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Progress reports

Report by the Secretariat

CONTENTS

A. HEALTH SYSTEM STRENGTHENING (resolutions WHA64.9, WHA64.8, WHA63.27, WHA62.12 and WHA60.27)

1.   In adopting resolution WHA62.12 on primary health care, including health system strengthening, the Health Assembly reaffirmed Member States' commitment to the renewal of primary health care and progress towards health for all. The resolution identified four policy directions for the Organization's work to renew and strengthen primary health care, namely: moving towards universal coverage; putting people at the centre of service delivery; integrating health into broader public policy; and providing inclusive leadership and effective governance for health. Work to strengthen health systems was given further support through resolution WHA60.27 on information systems as part of national health systems, resolution WHA63.27 on strengthening the capacity of governments to constructively engage the private sector in providing essential health-care services, resolution WHA64.8 on the strengthening of national policy dialogue to build more robust health policies, strategies and plans, and resolution WHA64.9 on sustainable health financing structures and universal coverage. The present document summarizes progress made in implementing the resolutions and the collaboration across all the levels of the Organization that has been involved, taking into account comments made by Member States when the Executive Board at its 130th session in January 2012 noted an earlier version of this progress report.[1]

2.   The Regional Office for the Americas continues to make progress in the implementation of primary health care-based health systems according to the Montevideo Declaration (2005). It has set up a community of practice dedicated to primary health care and a virtual public health campus. It is performing a situation assessment of primary care in the Region of the Americas, measuring health system performance with a primary health care lens, integrating disease-specific programmes into the health system and implementing the health services productive management methodology.

3.   The Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care was endorsed by the Regional Committee for the Western Pacific at its sixty-first session in October 2010,[2] after a two-year consultation process.

4.   In the European Region, health system strengthening is being guided by the Secretariat's work on the clarification of concepts of public health and health systems, and on the identification of essential public health services for Europe, in line with the commitments enshrined in the Tallinn Charter: Health Systems for Health and Wealth (2008). Emphasis was placed on the technical support to countries for health financing policy with a focus on improving the performance of health financing. This was consistent with the broad policy objectives identified in WHO Europe's Health Financing Policy Paper 2008/1 *Health Financing Policy: A Guide for Decision-Makers*. Many Member States, including Estonia, Portugal and Turkey, benefited from assessing their health system performance with the technical guidance of the Secretariat.

5.   In the Eastern Mediterranean Region, work is oriented by the Doha Charter and Declaration on Primary Health Care (2008). The health profile of 23 Member States has been updated to serve as the basis for policy dialogue, and a number of Member States have been provided with support in developing their national health plans. The Regional Committee adopted resolution EM/RC57/R.7, in which it urged Member States to adopt and adapt six strategic directions to improve health care financing, and requested the Regional Director to support Member States' efforts to implement the

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[1] See document EB130/2012/REC/2, summary record of the fourteenth meeting, section 2.

[2] Resolution WPR/RC61.R2.

strategic directions and expedite the move towards universal coverage. A study on the role of the private sector in providing essential health care services has been launched and a regional task force is promoting district health systems based on a family practice approach.

6.   In the African and South-East Asia regions guidance is provided by, respectively, the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa (2008) and the strategic framework developed through the Regional Meeting on Health Care Reform (Bangkok, 20–22 October 2009). Regional task forces and technical working groups have provided oversight and guidance to support the translation of commitments into country cooperation strategy documents and the biennial planning exercises.

7.   Globally, the Secretariat's efforts in implementing these resolutions are organized along the four tracks described below.

8.   **Intensifying support to Member States in promoting inclusive leadership and effective governance for health.** Globally, 108 countries have put in place comprehensive national planning processes with varying degrees of stakeholder involvement in the national policy dialogue. The current situation regarding health workforce planning is illustrative of a trend towards more inclusive governance. Of 57 countries with severe workforce shortages, 30 reported having an intersectoral coordination mechanism (e.g. a national committee) involving relevant stakeholders. Twenty-eight reported having wider representation beyond the health ministry, whereas 24 countries had non-public sector representation (involving private sector, private-not-for-profit, community or faith-based organizations). In 29 countries, the external partners – such as bilateral or multilateral organizations – were present in the HRH committee. In 69 countries, participatory health sector reviews have been conducted and progress evaluations have been completed in respect of national health policies, strategies and plans, based on agreed health system performance assessments.[1] Joint assessments of national strategies were successfully conducted in 10 countries in 2011. In the Region of the Americas, regulatory frameworks and legislation have been revised and updated in 11 countries. In the European Region, six countries have completed a health system performance assessment exercise. In the Eastern Mediterranean Region, 13 countries have conducted assessment studies on the regulation of the private sector.

9.   Direct support has been provided by the Secretariat to more than 60 countries for health planning and policy dialogue reviews; in 34 countries this was carried out as a joint operation by the three levels of the Organization, usually in collaboration with other agencies. Multicountry support has been provided through several intercountry workshops and further provided to countries in the context of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. Specific support was provided on harmonization between donors of grants for health systems strengthening and their alignment to national fiduciary and monitoring and evaluation mechanisms, as well as on the development of new health system strengthening funding proposals or direct funding of national health policies, strategies and plans following joint assessments of national strategies. A new programme aiming at strengthening long-term support to country policy dialogue processes on national health policies, strategies and plans has been launched in seven countries with support from the European Union and is set to expand in 2012. Technical support has also been provided to countries in relation to regulatory frameworks, health system performance assessment and essential public health functions. The Secretariat has targeted the improvement of national capacity for building

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[1] Details of the Member States concerned by this effort can be found in the information on strategic objective 10 provided in the Programme budget 2010–2011: performance assessment (document WHO/PRP/12.1) (copies available in the meeting room, in English only).

strategic intelligence through the establishment of information portals, observatories, and the organization of forums for policy debate and exchange. In support of this effort, the Organization is realigning its work on both health systems and disease-specific programmes. It has also developed dedicated tools, including a database on national health planning cycles. In addition, a global learning programme has been launched in all regions in order to build up the Organization's capacity to support policy dialogue in Member States. Seventy-five WHO country offices (617 staff) completed the first phase of this programme, and developed road maps for WHO's support to national planning cycles in their countries.

10.   **Putting people at the centre of service delivery**. Common areas of concern for Member States include: ageing and the rising burden of (multiple) chronic conditions; unequal distribution of health and health care; affordability and sustainability; access to technological advances and medicines; and fragmentation, commercialization and hospital-centric systems. In many countries these problems are compounded by the fact that unregulated private providers far outnumber public or regulated private providers, in a context of high reliance on out-of-pocket payment. In all regions, but most notably in the Region of the Americas, the European Region and the Western Pacific Region, Member States have been working to achieve a more proactive steering of the health sector, paying renewed attention to primary care, care coordination and a reformulated role of hospitals.[1] The Secretariat has supported this effort by convening consultations with Member States and relevant stakeholders. It has put the governance of human resources and service delivery at the core of the support it provides to the national policy dialogue exercises and reviews mentioned above.

11.   **Moving towards universal coverage.** Many countries still suffer from acute shortages of financial resources for health, others rely heavily on direct out-of-pocket payments to raise funds for health, preventing millions from seeking care and pushing 100 million of the people who seek care into poverty each year as a result. Every year, governments face a continual struggle to improve efficiency and to protect equity in the way resources are used. In response to resolution WHA64.9, the Secretariat has consulted widely with Member States, civil society, multilateral and bilateral partners, and across all levels of the Organization. *The world health report 2010,*[2] and the scaled-up research efforts that accompanied it, was one illustration of this. A plan of action has been developed that focuses on supporting Member States to review their situation in relation to universal coverage; to assess how their health financing systems can be developed further to move closer to that goal; to implement and monitor changes that are identified as necessary; and to develop strong synergies with national health plans and strategies. This reflects the fact that in the last year over 50 Member States have contacted WHO, enquiring about technical support in the area of health systems financing. The plan of action outlines how WHO will scale up its support to countries by providing information on best practices, facilitating the sharing of experiences and lessons learnt, and developing national capacities to track resources, to assess financing strategies and policies and to implement and monitor change. WHO is also strengthening its databases as requested in the resolution. In all these areas, WHO has strengthened its collaboration with bilateral and multilateral partners, academia and civil society, including the Providing for Health initiative on social health protection (P4H).

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[1] Rechel B et al, eds. *Investing in hospitals of the future*. Copenhagen, World Health Organization on behalf of the European Observatory on Health Systems and Policies, 2009. Saltman R, Durán A and Dubois H, eds. *Governing public hospitals. Reform strategies and the movement towards institutional autonomy.* European Observatory on Health Systems and Policies. European Observatory Studies Series No. 25, 2011.

[2] *The world health report 2010 – Health systems financing: the path to universal coverage*. Geneva, World Health Organization, 2010.

12. **Strengthening health information systems as part of national health systems.** Member States were urged, inter alia, to undertake this activity in resolution WHA60.27. In the context of the International Health Partnership and related initiatives (IHP+), WHO is working with an increasing number of countries to strengthen the monitoring, evaluation and review component of their national health strategies. This includes dealing with data gaps, improving the quality of data and strengthening capacity to conduct analyses to inform health sector reviews. There is now a growing consensus among major development agencies in respect of a rationalized set of indicators and a common monitoring and evaluation framework for assessing performance. The recommendations of the Commission on Information and Accountability for Women's and Children's Health call for stronger monitoring, review and action systems in 75 countries that are responsible for more than 95% of the burden of child and maternal mortality in the world.[1] This provides an additional opportunity to further strengthen health information systems and mobilize joint support for a country-led platform for information and accountability in the context of the national health strategy.

13. Although the Secretariat's support to Member States remains focused on building country capacity for maximizing and making the best use of their own resources, considerable attention has been given to improving aid effectiveness. The regional offices for Africa, the Americas, Europe, South-East Asia and the Western Pacific have focused increased attention on the coordination of donors in the health sector and the alignment of their funds and activities with national health priorities and plans. In the Eastern Mediterranean Region, an assessment on aid effectiveness and donor coordination was conducted in eight countries. It will be used to develop a regional strategy. The International Health Partnership and related initiatives (IHP+), for which WHO and the World Bank jointly serve as secretariat, has become the umbrella under which many of the collaborative efforts to strengthen health systems and enhance aid-effectiveness are regrouped. These include the Health Systems Funding Platform, the Providing for Health initiative on social health protection (P4H), the collaboration to agree on a common monitoring and evaluation framework, the Global Health Workforce Alliance, the Harmonization for Health in Africa initiative, the Innovative Results-Based Financing grant and the Catalytic Initiative to Save a Million Lives. The key focus of IHP+ is to get more partners aligned with national health strategies and plans. There are now 55 IHP+ signatories, of which 30 are developing countries (six signed up during 2011). The independent review of IHP+ conducted during 2011 has reinforced the positive dynamic generated by the meeting held in December 2010 and has confirmed the future orientations of the partnership. Sixteen countries have signed memorandums of understanding or compacts, to guide collaboration with their partners; five more such memorandums are in preparation. There are monitoring and evaluation "road maps" common to all stakeholders in eight countries. In order to ensure mutual accountability, progress in meeting commitments made by agencies as well as by countries, is monitored annually by an independent consortium, "IHP+ Results". The round of monitoring conducted in 2011 covered 10 countries and 15 donors. The inclusiveness and attention for country ownership which characterizes the IHP+ way of working is now also becoming more visible in countries that are not IHP+ signatories.

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[1] *Keeping promises, measuring results: Commission on information and accountability for Women's and Children's Health*. World Health Organization, 2011, in press
(http://www.everywomaneverychild.org/images/content/files/accountability_commission/final_report/Final_EN_Web.pdf, accessed 20 March 2012).

B.   WHO'S ROLE AND RESPONSIBILITIES IN HEALTH RESEARCH (resolution WHA63.21)

14.   At its 130th session in January 2012, the Executive Board noted an earlier version of this progress report.[1]

15.   The present report summarizes the activities undertaken in the regional offices and headquarters in support of the implementation of the WHO strategy on research for health.

16.   In the African Region the Secretariat has begun work on guidelines that draw on the Framework for the Implementation of the Algiers Declaration to Strengthen Research for Health: Narrowing the Knowledge Gap to Improve Africa's Health.

17.   The Regional Committee of the Americas endorsed PAHO's policy on research for health in resolution CD49.R10.

18.   The development of a strategy on research for health was discussed at the Eastern Mediterranean Regional Advisory Committee for Health Research (Cairo, 18 and 19 October 2010) and at a subsequent expert consultation (Cairo, 5 and 6 June 2011). The Regional Committee for the Eastern Mediterranean at its 58th session (Cairo, 2–5 October 2011) endorsed in resolution EM/RC58/R.3 the strategic directions for scaling up research for health in the Region and their implementation.

19.   The Regional Office for the Western Pacific has concentrated on governance of research in the Region, strengthening the review of research ethics and the sharing of data to improve public health. It held a consultation of experts from the Region in order to make recommendations in these areas (Manila, 16–18 August 2011).

20.   The European Region has recently, as part of its operational planning exercise for the biennium 2012–2013, given high priority to research and the use of research evidence for policy-making. Activities include a formal reconstitution of the European Advisory Committee on Health Research, initiation of work on a regional strategy on research for health, and the establishment of a regional Evidence Informed Policy Network (EVIPNet).

21.   At headquarters, implementation of the strategy on research for health is harmonized with work on implementing the global strategy and plan of action on public health, innovation and intellectual property.[2] Main published outputs include: an overview of research activities associated with WHO, based on the results of a survey covering the period 2006–2007;[3] working definitions of operational research, implementation research, and health systems research in the context of research to strengthen

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[1] See documents EB130/35 and EB130/2012/REC/2, summary record of the thirteenth meeting, section 5.

[2] See document A65/26 (C).

[3] Terry RF, van der Rijt T. Overview of research activities associated with the World Health Organization: results of a survey covering 2006/07. *Health Research Policy and Systems* 2010, **8**:25 (http://www.health-policy-systems.com/content/8/1/25, accessed 23 February 2012).

health systems;[1] and a checklist for health research priority setting, comprising nine common themes of good practice.[2]

22.   The Sixty-second World Health Assembly deferred consideration of the WHO strategy on research for health to the Sixty-third World Health Assembly,[3] which, in resolution WHA63.21, endorsed that strategy. In its draft form as well as after its endorsement, it has been used to guide the development of the research agenda in several technical areas, including influenza, foodborne diseases, radiation risks, vaccines and social determinants of health. The draft strategy was used in WHO's report on women and health to develop a six-point agenda for a gender-based approach to research.[4]

23.   A code of good research practice for staff and research associated with WHO has been drafted and, when finalized, will be included in the WHO eManual.

24.   The Secretariat has updated WHO's *Operational guidelines for ethics committees that review biomedical research.* The new publication is entitled *Standards and operational guidance for ethics review of health-related research with human participants.*[5]

25.   The Secretariat is participating in the work of a group of major international funders of public health research that have committed themselves to working together in order to increase the availability of data emerging from their funded research. The overall aim is to accelerate advances in public health.

26.   The Secretariat is developing a method that has the potential to enable more automated mapping of global health research investments through the establishment of a research classification and translation mechanism. That advance would support future efforts in mapping data on resource flows for research and development in order to facilitate identification of gaps and to contribute to planning and coordination.

27.   The UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases convened meetings of disease-focused and thematic groups in order to examine needs and challenges with respect to research on neglected diseases and options for action. The first in a series of global biennial reports on infectious diseases of poverty is scheduled to be published in April 2012.

28.   The concepts and frameworks set out in the strategy will be developed further in *The world health report 2012*, whose theme will be research for health.