of health systems strengthening ..

In keeping with the current WHO policy of revisiting and invigorating primary health care (PHC), a Regional Consultation on Strengthening Health Systems through PHC Approach was organized in Pyongyang Democratic People Republic of Korea, on 18-20 April 2007. This paper is mainly based on the outcomes of the regional consultative meeting. It is intended to provide an insight into current health system challenges in the Region and PHC-based strategies for strengthening health systems.

II. Overview Of Primary Health Care In South-East Asia Region

PHC is defined as 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 .

PHC 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 community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Primary health care was made a core policy for WHO in 1978, with the adoption of the Declaration of Alma Ata and the strategy of "Health for all by the year 2000" . In the years since the Declaration of Alma-Ata in 1978, the configuration of health system at country level in South East Asia has changed considerably. The PHC approach is not just about the development of health infrastructures alone; instead it combines three major components: health services, community involvement, and joint action with other sectors.

Member States of the South-East Asia Region adopted the primary health care approach to achieve the goal of "Health For All". The PHC approach has had significant impact on health systems development in Member States. ,despite different demographic profiles and widely varying economic and social challenges. Consequently, health care coverage and access of the population to health care were improved to a perceptible extent leading to some predictable improvement in the health status of the populations in general.

Since the beginning of the 1990s all Member States began to implement the district health systems with PHC at their core . Each country adopted and adapted primary health care on its own terms and in accordance with its own health problems and socioeconomic conditions. Adherence to a regional or global standard or norm was not mandated.

The physical infrastructure in many SEA Region has expanded significantly, particularly at the primary and first referral levels. Most countries have given priority to upgrading the health infrastructure, particularly in rural areas. Nepal, Sri Lanka, and Thailand have comprehensive networks of health facilities extending to the village level.

Most countries in South-East Asia were turning to community participation as a part of the action needed to reinvigorate the PHC strategy. In India, community participation was being encouraged for the procurement of medical equipment for hospitals, and cost-sharing scheme have been introduced for the maintenance of health facilities. In Indonesia, dominant community participations were lead by the women's welfare movement. For improving drug accessibility and affordability, community cost-sharing schemes were implemented in Indonesia, Myanmar, Nepal and Thailand.

In most countries in South-East Asia, health expenditure has remained at a relatively low level and 60%-75% of its total occurs in the private sector. Direct out-of pocket spending by households appears to account for a major portion of private spending. This means that households bear a substantial proportion of health-care costs while having little or no financial protection in the event of major illness or injury.

Most countries in South-East Asia have also taken steps to increase production of certain categories of health personnel, including voluntary workers, in order to improve and expand coverage, especially at the community level. Absolute and relative numbers of most categories of health personnel have risen. Most countries in the Region have formulated and implemented human resources development plans, that includes capacity building of the education and training institutions.

Recent initiatives in the Region:

Country	Recent initiatives in PHC
Bangladesh	National health systems development has given high priority to ensure universal accessibility to and equity in health care, with particular attention to the rural population.
Bhutan	Bhutan has evolved strategies to reach the unreached through decentralization of planning and management systems. In recent years the country has also been able to shift the focus from expansion to improvement of quality of services.
DPR Korea	In DPR Korea, all the health establishments are run as public and state responsibilities. Now, with improvement in national economic situation the country is also witnessing some progress in the health sector with the prospects of better health indicators.
India	The National Rural Health Mission launched in 2005 aims to provide accessible, affordable and accountable quality health services even to the poorest households in the remotest rural regions.

Country	Recent initiatives in PHC
Indonesia	Indonesia has significantly scaled up coverage and accessibility of essential health services through establishing a medium of financial protection for its population. In 2006, the Government launched an initiative to develop Alert Villages (Desa Siaga) nationwide.
Maldives	The Government of Maldives has expanded curative services to establish a multi-level referral system, which is more decentralized, and which has greater NGO and private sector involvement in service delivery. Efforts are also being made to establish a social security system, that includes basic health care, and to encourage individual organizations to establish mechanisms for covering the health expenses of their employees.
Myanmar	Myanmar has given high priority to the development of an adequate workforce of qualified health personnel. To ensure equity in health care and reduce discrepancies between different geographical areas, new medical universities have been opened in Central and Upper Myanmar.
Nepal	The Government is (a) working to make essential health care services available to all people through primary health care centres, (b) trying to decentralize health systems management to encourage greater people participation, (c) trying to promote and facilitate public-private-NGO partnerships in the delivery of health services, and (d) making efforts to improve the quality of health care through total quality management of human, financial and physical resources.
Sri Lanka	Sri Lanka has been able to scale up accessibility and coverage of primary health care. To tackle the increasing problem of noncommunicable diseases, the Ministry of Health will lead in planning and sponsoring a major national behaviour change communication programme and set off activities aimed at healthy lifestyle changes in targeted population groups. It will be carried out through intersectoral and multisectoral collaboration with relevant departments and agencies.
Thailand	Recent initiatives in strengthening primary health care in Thailand include: (a) giving primary care centre a new look through renovation, refurbishment of physical structure of public health facilities with adequate supply of medical and non-medical equipment, establishment of some public primary care centres operated with full-time physicians and involvement of private clinics by using the financing mechanism of the 30 Baht scheme, (b) increasing competency of health personnel at primary care centres through upgrading the General Practitioner Residency Training Programme to Family Physician Training Programme, (c) establishment of Referral Coordinating Centre (RCC) to manage referral systems effectively and providing financial

Country	Recent initiatives in PHC
	incentives to hospitals that provide reserve beds for admissions, and (d) integrating community based preventive and health promotion and Thai traditional medicine in primary care centres.
Timor Leste	The Government has adopted a policy of integrating health systems with other sectors; targeting groups to achieve the greatest health impacts; developing policies on human resources for health, appropriate to the needs of the country; promoting access to basic health care by vulnerable groups; mainstreaming gender health concerns in all programmes; and working with relevant sectors/organizations to advocate an improved status for women by promoting equal rights for men and women in access to care.

Current challenges:

Despite some progress made, many countries face several challenges in applying the PHC approach due to:

- lack of clarity in defining the terms of primary health care although the Alma Ata Declaration unequivocally defined the minimums benchmarks;

- inadequate financial resources, particularly with respect to operational and development budget, to build and operate primary health centre in optimum numbers;

- inappropriate skill mix and shortages in the health workforce in remote areas;

- weak leadership and inadequate level of meaningful political support, partly because of the flexibility allowed by the Alma Ata Declaration in adopting and evolving PHCs from the researched needs and socio-cultural, political and economic conditions of the country;

- Inadequate health information systems; and

- Inadequate community involvement and intersectoral collaboration.

III. Vision, Mission, Goal And Objectives

Vision

The overall vision is to contribute to the improvement of key health outcomes through strengthening health systems based on the primary health care approach.

Mission

Cognizant of its role and responsibilities, WHO's mission is to support Member countries in their efforts to strengthen their national health systems based on the primary health-care approach so as to be successful in achieving optimum health outcomes for their people.

Goal

The overall goal is to have strong national health systems with optimum accessibility, coverage, equity, quality and affordability that would enable all people in the Member countries to achieve the health-related MDGs and other national health targets within the stipulated timeframe.

Objectives

The main objective is to assist Member States in strengthening their health systems on the basis of sound and scientific evidence with the primary health care approach at the core of the systems. This is to be achieved through:

(1) The development of national and sub-national health systems strengthening plans that become an integral part of the national development plans.

(2) The strengthening of primary health care across the length and breadth of the Member countries.

(3) The development of a network through which the Member States can share and exchange information and experiences on the primary health care approach and assist one another in further strengthening their systems.

IV. Guiding Principles

The directions of health systems strengthening in South-East Asia should be determined by the most significant principles of primary health care. These are :

a. *Universal access to care and coverage on the basis of need:* Universal access to quality health care services will ensure that improvement in general health system will not contribute to widening health inequity.

b. *Commitment to health equity as part of development oriented to social justice:* A fair distribution of health-care resources and benefits that go to all social groups will ensure equity in health.

c. *Community participation in defining and implementing health agendas:* Community participation is a key demand side component of the health system that is necessary to promote accountability and effectiveness.

d. *Intersectoral approaches to health:* Intersectoral actions are needed to address underlying causes of population health problems through effective tackling of the social determinants of health.

In strengthening of national health system, there is no universal solution for all. Health systems strengthening must be matched to specific national circumstances, such as epidemiological, demographical, political and economic. Health systems strengthening also cannot take place in isolation; it has to be a part of the broader health development and overall national development plans. What is working and what is not need to be identified. Improvements have to be introduced sequentially, flexibly and incrementally soon after assessment and identification of health systems constraints by building on what already exists. The minimum that primary health care in the Region needs to embrace has to be clearly spelled out and there should be room for individual country to make further additions as deemed necessary and are possible by their own needs assessment.

IV. Strategic areas of actions

Strategies in strengthening health systems through primary health care consist of six strategies based on WHO building block of health system. These are:

Strategic area 1: *Strengthening Health Services Delivery*

The aim is to develop effective, safe and good quality health care services to those who need and, when needed, with minimum inefficiency.

In strengthening health services delivery, special attention is focused on:

- Revitalizing the primary health-care services by (1) setting the care at the primary level as the foundation of the entire health system; (2 having adequate funding (3) strengthening infrastructure; (3) providing logistic support, i.e., water supply, transport, electricity, telecommunications, drugs, equipment, etc; (4) recognizing and tapping local opportunities for partnership with civil societies (5) recruitment and retention of competent health workforce in adequate numbers; (6) provision of administrative and professional support and supervision from higher level; and (7) having an enabling work environment through good governance, incentives and job satisfaction.

- Defining package of essential services to be delivered at each level of care. This should be based on health needs and available resources such as money, staff, medicines and supplies.

- Strengthening community participation by involving it in health planning, implementation and evaluation.

- Strengthening provider network, both public and private, to ensure close-to-client care, and continuity of care; and to avoid unnecessary duplication and fragmentation of services.

- Improving health services management by optimizing number, competency and functional support systems and creating an enabling working environment through good governance to maximize primary health-care service coverage, quality and safety, and minimize waste of resources.

Country activities

(a)   Identifying the health needs of the community and redefining essential health-care services as per epidemiological and community needs and funds available for all levels of care.

(b)   Upgrading infrastructure of health-care facilities and strengthening management of institutions, facilities, programmes, and provider networks in general and at the primary health-care level in particular.

(c)   Piloting alternative models for services delivery organization and management at community and grass root levels that help expand access and improve quality of health services in resource-poor settings.

(d)   Strengthening demand for PHC through strategies that communicate the rights and responsibilities of patients and citizens with regard to their health by organizing regular interactive community health awareness and advocacy programmes

(e)   Defining service standards and measurement strategies, and other approaches to ensuring quality of PHC services.

WHO activities

(a)   Advocate Member countries for strengthening PHC service delivery and to place the health agenda on a higher state in the national agenda.

(b)   Provide technical leadership in strengthening health service delivery, particularly in scaling up health services delivery to the unreached. .

(c)   Build national capacity on management of health services. Support education and training for capacity building of national and sub-national health systems management.

Strategic area 2: *Strengthening Leadership and Governance*

The aim is to strengthen the national and local capacity of the governments of the Member countries in developing policy and leadership on PHC initiatives.

In strengthening leadership and governance to support PHC special attention is needed to be paid to:

- Strengthening national and sub-national capacity in: formulating sector strategies and specific technical policies; defining the roles of public, private and voluntary actors and the role of civil society.

- Strengthening intersectoral collaboration across and outside government, including civil society, to influence action on key determinants of health and to generate support for public policies

Country activities

(a) Develop a national policy and development plan on strengthening health systems based on the PHC approach as a part of the national health development plan.

(b) Develop a legal framework for health systems strengthening based on PHC approach.

(c) Increase capacity to design, implement and monitor intervention and address the main local health problems.

(d) Place equity as the central concern in all government planning, policy and decision-making.

(e) Build political commitment at all administrative levels to act on the health systems strengthening based on the PHC approach.

(f) Improve intersectoral collaboration through developing healthy public policy.

(g) Establish multistakeholders forum on health policy and development at all administrative levels.

(h) Invest in institutional development to support community involvement, intersectoral collaboration, involvement of NGOs and the private sector in health.

WHO activities

(a) Launch and maintain advocacy programmes in Member States for strengthening health systems with effective PHC at its core and also advocate for better funding in the health sector and for health-related activities in other sectors of development.

(b) Facilitate the emergence of leadership, process and mechanisms that leverage intersectoral actions across government departments for the promotion and protection of the health of the population and to address the social determinants of health, including equity.

(c) Facilitate organizational arrangements and practices that involve population groups and civil society organizations working with disadvantaged groups.

(d) Provide technical assistance in developing leadership and governance for strengthening health systems based on the PHC approach.

Strategic area 3: *Strengthening Health Financing*

The aim is to have a sustainable health financing system that raises adequate funds to support PHC services, in ways that ensure the whole population can use the essential health services needed, and are protected from the financial burden or impoverishment associated with having to pay for them.

In strengthening health financing to support PHC services, special attention is needed for:

- Strengthening national capacity in raising additional funds to support primary health care services delivery.

- Improving national capacity in reducing reliance on out of pocket payments by moving towards pre-payment systems.

- Strengthening national authority to improve social protection by ensuring the poor and other vulnerable groups have access to needed services, and that paying for care does not result in a high financial burden.

Country activities

(a) Develop, strengthen and implement national policy on health-care financing for the poor and vulnerable groups.

(b) Re-allocate health budget to support essential health-care services and essential public health functions.

(c) Develop alternative of health care financing, including community health financing and social insurance.

WHO Activities

(a) Organize expert group meeting and inter-country meeting on health financing to support primary health care.

(b) provide technical leadership and capacity building.

Strategic area 4: *Strengthening the Health Workforce*

The aim of this strategic area is to ensure the availability of a competent, passionate and highly motivated health workforce at the primary health-care facilities.

In strengthening the health workforce to support PHC , special attention is needed for:

- Strengthening national workforce planning that comprehensively address workforce education, recruitment, retention and performance.

- Strengthening national capacity in redesigning and restructuring of existing training programmes to align with PHC policy, such as revisiting national policy and education of the community based health workforce and health volunteers.

- Strengthening national capacity in organizing and retaining the health workforce for effective PHC services delivery.

Country activities

(a) Develop, strengthen, update and implement national policy and strategic plans for health workforce development at the PHC facilities.

(b) Develop job descriptions, tools and guidelines for assessment, regulation and management of the health workforce.

(c) Incorporate issues of rural deployment and retention of the health workforce into policies and regulations.

WHO activities

(a) Support Member countries to conduct capacity building on health workforce included in primary health care

(b) Develop guidelines and provide technical support to assist Member countries in revisiting health workforce policy and implementation at the primary health-care level.

Strategic area 5*: Strengthening Health Information Systems*

The aim is the establishment of a health information system, particularly at the district level and below, that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems and health status.

In strengthening health information systems, special attention is needed on:

- Strengthening the capacity to generate population health status and facility based data.

- Developing surveillance capacity to detect, investigate, communicate and contain events that threaten public health security at the place they occur, and as soon as they occur.

- Having the capacity to synthesize information, and to promote the availability and application of this information.

- Development of health-related policy based on accurate and updated information.

Country activities

(a) Undertake information needs analysis and determine information systems needed to support decision-making, particularly at the district level and below.

(b) Develop, strengthen, update and implement national policy and strategic plans for development of health information systems.

(c) Develop tools and guidelines to facilitate data collection and utilization.

WHO activities

(a) support Member countries in capacity building for health information support in primary health care

(b) Provide guidance and technical support to Member countries in revisiting health information systems strategy at the district level and below.

Strategic
area 5

Strategic area 6: *Strengthening management of medical products and other logistical supplies*

The aim is to ensure the availability of medical products and supplies for quality, safety, efficacy and cost-effectiveness of care, and which are scientifically sound to support essential health-care services and public health interventions.

Country activities

(a) Strengthen and implement national policy on essential medicine, generic drug, and rational use of medicine, particularly at the PHC level

(b) Strengthen logistic management at the district level and below.

(c) Develop tools and guidelines on management of logistics at district level and below.

WHO activities

(a) Promote equitable access, rational use of and adherence to quality products and technologies through providing technical and policy support to health authorities, professional networks, consumer organizations and other stakeholders.

(b) Monitor the quality of medical products and technologies by generating and analyzing signals on access, quality, effectiveness, safety and use.

Strategic area 6

V. Monitoring And Evaluation

Monitoring of basic health systems focuses on the inputs, processes and outputs of the health system. These inputs and processes include human resources, finances, governance and leadership, information, infrastructure, procurement, logistics and supplies, all of which influence the outputs of services delivery, including availability and quality of services. These outputs affect the utilization of the services by those who need it which, if the interventions are effective, should lead to improvements in health outcomes.

The development of indicators and measurement strategies in the context of the health system strengthening based on PHC approach focuses on the following areas:

- Governance and leadership.
- Financing, including financial protection.
- Human resources.
- Information.
- Service provision: availability and quality.
- Coverage of services.

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Proposed Indicators for Measuring Health Systems Strengthening based on PHC Approach

1	**Strengthening health service delivery**		
	Aim: To develop effective, safe and good quality primary health care services to those that need it, when needed, with minimum waste.		
	Inputs and process ● Package of primary health-care services ● Up-gradation of physical infrastructures	**Expected outputs** ● Every district has defined the package of PHC services ● Primary health care services are available to cover the whole population	**Possible indicators** ● Availability of PHC services for the population provided by public and private providers ● Utilization of primary health care services
2	**Strengthening leaderships and governance**		
	The aim is to strengthen the national and local capacity of the governments of Member countries in developing policy and leadership on PHC initiatives.		
	Inputs and process ● Capacity building ● Establish health committee to facilitate intersectoral actions for health	**Expected outputs** ● Plan to develop PHC in district health plan ● District health committee established to support intersectoral actions for health	**Possible indicators** ● 80% of district has plan to develop primary health care services ● 80% of district established "district health committee" to support intersectoral actions for health
3	**Strengthening health financing**		
	The aim is to have a sustainable health financing system that raises adequate funds to support primary health-care services, in ways that ensure the whole population can use the essential health services when needed, and are protected from financial catastrophe or impoverishment associated with having to pay for them.		
	Inputs and process ● Develop health financing law, policies and regulations	**Expected outputs** ● Increased health budget to support primary health care ● The poor protected from impoverishment due to illness	**Possible indicators** ● Health expenditure for primary health care services ● 80% population covered by basic health insurance
4	**Strengthening health workforce**		
	The aim is to ensure the availability of a competent, passionate and highly motivated health workforce at the primary health-care facilities.		
	Inputs and process ● Develop strategic plan on health workforce (HWF) to support PHC. ● Deployment of HWF in PHC facilities.	**Expected outputs** ● Availability of competent, passionate and highly motivated health workforce at the primary health care facilities.	**Possible indicators** ● Ratio of HWF working in primary health-care facilities per population.

5	**Strengthening health information systems**		
	The aim is to establish a health information system, particularly at the district level and below, that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems and health status.		
	Inputs and process ● Improve data collection and analysis	**Expected outputs** ● Minimum data set available for decision-making	**Possible indicators** ● 80 % district with functional health information systems
6	**Strengthening management of medical products and other logistical supplies**		
	The aim is to ensure the availability of medical products and supplies of assured quality, safety, efficacy and cost-effectiveness, and scientifically sound to support essential health-care services and public health interventions.		
	Inputs and process ● Strengthening drug and medical supplies management ● Develop an essential drug list	**Expected outputs** ● Essential drug and medical supplies available at primary health care facilities	**Possible indicators** ● 90 % district with adequate supply of essential drugs.

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