HEALTH SYSTEMS AND SERVICES
ANNUAL REPORT 2009

World Health Organization

Contents

Acronyms

ADB	African Development Bank
CDC	Centers for Disease Control and Prevention
GAVI	The Global Alliance for Vaccines and Immunization
HSS	Health Systems and Services
IHP+	International Health Partnership and Related Initiatives
ILO	International Labour Organization
MDGs	Millennium Development Goals
NHA	National Health Accounts
OECD	Organisation for Economic Co-operation and Development
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund

Courtesy of Dr Julio Guibert

Health Systems and Services (HSS) - Introduction

The context

Health systems today struggle to meet the health challenges of an increasingly globalized, urbanized, and ageing world. In every region, people are calling for better services and greater coverage. The financial crisis has further highlighted the need to boost effectiveness, improve efficiencies and eliminate inequalities. And as we edge ever closer to 2015, it is increasingly clear that real and sustained progress towards the Millennium Development Goals of reducing maternal and child mortality and tackling AIDS, TB and malaria will depend on the existence of strong health systems.

A range of actors, state and non-state, are responding to these challenges. As governments focus on enhancing their own health systems and services, awareness has grown within the global health community that robust health systems are key to making and sustaining improved health outcomes. This is evidenced by a welcome increase in focus on health systems from key development partners, including the World Bank, GAVI, and the Global Fund.

WHO's role

A trusted partner with contextual knowledge and long-term presence in countries, technical expertise and a wealth of evidence-based information, WHO receives new requests from Member States every year for technical assistance, policy guidance, and expert advice.

To respond, the Organization's Health Systems and Services cluster (HSS) works with other headquarters clusters, regional and country offices, and a growing number of external partners. The aim: to provide the best possible technical and policy support, backed up by the best available evidence, to all countries in order to strengthen health systems and improve health outcomes.

In recent years, WHO has focused on accelerating efforts to strengthen the health system building blocks defined in Everybody's Business (WHO, 2006): service delivery; health workforce; information; medical products, vaccines and technologies; financing; and leadership and governance and ensuring that the blocks function in an interconnected fashion.

What is new?

This work remains critical, and this report provides a snapshot of some of the cluster's activities and achievements over the past year - as planned at the beginning of the 2008-09 biennium. But it has now become clear that strengthening the building blocks is not enough on its own. In May 2009, Member States agreed a World Health Assembly resolution on Primary Health Care (PHC), as a prerequisite for health system strengthening. The resolution requests WHO's Director-General to ensure that "the overall efforts across all levels contribute to the renewal and strengthening of primary health care" and calls on the Organization to prepare implementation plans for the four policy directions described in The World Health Report, 2008:
- Movement towards universal coverage
- Putting people at the centre of service delivery

Our Vision

A world where all people in all places have access to quality health care and live longer, healthier lives as a result.

WHO/Max Tello

Health Systems and Services (HSS) - Introduction

- Multisectoral action and health in all policies
- Inclusive leadership and effective governance for health

This has led the HSS cluster to reappraise and reprioritize its work through a primary health care lens. Over the next years, we will work with other clusters within WHO headquarters, as well as regional and country offices and external partners to:

- Remove financial barriers to access to health services, and strengthen the health workforce, particularly in rural and other underserved areas, as well as improve coverage of essential medicines and technologies.
- Ensure that health systems deliver services in ways that better address all people's real needs and expectations – particularly those of women and children. Our goal is to identify where and how changes need to be made in terms of service delivery and governance, as well as workforce training, retention, and deployment.
- Establish and implement policies to support universal coverage and effective service delivery.
- Initiate policy dialogue between key stakeholders and harmonize processes at international, national, and district level, and capacity building at country level – within WHO and health ministries – including in the area of compiling evidence to inform decision making.

For more information: **www.who.int/heathsystems**

WHO/Max Tello

Since November 2007, the HSS cluster has comprised five departments. These departments focus on five of the six health systems building blocks: human resources for health; health financing; service delivery and leadership/governance; essential health technologies, and essential medicines. While all departments undertake information generation, analysis and dissemination activities, the Information, Evidence and Research (IER) cluster has an explicit focus on the information building block. The HSS cluster also houses the secretariats for the International Health Partnership, the Global Health Workforce Alliance, and the Alliance for Health Policy and Systems Research. The Assistant Director General's Office provides support to all departments in the areas of management, communications, and resource mobilization.

Human Resources for Health (HRH)

The Human Resources for Health (HRH) Department aims to support the establishment at adequate numbers of motivated, well-supported and managed health workers in all countries, so that all populations can access quality health services nearby.

Code of practice on the international recruitment of health personnel

In 2004, World Health Assembly resolution 57.19 requested the Director-General to develop "a code of practice on the international recruitment of health personnel". WHO, the Global Health Workforce Alliance and the Health Worker Migration Policy Initiative subsequently worked together to coordinate drafting the code.

The draft was discussed at WHO's Executive Board in January 2009. Board members agreed to place the issue on the agenda for 2009 WHO Regional Committee meetings. The Secretariat prepared a background paper and all six Regional Committees expressed support for the process. In January 2010, the WHO Executive Board will decide whether the code should be discussed in the World Health Assembly in May 2010.

Technical cooperation with countries

In its work to help countries identify and pursue strategic directions, WHO works to build the capacities required to guide and implement human resources for health (HRH) development, emphasizing the strengthening of HRH governance capacities and mechanisms. Activities include assessment and strengthening of HRH units and enhancing professional leadership. For example, studies on mapping health management workforce were completed in selected African and Eastern Mediterranean countries in 2009.

Case studies on aid effectiveness were undertaken to better understand the resource flow to – and utilization of – health workers, in order to facilitate policy dialogues in countries, with a view to increasing investment in the health workforce.

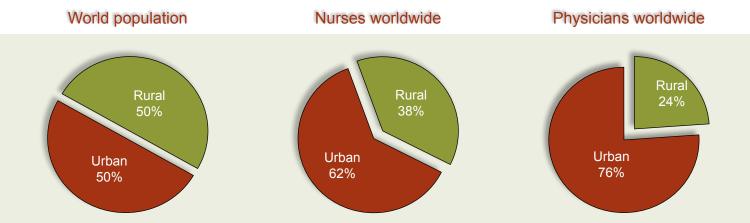The Organization also helps countries develop education and training capacities for health workers: in 2009, the African HRH Development Master's programme (delivered through a consortium of three schools in sub-Saharan Africa) took in its first students.
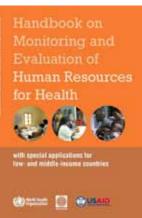
Norms and guidelines for HRH development

In recent years, WHO and its partners have developed a critical mass of evidence-based guidelines and recommendations. The aim is to support countries and implementers and to guide donors, bilateral partners, global health initiatives and others investing in human resources for health, in order to remove bottlenecks for HRH development. To help countries implement the guidelines, WHO facilitates and supports technical networks: these include the Health Professions Global Network, WHO Collaborating Centers for Nursing and Midwifery Development, Health for All 2015, and the Global Leadership Collaborative.

In 2009, WHO developed a set of global recommendations for retention of health workers in remote and rural areas, as well as models for inter-professional collaboration in education and practice. The recommendations aim to help

World population

Nurses worldwide

Physicians worldwide

Human Resources for Health (HRH)

countries improve access to committed health workers in underserved areas by providing incentives for health workers to stay and work in these areas, as part of WHO's focus on renewing primary health care. Country case studies were published to collect first-hand information from the field, and the recommendations went through several stages of consultation and refinement. WHO plans to launch the recommendations by mid-2010 for country implementation.
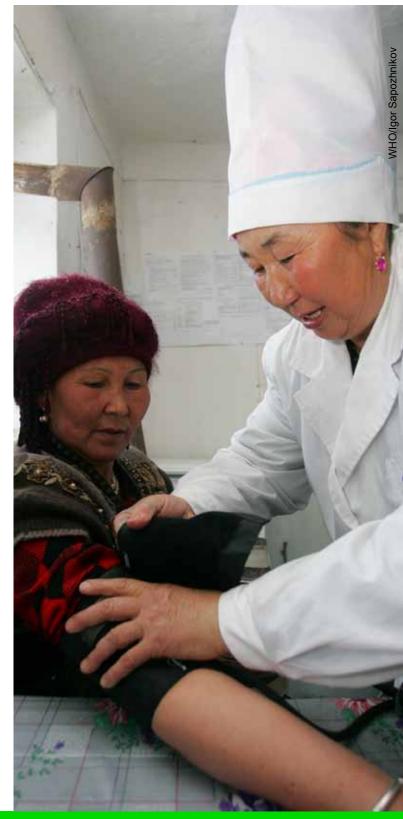
HRH strategic information and policy dialogue

HRH observatories provide a mechanism for improving information, research, evidence, strategy and plan development and policy dialogue. Some 35 countries in three regions (the Americas, Africa, and the Middle East) now have national HRH observatories. Activities focus on strengthening regional and national observatories and their global networking and providing data and information exchange to support health policy decision makers, researchers, health professionals and health care managers to build sustainable solutions to health workforce challenges.

WHO continues to monitor global health workforce dynamics. The Global Atlas of the Health Workforce provides data on the health workforce situation for all 193 WHO member States, and was most recently updated in August 2009. This includes statistics on the absolute numbers (stock), distribution and skills mix of health workers for up to 18 occupational categories, depending on data availability. The Atlas also now has an advanced query feature that enables users to view the health workforce data by the 57 HRH crisis countries.

A new handbook on HRH monitoring and evaluation, with special application for low- and middle-income countries documents methodologies and shares experiences in measuring and monitoring human resources for health. The aim is to encourage countries and partners to build upon these experiences; and to compile recommendations for ministries of health and other stakeholders for health workforce monitoring and evaluation.

For more information: **www.who.int/hrh**

WHO/Igor Sapozhnikov

From the Global Atlas of the Health Workforce
Today, increasing attention is being paid to monitoring the mix between specialist and generalist physicians, as a tracer for assessing health workforce policies, with the goal of relocating the health system entry point from specialized services to generalist ambulatory care in close-to-client settings. An extract of 2005 data showed a wide range, between countries: from less than 10% specialist and more than 90% generalist physicians in Sri Lanka, compared to the reverse – more than 90% specialist and less than 10% generalist physicians – in Egypt.

Health System Financing (HSF)

The Health System Financing (HSF) Department works to develop health financing strategies and systems so that countries can attain and maintain universal coverage.

This includes helping countries develop financing systems by:
- Raising sufficient resources for health, often through a combination of domestic and external sources;
- Reducing financial barriers to using services, through some form of financial risk protection. This requires raising a high proportion of domestic funds through prepayment and pooling.
- Making more effective, efficient and equitable use of the funds that are available including, but not exclusively, through contracting policy and strategies.

In 2009 two new areas of work emerged:

The financial crisis: WHO established mechanisms to obtain regular updates from countries on the perceived impact of the crisis -including changes in the availability and prices of medicines. This provided the basis of additional work to identify what can be done to alleviate any negative effects on health. WHO also reviewed and disseminated evidence on the impact of previous crises on health as a way of allowing countries to anticipate potential problems. This formed the basis of three background documents presented to the Executive Board, the WHA and the meeting of WHO country representatives in 2009.

High Level Task Force on Innovative Financing for Health Systems: WHO was responsible for much of the costing and resource gap estimates used in Working Group 1 of the task force report. It was also represented in Working Group 2, which assessed the potential of innovative mechanisms designed to fill the gap.

Country support

WHO provided technical support to 17 countries in five regions in: assessing the current level of financial risk protection, developing methods for priority setting when resources are scarce, strengthening prepayment and pooling mechanisms, and developing contracting policies and strategies.

The Organization provided capacity building support to more than 20 countries in identifying the extent of financial catastrophe and impoverishment linked to out of pocket payments, ways of tracking health expenditures, costing, and assessing the institutional constraints and opportunities in financing policy.

The most comprehensive and consistent data on health financing are generated from national health accounts (www.who.int/nha), which collect expenditure information within an internationally recognized framework. WHO has been collecting data from these sources for more than 10 years. According to these data, globally in 2006, expenditure on health was about 8.7% of gross domestic product, with the highest level in the Americas at 12.8% and the lowest in the South-East Asia Region at 3.4%. This translates to about US$ 716 per capita on the average but there is tremendous variation, ranging from a very low US$ 31 per capita in the South-East Asia Region to a high of US$ 2636 per capita in the Americas. The share of government in health spending varies from 76% in Europe to 34% in South-East Asia.

Partnerships: Highlights from 2009

● Providing for Health (P4H): to leverage additional technical support to countries seeking to develop their health financing systems, WHO collaborates with Germany, France, ILO and the World Bank on P4H. (More information)

● Collaboration with OECD on the document "Improving Lifestyles, Tackling Obesity: the Health and Economic Impact of Prevention Strategies".

● Joint development of a background document on a social protection floor with ILO; one of the UN responses to the financial crisis, jointly led by ILO and WHO.

● Collaboration with the Economic and Social Commission of the UN (ECOSOU): WHO wrote "Financing strategies for health care", the background document for the Regional Preparatory Meeting on Financing Strategies for Health Care, ECOSOC Annual Ministerial Review, Colombo, Sri Lanka, 16-18 March 2009. (More information)

● Partnership with OECD and the Statistical Office of the European Commission (Eurostat) on a revision of the system of health accounts, due for release in 2010.

WHO/Christopher Black

Health System Financing (HSF)

● HSF also collaborated with a large number of the technical departments in WHO on aspects related to their work. This mostly involved costing or tracking expenditures, particularly for the departments linked to the MDGs.

● Continued to play a key role in development of the Unified Health Model (UHM), the first all-encompassing joint UN tool to support country level planning processes for health. Managed by the UN Intra-agency working group* on health economics established in early 2008, the UHM is specifically designed to strengthen aspects of costing, budgeting, financing and strategy development of the health sector in developing countries. By looking at the full health system and leveraging the best components of different existing tools, the UHM will be the first fully integrated model to allow for linking disease-specific costing to the different health system building blocks, and incorporate epidemiological models used by UN epidemiological reference groups in order to estimate impact. The first phase of field testing is planned for spring 2010. (*The IAWG is composed of WHO, UNICEF, World Bank, UNAIDS, UNFPA, and UNDP.)

Publications

As well as technical briefs for policy makers, discussion papers, policy highlights, and peer-reviewed articles, WHO published:

● The impact of results-based financing in five African countries, jointly with the Royal Tropical Institute, Amsterdam and the Dutch NGO, CORDAID.

● A review of the literature on performance-based financing with the same partners.

● WHO guide to identifying the economic consequences of disease and injury.

● "Constraints to scaling up health related MDGs: costing and financial gap analysis", background to the Working Group 1 report to the Taskforce on Innovative International Financing for Health Systems.

● 2009 update of key health expenditure figures for WHO Member States after country consultations (updated to 2006 with preliminary estimates for 2007).

For more information: **www.who.int/healthsystems/ topics/financing**

WHO

Health financing for universal coverage
Universal coverage, as defined in the 2005 World Health Assembly (WHA) resolution on sustainable health financing (WHA58.33), requires financing systems that allow all people access to needed services while protecting against the financial risks associated with using services. Universal coverage was then identified as one of the four guiding principles of primary health care (PHC) in the World Health Report of 2008 and in the 2009 WHA resolution on Primary Health Care (WHA62.12).

Health System Governance and Service Delivery (HDS)

The Health System Governance and Service Delivery (HDS) Department aims at aligning country policies with the values and principles of primary health care, specifically with the four policy directions that constitute the renewal of PHC: moving towards universal coverage, promoting people-centred service deliverey, health in all policies, and more inclusive health governance. It supports Member States in strengthening their health policies, strategies and plans, and institutions to achieve balanced improvements across a range of health services and management, quality and safety of health services, and on contributing to the debates on aid effectiveness in health.

Supporting Member States to develop comprehensive national health plans based on primary health care values

To enhance WHO support to country health sector strategy and national health planning processes, a framework was developed describing areas where the Organization can bring added value to national health planning processes. In collaboration with AFRO, the countries of Benin, Burkina Faso, Niger, Rwanda, Sierra Leone and Togo, among others, were supported in reviewing their national health plans.

Additionally, WHO organized a series of intercountry capacity building workshops in Cairo, Nairobi, Ouagadougou, Dakar, Sharm-el-Sheik and Manila focused on supporting low-income countries to develop comprehensive national health plans and help them mobilize additional resources for health systems strengthening, in particular from GAVI and the Global Fund. Implementation of national health strategies and assessing health systems performance were also core topics at these workshops.

Over the past year, WHO has participated in all coordination and technical support activities for the Global Fund and GAVI. This included regular review, update and publication of technical guidance materials for Global Fund health system proposal development, technical input to the Global Fund Technical Review Panel, technical pre-review of all country applications to GAVI for health system strengthening grants, technical support to the Independent Review Committees of the GAVI support windows and technical support on professional recruitment for GAVI staff for work on health system strengthening. WHO also facilitated workshops on health system strengthening in the following countries supported by GAVI: Bolivia, Burkina Faso, Egypt, Gabon, Malawi, Niger, Nigeria, Philippines, South Africa, and Zimbabwe. Thirty-four countries submitted a health systems component for Global Fund Round 9. Half of these proposals were approved, for $363 million in funds. In almost all cases, WHO supported the proposal through a direct review or regional peer-review workshop.

Furthermore, direct support from WHO helped a range of countries in sub-Saharan Africa, the Eastern Caribbean, Eastern Europe and South and South-East Asia develop national healthcare infrastructure and technology policies and build institutional and technical capacity for sustained implementation.

Supporting Member States to improve the organization and management of good quality health services

WHO promoted improving health management capacities in low-income countries in various fora, such as the East Central Southern Africa Health Community (ECSA). The Africa Health Leadership and Management Network (AHLMN) was supported in setting up a Secretariat and starting an electronic community of practice and list service.

In collaboration with AFRO and EMRO, direct technical support was provided to selected countries for assessing their managerial capacities e.g. Sudan. Together with HRH Department, a joint document on the assessment of Health Management Workforce in the United Republic of Tanzania, Ethiopia and Ghana was published in October 2009.

WHO's Integrated Healthcare Technology Package (iHTP), a health services resource planning tool, promises to make an important contribution to rational resource planning in countries. It has already been used in the Democratic Republic of Congo to identify the resource base and costs of a standardized district health package based on the country's national health plan.

A new scientific group is reviewing evidence on the impact of health care commercialization on health. This includes assessing the global and country level dynamics of commercialization, developing the research agenda in this area, and developing tools to influence policies.

WHO/Olli Häkämies

Health System Governance and Service Delivery (HDS)

Working with other partners to strengthen health sector policies, strategies and institutions

The International Health Partnership (IHP+) is managed by a small joint WHO/World Bank team based in Geneva and Washington.

In 2009, IHP+ membership grew to 43 members. Uganda, Rwanda, the Niger, Djibouti, Democratic Republic of Congo, Burkina Faso, Senegal, and Benin joined the group of partners, who share a common interest in strengthening health systems for achieving better health outcomes by putting the Paris aid effectiveness principles into practice. Additionally, commitments to join from Belgium, Spain, and Togo will be formalized in early 2010.

A ministerial review held in February 2009 identified six areas for improvement: in-country collaboration; development of a common approach to in-country assessment of national health strategies; changing behaviours to deliver on commitments described in country compacts; stronger mechanisms for mutual accountability; increased civil society engagement, and harmonization of procurement policies. Five months later, an interagency group presented the partnership with a draft tool and guidelines for conducting Joint Assessments of National Strategies. The first assessments will be done by a few interested countries starting in 2010. The partnership has also started monitoring progress against commitments laid out in IHP+ global and country compacts. A set of 'scorecards' will be produced for all development partners, based on reviews of progress at country and global level.

Complementing this work, over the past two years, the Positive Synergies research effort has established internationally agreed recommendations to ensure that health systems support and global health initiatives each reinforce the impact of the other's work.

For more information:

www.who.int/management

www.who.int/healthsystems/topics/stewardship

www.internationalhealthpartnership.net

WHO/Christopher Black

Responding to Member States: support to national health planning
WHO is faced by ever-increasing demand from countries for support in developing, implementing and monitoring national health plans. In the last quarter of the year, the organization led a review of 132 national health plans. The review revealed that 48 of the countries reviewed enter new phases of their health planning cycle in 2010, offering an important opportunity to maximize the impact of that support. In December, WHO and partner agencies carried out a country-by-country review of current support and challenges and future needs, and discussed different technical support models agreeing to align future support with countries' national health planning cycles.

Essential Medicines and Pharmaceutical Policies (EMP)

The Essential Medicines and Pharmaceutical Policies Department (EMP) supports the achievement of the health-related Millennium Development Goals by assisting governments and organizations to ensure equitable access to effective and safe medicines of assured quality, and the rational use of medicines by prescribers and consumers. This work is based on principles of equity and sustainability, the needs of the poor and disadvantaged, and the attainment of the highest possible standard of health as a fundamental right, as described in the WHO Constitution and the Universal Declaration of Human Rights.

The activities highlighted here illustrate just some of the work done by the department over the past year.

Reducing child mortality – improved access to essential medicines for children

Launched in 2007, the 'make medicines child size' initiative aims to improve access to safe, effective, quality essential medicines suitably developed for use in children. In 2009, WHO, UNICEF and other partners have improved access to children's medicines to treat the biggest killers of children.

One example: The recommended treatment for diarrhoea in children is oral rehydration salts and zinc. In a 2006 survey of 14 African countries, zinc was included on the Essential Medicines List (EML) in only 3 of the 14 countries, and was available in just 1 of the 12 facilities sampled in 5 of the 14 countries. WHO has since worked with countries to add zinc to their EMLs, and added zinc to the WHO Prequalification of Medicines Programme to encourage manufacturers to make a reliable, quality zinc product for children.

The survey will be repeated in 2010 to establish whether the availability of zinc has improved.

Ensuring quality of medicines – the prequalification seal of approval

In 2009, working with national medicines regulatory authorities in Kenya, the United Republic of Tanzania, Uganda and Zambia, WHO concluded the pilot phase of an activity to sample and monitor the quality of paediatric and second-line antiretrovirals and co-trimoxazole, for treating HIV/AIDS, purchased with UNITAID funds. First results show that the quality of antiretroviral medicines in Africa is very good, largely due to the support of the WHO Prequalification of Medicines Programme.

Similar sampling and testing activities were conducted for antimalarials in selected African countries, and initiated for antituberculosis medicines collected in Armenia, Azerbaijan, Belarus, Kazakhstan, Ukraine and Uzbekistan – countries with high levels of multidrug-resistant TB and extensively drug-resistant TB.

In 2009, a total of 44 products were prequalified: seven for TB, seven for influenza, three for malaria, three for reproductive health, and the remainder for HIV/AIDS.

WHO

Essential Medicines and Pharmaceutical Policies (EMP)

Towards patient centred care – rational use of medicines

Inappropriate use of prescription medicines is a global public health problem. In 2009, the Rational Use of Medicines Programme released "Medicines use in primary care in developing and transitional countries", a fact book summarizing results from studies of medicines use reported between 1990 and 2006.

The Rational Use of Medicines Programme toolkit covers training, monitoring and policy guidance. A new addition to the kit is a tool to enable national stakeholders to rapidly appraise their own health systems in order to make evidence-based recommendations and reforms on rational use of medicines for inclusion in national health plans.

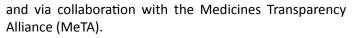**On the front lines – WHO national medicines advisers**

There are 51 national medicines advisers working in 46 countries around the world.

WHO works with a network of regional and national medicines advisers – front-line medicines experts who improve collaboration between stakeholders. A 2009 review shows that countries with WHO national medicines advisers are more likely to undertake pharmaceutical reforms; endorse regulatory guidelines; carry out pricing and availability studies; have updated national drug policies and essential medicines lists; higher availability of medicines in the public sector; and engage in capacity building activities to strengthen health systems.

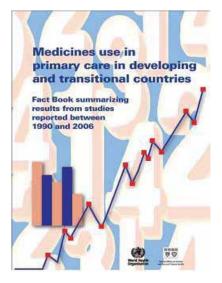**Strengthening Good Governance for Medicines**

WHO works to improve governance in the pharmaceutical sector through two complementary initiatives, the WHO-led Good Governance for Medicines programme (GGM)

and via collaboration with the Medicines Transparency Alliance (MeTA).

Demand for the Good Governance for Medicines programme has been higher than envisaged when it started as a pilot in 2004. Now active in 26 countries, the programme is helping countries realize the public health benefits of improving transparency and trust in the public health system, as well as helping their limited health care resources go further.

Innovative public health thinking

Anti-venoms for snake bites: For many people, being bitten by a venomous snake means death or at the least a lifetime of devastating disfigurement and disability unless they can get the appropriate snake antivenom sera in time. WHO is working to improve the production of and access to appropriate anti-venoms in areas of greatest need, as most production of such antisera from industrialized countries has stopped.

Access to controlled medicines: Controlled medicines, including opioid medications used to treat emergency obstetric care, epilepsy, moderate to severe acute and chronic pain, and opioid dependence (e.g. heroin dependence), are not available in many parts of the world. WHO is working to improve access to essential opioid medicines by addressing legislative, administrative, policy and awareness issues that act as barriers to access.

Combating counterfeit medicines: The prevalence of fake medicines on the global market is a growing public health concern that has dangerous implications. WHO is working with multiple stakeholders to curb this problem, which cannot be resolved by national medicine regulatory authorities alone.

For more information: **www.who.int/medicines**

Facts:
- Less than half of all patients were treated according to clinical guidelines in primary care;
- Less than 60% of children with diarrhoea received oral rehydration therapy and more than 40% received antibiotics unnecessarily;
- Only 50-70% of pneumonia cases were treated with appropriate antibiotics, yet more than half of viral upper respiratory tract infection cases receive antibiotics inappropriately.

Essential Health Technologies (EHT)

The Essential Health Technologies (EHT) Department works to ensure access to technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use.

Essential Health Technologies (EHT)

Health technologies are developed to solve a health problem and improve quality of life. From surgical and other procedures, including blood transfusion and organ transplantation, to X-ray and CT scanning machines and safety-engineered syringes, health technologies are indispensable as part of the services health systems can offer to help prevent, diagnose and treat disease and alleviate disability and functional deficiency. Improving access to safe and effective health technologies relies on policies for selection and management based on scientific evidence, and sing best practices for organizing and managing their use.

The role of the district hospital in primary health care renewal

In line with other HSS work initiated in 2009 to support improved hospital management and service delivery, a meeting of experts was held to coincide with the 36th World Hospital Congress in Rio de Janeiro, Brazil in November. Participants reviewed the status of existing WHO guidelines and country experiences regarding the district hospital, and agreed a plan of action for the future.

Blood Transfusion Safety

In March 2009, WHO convened an expert consultation on Universal Access to Safe Blood Transfusion through a Primary Health Care Approach in Sharjah, United Arab Emirates. Country assessments in Mongolia, Nepal, and Pakistan will lay the foundation for the development of national strategic plans.

WHO is helping strengthen blood transfusion services in Ethiopia, Guyana, Haiti, and Namibia under a technical co-operation agreement with CDC/PEPFAR. WHO is also providing technical support for blood cold chain systems in Burkina Faso, Lao People's Democratic Republic, Mali, the Niger, Senegal and Viet Nam.

In June 2009, a Global Consultation on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components, took place in Melbourne, Australia. The aim: 100% voluntary non-remunerated donations by 2020. At last survey (2007),

57 countries reported collecting 100% of their blood supplies from voluntary unpaid donors.

Training workshops on screening blood for transfusion-transmissible infections (TTIs) were held for 12 African countries and for 16 countries in the South-East Asia and Western Pacific regions. Along with recommendations published in 2009, these will feed into development of national programmes in this area.

To support countries in establishing national haemovigilance systems, the Global Steering Committee on Haemovigilance (GloSH) was constituted as a collaborative activity of WHO, Canada, the International Haemovigilance Network, International Society of Blood Transfusion, and other key partners.

Human cells, tissues and organ for transplantation (CTO)

The updated WHO Guiding Principles on Human CTO Transplantation have been conveyed with WHA Resolution 124.R13 to authorities and professionals through consultations organized in collaboration with regional offices in South-East Asia, Africa, Europe, and the Western Pacific. Progress in the legislative and implementation process for legal frameworks for CTO donation and transplantation have been noted in countries from all regions. For example, an ordinance was confirmed as a bill in Pakistan in late 2009 and regulations were adopted in countries such as Japan, Mali, the Philippines, Israel and Colombia. Egypt is expected to adopt a law soon.

Two global workshops in collaboration with Spanish transplantation authorities have led to progress in the global harmonization of CTO donation from deceased donors.

WHO contributed to the Joint Council of Europe/United Nations study "Trafficking in organs, tissues and cells and trafficking in human beings for the purpose of the removal of organs", launched in October at UN Headquarters in New York.

WHO is leading vigilance and surveillance for cells and tissue for transplantation in the EU-funded EUSTITE project. Criteria for reporting adverse events and reaction and assessment tools, including risk analysis and guidance for response were developed and field tested by regulatory authorities

Courtesy of Dr Luis Ricaardo Herrera

Essential Health Technologies (EHT)

in 20 countries. In 2010, WHO will publish global tools and recommendations on the management of vigilance and surveillance in transplantation.

Diagnostics and Laboratory Technology

The WHO prequalification of diagnostics programme aims to increase access to affordable priority diagnostic technologies of assured quality that are appropriate for use in resource-limited settings. WHO is reviewing over 80 applications received in 2009.

Activities are under way to build and strengthen regulatory capacity and post-market surveillance capacity for diagnostics in Burkino Faso, Côte d'Ivoire, South Africa and the United Republic of Tanzania.

The technical working groups on CD4 and viral load technologies met to select candidate technologies for prequalification and finalize the WHO laboratory evaluation protocol. Manufacturers will now be invited to submit products for WHO prequalification. Meanwhile, the WHO technical working group on HIV incidence assays met twice to review and harmonize the analytical approach of HIV incidence measurement and to provide guidance on appropriate use of these assays.

WHO reviewed current diagnostic quality assurance (QA) practices worldwide and analysed procurement data in support of the development of a Global Fund QA policy for diagnostics. To ensure reliability of laboratory results, WHO continues to provide external quality assessment schemes and guidance on maintenance of equipment to Member States to assess and improve the performance of diagnostic services.

Diagnostic Imaging and Medical Devices

WHO reviewed and produced a number of guideline documents and tools for health technologies in 2009. Topics include policy setting and planning for health technologies and their management. Specific guidelines are now being developed for needs assessment, gap analysis, investment planning, medical device regulations, procurement and donation practices, preventive and corrective maintenance, and technical inventory management.

A number of WHO departments have worked together and with external partners, such as the International Atomic Energy Agency (IAEA), to propose a framework for a common radiation protection forum.

WHO issued a call to the scientific and business communities to identify innovative technologies addressing health problems in low- and middle- income countries. The selection process will take place in 2010.

Now in its tenth year, the Safe Injection Global Network (SIGN) expanded its work in 2009 to include safe phlebotomy practices, and developed a guideline on best phlebotomy practices. Training workshops on best injection and phlebotomy practices were held in 17 African countries and 12 Eastern Mediterranean countries. SIGN also welcomed to its membership the International Federation for Infection Control (IFIC), Infection Prevention and Control Africa Network (IPCAN), and Safe Health Care Observer. A working group will be established in 2010 to develop a strategy for increasing community involvement in the area of injection quality and safety.

Emergency and Essential Surgical Care

WHO's Emergency and Essential Surgical Care (EESC) programme aims to strengthen emergency, anaesthesia and surgical services for injuries, disasters, pregnancy-related complications and other surgical conditions. In 2009, the programme provided technical support in scaling up frontline health providers in life-saving and disability-preventive surgical care.

The Global Initiative for EESC held its bi-annual meeting in Ulaanbaatar, Mongolia in June 2009 with over 100 participants representing health ministries, WHO country offices, local and international organizations, NGOs, and academia. The resulting road map for 2010-2011 and strategic plan will support countries towards strengthening this area.

The WHO Integrated Management for Emergency and Essential Surgical Care (IMEESC) toolkit has now been introduced in 36 low- and middle-income countries through joint WHO-ministry of health training workshops.

For more information: **www.who.int/eht**

WHO/Max Tello

Regional Office for Africa (AFRO)

Health systems in the African Region remain generally weak, hampering the achievement of better health outcomes. Major weaknesses include: health sector performance gaps and ineffectiveness in addressing the main health challenges, inequities in access to health services, lack of quality in health care, low efficiency in the use of scarce human and financial resources and low institutional capacity to effectively coordinate donors' support.

To address these key issues and respond to Member States' requests, the WHO Regional Office for Africa continued to provide support to countries based on the Ouagadougou Declaration on Primary Health Care (PHC) and Health Systems, its own regional Resolution (AFR/RC58/R3) and the global Resolution (WHA62.12) on PHC including strengthening health systems.

Main achievements

Over the last two years the WHO African Region renewed interest on PHC as an approach to strengthen health systems in order to contribute to the attainment of health related Millennium Development Goals. In this vein, an international conference on Primary Health Care and Health Systems was successfully co-organized by WHO, UNICEF, UNFPA, UNAIDS, ADB and World Bank and hosted by the Government of Burkina Faso in April 2008. Member States shared their experiences and strongly endorsed the values and principles of PHC. The "Ouagadougou Declaration on Primary Health Care and Health Systems in Africa: Achieving Better Health for Africa in the New Millennium" was adopted and later endorsed by the 58th Regional Committee. A generic framework for the Declaration's implementation was adopted by the 59th Regional Committee held in Kigali in September 2009.

The Regional Office continued to support Member States to revise or develop their national health policy and health strategic plans. Botswana, Eritrea, Malawi, and Uganda developed or reviewed their national health policy (NHP); Benin, Chad, Cote d'Ivoire, Eritrea, Guinea Bissau, Sierra Leone, Swaziland, Togo and Uganda were supported to develop or review their national health strategic plan (NHSP).

Thirteen countries were supported to strengthen capacities of their district health systems in areas such as planning, management, integration of activities, supervision, and monitoring and evaluation.

In terms of building capacity among both WHO staff and other key staff in countries, health professionals from nine countries were trained on health systems diagnostics and monitoring performance of health systems. In the same context, 135 national health professionals in all 17 countries in Intercountry Support Team West Africa were trained in monitoring and evaluation of health systems performance through workshops held in the Niger, Senegal and Nigeria. Two annual planning and review meetings have been organized for the 18 countries of Eastern and Southern Africa to review implementation and facilitate integrated planning.

In this context of global health initiatives, a total of 22 countries have been supported for Round 8 and Round 9 Global Fund proposal development and five countries for Global Fund review, particularly for their health system strengthening components. Also, nine countries were supported in the development of GAVI HSS proposals, seven of which were approved.

A total of 159 people from 26 countries were trained at various workshops on National Health Account (NHA) methodology, data collection tools, data collection, data analysis and report writing. Technical support was provided to 14 countries for conducting NHA studies, and eight of those countries produced their NHA reports during the biennium. Seventy-three persons from 18 countries were trained on NHA institutionalization and 14 of those countries developed a plan of action (2010-2013) for institutionalization and harmonization of NHA in Western African countries. In general, all countries that have undertaken NHA studies use the results to guide health sector reforms.

Nine countries were supported in developing their human resources for health (HRH) policies and strategic plans. Progress has been made for establishing country level HRH observatories to generate evidence.

For more information: **afro.who.int**

WHO/Max Tello

Regional Office for the Eastern Mediterranean (EMRO)

In the Eastern Mediterranean Region (EMR), the strategic objectives under strengthening health systems are guided by the values and principles of primary health care (PHC), and strengthening health systems is a priority in all country cooperation strategies and biennial plans. In an effort to translate the commitments made for the renewal of PHC in the Qatar Declaration, all Divisions of the Regional Office together developed a six-year strategic plan (2010-15).

Highlights from 2009

Support was provided to improve health system governance through evidence-based policy-making and better regulation and management of public-private mix in service provision. Use of analytical tools was promoted through training and institutional strengthening at national and sub-national levels. Academic institutions were invited to contribute in rolling out the health system strengthening literacy workshop, now in its fifth year, to support policy- and decision-makers.

Research activity in five countries focused on aspects of health care financing. Other countries were supported to develop household expenditure and utilization surveys in order to better capture health expenditure and assess the contribution of various partners in service delivery. This data will be used for national health accounts analysis and to refine options for health care financing. Mapping of social health protection has shown the limitations in coverage, and efforts are being made to promote pre-payment schemes and reduce the high level of out-of-pocket expenditures.

Extensive technical support was provided to countries eligible for funding under global health initiatives. All six GAVI eligible countries in the EMR received assistance under the HSS window and four of the Global Fund eligible countries incorporated HSS components in their proposals for HIV/AIDS, Tuberculosis and Malaria. In addition, the regional office is actively engaged in developing capacity in health systems and in closely monitoring the implementation of HSS components in these countries. Recently, Djibouti became the first country in the EMR to join the IHP+.

Technical support was provided in developing national and regional human resource observatories and in strengthening institutional set-ups dealing with strategic thinking in planning and management of human resources. Countries were also supported to improve the quality of nursing production and promote leadership in nursing. The movement for accreditation of training institutions was further supported through partnership with centers of excellence and innovative approaches to health personnel education.

Technical cooperation in service delivery focused on quality assurance and improvement and patient safety. In addition to supporting various research activities, specific attention was paid to assessing hospital performance as part of efforts aimed at improving health system efficiency.

Rational selection and use of health and biomedical technology remains a regional priority. Efforts were made to increase access to essential medicines, particularly in low- and some middle-income countries through appropriate funding and promotion of generics. Capacity-building on rational use of medicines and pharmaco-economics continued, and research activity focused on pricing policies and transparency in the pharmaceutical sector. Technology assessment, particularly in selection and use of health and biomedical devices was promoted. Support to national regulatory authorities was further strengthened in order to improve access to quality vaccines and medicines and to promote blood safety. Laboratory and imaging networks were further strengthened in order to support service delivery.

Good governance is being promoted in pharmaceutical policy and management in six countries, and seven country case studies in intellectual property protection and access to medicines are being finalized. A synthesis report of nine national medicine price surveys was published and new national medicine price surveys were completed in Iran, Oman and Bahrain. Capacity was also strengthened in areas of voluntary non-remunerated blood donation, transfusion-transmissible infections, good manufacturing practices in blood and blood products, and appropriate clinical use of blood and blood derivatives.

Technical support was provided to the Maghrebian countries to build a pooled vaccine procurement system. Vaccine regulatory systems were reviewed, and support for vaccine production in the Region continues in order to ensure the WHO prequalification status of the vaccines. A partnership with the Islamic Bank is providing financial support for capacity development and economic and feasibility studies to develop or expand vaccine capabilities.

Countries were supported to strengthen their routine information systems and conduct population-based surveys aimed at supplementing knowledge about health status and social determinants of health. Comprehensive assessment tools for civil and vital registration systems are also being promoted. The International Classification of Diseases-10 and International Classification of Functioning, Disability and Health manuals are being translated for dissemination and developing web-based training modules in Arabic. Partnership with the Health Metrics Network is being supported in order to assess national information systems and develop appropriate strengthening strategies. Development and improvement of the regional health situation and trend assessment database will allow better information sharing among countries and better monitoring and evaluation of health status and health systems.

For more information: **www.emro.who.int**

Regional Office for Europe (EURO)

The work of the EURO Division of Health Systems was implemented through a new soft functional managerial structure – Country Health Teams – that aims to foster collaboration within and across Divisions, Programmes and Units to be more "client-oriented".

Each of nine Country Health Teams cover a number of Member States, with respective team leaders acting as country focal points for the different aspects of WHO's health system work and leading the country policy dialogue with Heads of Country Offices. The result is more coherent and effective work through economies of scale and improved inter-departmental dialogue within the Ministry of Health that can ultimately translate into a comprehensive national health plan.

Signed by health ministers of the 53 countries of the European Region, the 2008 Tallinn Charter stressed that strong health systems must be put in place to remove barriers such as insufficient access, costs, and lack of information to ensure health coverage across the board. Building on momentum from the Charter, WHO continued in 2009 to engage in core HSS topics, such as health financing policy and health system performance assessment, while particular highlights were the growing engagement on "health programme" issues such as TB, HIV, and maternal and child health.

Highlights from 2009

In the context of the global economic and financial crisis that emerged towards the end of 2008, WHO undertook rapid situational analysis in the region and, with the Norwegian government, convened a high-level meeting of all Member States in April 2009 in Oslo, Norway. Policy options to mitigate health and social effects of the crisis were discussed, with an emphasis on the role to be played by health ministries as health system stewards.

WHO played a leading role in support of the health agenda of the Czech European Union (EU) Presidency. A priority of the Presidency was the financial sustainability of health systems, which culminated in an EU Ministerial Conference in May.

WHO worked in 2008 and 2009 with Armenia, Azerbaijan, Estonia, Georgia, Portugal, and Turkey to develop a full-scale assessment of their health systems performance. In Georgia, for example, the first health system performance assessment report was released in November 2009 in Tbilisi. Co-organized with the Ministry of Labour, Health and Social Affairs and the World Bank, the event gathered 100 stakeholders from different ministries, parliament, other health system stakeholders, and international organizations.

WHO, along with UNICEF and the World Bank, was a key partner in designing the Results Based Financing (RBF) Program for Kyrgyzstan that led to a US$10 million grant from the World Bank. The goal is to improve maternal and child health outcomes through bonus payments to village health committees, primary health care organizations and hospitals. Based on rigorous analysis of the root causes of maternal and child health outcomes, a core group of performance indicators have been defined for each of these levels.

In August 2009, the results of the survey based primary care evaluation tool in Belarus were presented and published widely in English and Russian. Specific to the Belarus implementation was the extended scope looking into aspects of how to better integrate TB and reproductive health services into primary care and how to roll-out the model from rural areas to a more urban context.

Public Health services were evaluated in five countries, new public health laws were endorsed in Albania, Kyrgyzstan, and Moldova, and a reorganization strategy of the Public Health Service (Sanitary and Epidemiology Service) was proposed in Kyrgyzstan.

National capacity building efforts were undertaken in several countries to address health workforce issues, including: HRH policy dialogue in Serbia; training in HRH assessment and planning in Albania; capacity building training in HRH in Turkmenistan; assessment of health workforce management capacity in Russia; capacity building – study visits/exchange in Belarus; training of trainers in evidence-based practice in Ukraine; and strengthening accreditation in medical education and training national assessors in Kazakhstan.

WHO/World Bank Flagship Course on Health System Development for Countries of Central Asia, the Caucasus and Moldova was held in Bishkek, Kyrgystan, organized by the Center for Health Policy Analysis and the Republican Center for Health System Development and Information Technology of the Kyrgyz Republic in collaboration with the World Bank Institute, WHO/EURO and International Finance Corporation. The objective of the Flagship program is to offer professional development opportunities for decision makers, health policy makers and senior health service managers who are committed to feasible reform programs and want to improve their efforts with strong theoretical and practical knowledge. The course focused on health system performance, health financing and private-sector service delivery, and included field visits to the Kyrgyz Mandatory Health Insurance Fund, Republican Health Information Center and Family Medicine Center.

Through the Pharmaceutical Health Information System (PHIS) project, and in collaboration with EU Member States and the EU Commission, WHO extended and its networking arrangements with Member States on medicines pricing and reimbursement. This project will specifically focus on mapping medicines supply use in hospitals and developing indicators for the pharmaceutical sector. By the end of 2009, eight countries have already completed their national reports on medicines in hospitals.

For more information: **www.euro.who.int**

Regional Office for the Americas (AMRO/PAHO)

Health systems based on primary health care for social protection

Integration of vertical programs

In response to the challenges posed by the fragmentation of health systems in the Latin American and Caribbean region, WHO is developing Integrated Services Delivery Networks (ISDN). Countries affirmed their commitment to ISDN implementation during the 49th Directing Council through the approval of Resolution CD49.R22 in 2009. As they work towards developing ISDN, countries are also searching for synergies between vertical programs and the overall health system. But if progress is to be made towards a practical framework, further research is needed. WHO has therefore commissioned a series of case studies in the region on the integration of HIV/AIDS, TB and Maternal and Child Health programmes. These case studies were discussed in an Experts Meeting and regional consultation on "Integrated Health Services Networks and Vertical Programs: Maximizing Synergies for Collaborative Work".

Extension of social protection in health

WHO is working on three important initiatives in this region relating to universal coverage and sustainable health financing (as defined in Resolution WHA58.33)

One relates to supporting countries to set up or expand existing schemes for social protection in health in Argentina, Bolivia, Chile, Dominican Republic, Ecuador, Haiti, Paraguay, Peru, and Uruguay. There is a major focus on eliminating user fees and reducing economic barriers to access health care. Haiti's free of charge obstetric care programme shows encouraging preliminary results, reducing economic barriers and increasing institutional deliveries by 135% on average in participant hospitals.

Another is to support the Iberoamerican network on social protection in health, promoting the exchange of research ideas, developing indicators, and programming of technical activities between countries. Case studies are now available on the development of social protection in health schemes as a way to finance universal coverage

The third is to see how changes in the ways resources are allocated can strengthen primary care and, in turn, contribute to sustainable financing, increasing the progressiveness of public health expenditure. This can be seen in health systems based on primary health care, notably those of Brazil, Chile, Ecuador, El Salvador, Paraguay, Peru, and Uruguay.

Developing primary health care-based pharmaceutical services

Despite all efforts and resources invested, access and the rational use of medicines remain the principal challenges throughout the Region. Challenges include fragmented medicines supply systems, lack of integration with the network of healthcare services delivery, problems related to management of pharmaceutical products, and inadequate use of medicines by prescribers and patients.

The strategy for developing pharmaceutical services as part of primary health care started in the Americas at the end of 2008, and is centered on the patient, family and community, rather than on medicines. In this approach, medicines are considered one of the therapeutic resources (but not the only one), and the strengthening of human resources – mainly the pharmacists – is considered a priority.

To date, the following activities have been undertaken:

- The interdisciplinary Regional Working Group on this issue was created, including experts from several countries representing government, universities, NGOs and WHO.

- A workshop was organized in Dominican Republic, where the road map for developing the position paper and implementation of the strategy was designed.

- A position paper with draft guidelines for PHC-based pharmaceutical services was developed using virtual collaborative tools. This draft was discussed by the working group during the November 2009 workshop in San José, Costa Rica.

- A virtual tutor-based course on PHC-based pharmaceutical services has been developed and the pilot phase is planned to start in July 2010.

For more information: **www.paho.org**

The Virtual Campus of Public Health
This regional initiative aims to strengthen the public health competencies of health workers through a collaborative and decentralized web-based learning network of institutional and country nodes. More than a dozen tutor-based leadership courses have been developed and offered each year on priority topics of the Organization such as Management of Primary Health Care, Essential Public Health Functions, Social Determinants of Health, Development of Human Resources for Health, International Health, Health of the Elderly, and Local Development and Health. Following the expansion of the last two years, self-administered courses are now being developed, such as the virtual course on the outbreak of (H1N1), initially offered in Spanish and now available in French and English.

Regional Office for South East Asia (SEARO)

Health Systems strengthening based on primary health care (PHC) was the focus in South East Asia Region (SEAR) during 2009. The Regional Conference on Revitalizing Primary Health Care held in in August and the subsequent Regional Committee resolution endorsing the conference conclusions and recommendations guided this work.

Major initiatives and achievements

A regional meeting was held to encourage Member States to enhance community participation and self reliance. Recommendations from the meeting included revitalizing PHC by promoting and supporting self-care policies, developing common tools and guidelines, and providing technical, documentation and research support. Another regional meeting on use of herbal medicine in PHC focused on development of a regional research strategy to ensure quality, safety and efficacy of herbal medicines.

At the same time, there is clear recognition of the need to evaluate community based initiatives and pilot and replicate successful ones to expand PHC. Efforts are, therefore, under way to demonstrate how PHC could adopt a developmental approach rather than a service delivery approach through sharing of experiences of the "Strategic Route Map" (SRM) project of Quality of Life Foundation. SRM promotes bottom-up planning with the full participation of the community, inter-sectoral collaboration and appropriate technology. So far, five countries have visited the pilot site to observe the experience. SEAR staff also facilitated the opportunity for countries to observe similar initiatives in other regions (e.g. in the EMR)

SEAR countries are at different levels of developing a reliable database and subsequent strategic plans for health workforce in line with national health policies. A health workforce strategic framework was introduced, with guidelines to develop strategic national plans in countries.

A consultative meeting on community based health workers and community health volunteers shared experiences and discussed ways and means to document evidence-based best practices. To provide comprehensive, timely and relevant information, selected publications on nursing and midwifery were provided to nursing institutes in seven countries, and nine reference libraries in the region have been designated for WHO publications.

Member States were provided with the revised framework for collecting data to monitor progress in achieving the MDGs, recognizing that the main strategy of achieving MDG targets is to strengthen health systems through revitalizing

primary health care. Related to this, a regional workshop on strengthening use of health information at district level was conducted to enhance the country capacity in data analysis and use of health information for evidence-based decision-making. Based on the assessment of their health information systems, some countries have developed strategic plans.

Despite the financial crisis, most countries maintained the level of public health spending during 2009. The crisis was an opportunity to emphasize the importance of reducing impoverishing out-of-pocket payments in health, not only to protect households during shocks like the current crisis but also to buttress longer term improvements in systems equity and efficiency. Three countries were supported to initiate policy dialogue and develop strategies that better prioritize expenditure from general government revenues and supplement this financing source with contributory schemes.

In the patient safety area, more than 500 hospitals were registered to implement the WHO Hand Hygiene Toolkit and more than 50 hospitals are implementing the Safe Surgery Checklist. Patient safety standards have been integrated into hospital accreditation programmes in India, Indonesia and Thailand. The South-East Asia Regional Association for Medical Education (SEARAME) disseminated the WHO Patient Safety Curriculum for Medical Students to all members, and WHO provided technical assistance to develop a Patient Safety Curriculum for Medical Officers in India.

Activities related to rational use of medicines focused on patient formularies, educational material for antibiotic use, and medicine use in pregnancy. Some countries revised their national essential medicines lists incorporating newer aspects of paediatric medicines, while one state in India developed its Essential Medicines List based on the 16th WHO Model Essential Medicines List.

The aims to achieve equity and universal coverage of health care require major health systems reforms, particularly in the policies, organization of services and balance between health promotion, preventive and curative care. A regional meeting on health care reform for the 21st century created an opportunity to share experiences and develop a strategic framework for reform. Also significant was the Regional Committee resolution on engagement with the private sector – the dominant health provider in the region but whose contributions have not been effectively used to reinforce public policy.

To advocate and help mobilize resources, a Rapid Assessment tool for HSS has been field tested.

For more information: **www.searo.who.int**

WHO

Regional Office for the Western Pacific (WPRO)

> "Universal access to quality health services for improved health outcomes for all" is the vision and goal of the Western Pacific Region (WPR) Division of Health Sector Development.

The current mandate for health systems strengthening work in the Western Pacific Region (WPR) is drawn from the corresponding resolution passed at the September 2008 Regional Committee meeting. It calls on Member States "to take urgent action to further strengthen their health systems in response to the health needs of their populations, especially the poor and other vulnerable and socially excluded groups, based on the values and principles of primary health care as their guiding framework"; and calls on the WPR Office Regional Director "to develop, through a process of consultation with Member States, a regional strategy for strengthening health systems, based on the guiding principles and core values of primary health care".

In addition, the WPR Office has a series of supporting regional strategies, several of which are in cooperation with SEAR, aimed at helping countries move towards universal coverage, service delivery, and leadership reforms. Related strategies in health care financing, laboratory services, essential medicines, human resources, and traditional medicine were recently updated or are in the process of implementation and review. For example, the strategies for health care financing and laboratory services were endorsed at the September 2009 Regional Committee meeting.

A regional primary health care (PHC) and health systems strengthening strategy is under development with country consultations being conducted through key informant interviews in all of the WPR Member States. These consultations will lead to a high-level meeting in June 2010, and, it is envisaged, a subsequent strategy to go to the Regional Committee for endorsement in September 2010.

Service delivery initiatives in 2009 included training of trainers for quality improvement for 17 countries, 6 in Asia and 11 in the Pacific. These trainers will provide a core of expertise to expand a wide range of quality initiatives. Support continues to patient safety initiatives, such as the safe surgery checklist and hand hygiene. The Pacific Human Resources for Health Alliance supports Pacific countries in various areas of planning and capacity improvement for human resources.

A major initiative has been support to the health sector reform process in China, which cuts across all PHC reform areas. Efforts at improving the integration of traditional medicine into primary health care are also under way. The essential medicine programme continues to be focused on universal access to high quality medicines. This work includes quality standards, rational use, and combating counterfeits, with close cooperation with Interpol and other agencies on this latter issue.

Leadership initiatives include a four-country study on WHO/WPRO compliance with the Paris Declaration. Aid effectiveness efforts in multiple countries include support to sector-wide approaches and to aid coordination. The Asia Pacific Observatory on Health Systems and Policies was started and two policy briefs produced, one on user fees and one on incentives for health workers, as well as health in transition studies in Philippines, Hong Kong, and Malaysia.

Public policy reforms have been fostered through the bioregional Asia Pacific Emergency and Disaster Nursing and Partners Network and by country case studies looking at issues of gender, equity and human rights. Efforts are being made to develop resilience in the health sector and beyond as part of emergency preparedness. Member States continue to work towards the policies and definitions for health system strengthening and primary health care that best suit country and regional application.

Out of eight Member States provided with assistance in developing funding proposals, seven were provisionally successful. A meeting on "Synergies between Global Health Initiatives and Health Systems" brought together programme managers from Expanded Programme on Immuniation, TB, HIV/AIDS, Malaria, Maternal and Child Health, and health systems from nine WPR and three SEAR countries. These country teams identified potentially synergistic interventions, such as combined supervision and training between programmes, and began developing workplans and proposals to move the ideas forward.

For more information: **www.wpro.who.int**

The Global Health Workforce Alliance

The Global Health Workforce Alliance (the Alliance) is the global partnership created in 2006 to address the health workforce crisis. With a secretariat hosted and administered by the WHO in Geneva, the Alliance is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying and advocating solutions to the crisis. In 2009, the Alliance doubled in size to over 200 partners.

In March 2008, the Alliance convened the First Global Forum on Human Resources for Health in Kampala, Uganda. The forum endorsed the Kampala Declaration and Agenda for Global Action - a framework to address the health workforce crisis over the next decade. Within this framework, the Alliance has undertaken a number of activities in 2009.

Facilitating Country Actions

● Dissemination of better information about the human resources for health (HRH) situation in countries through the Alliance web site as well as initiation of a detailed country profiling project.

● Development of a mechanism to ensure greater collaboration on addressing the health workforce crisis at the country level – "Human Resources for Health: Good Practices for Country Coordination and Facilitation"- and presentation of this mechanism at a series of consensus building meetings in Ghana, Burkina Faso, and Viet Nam.

● Focused support to a selection of countries (the majority in Africa) to improve HRH information systems and develop comprehensive HRH plans.

● Development of 'case study' and 'Evaluation' of key HRH country experiences, Malawi and Ethiopia.

● Continued support to regional bodies on HRH including the launch of the African Platform on HRH as the regional mechanism for supporting countries on issues of HRH.

Enhancing advocacy and communications

● The Alliance has worked consistently to bring the health workforce crisis high on global, regional and national agendas through lobbying, briefings, events and publication of op-eds, articles and interviews -including a major focus on and around the 2009 Group of Eight Leaders Summit, as reflected in the declaration on health and development.

● Development of improved communications services for members and partners of the Alliance, including weekly HRH news and journal news digest compilations, newsletters, and a major update of the Alliance website.

● Support to the Health Workforce Advocacy Initiative (HWAI) and establishment of a Communications Expert Network.

● Development and initiation of the Alliance Advocates programme, engaging key HRH influencers and high profile figures in the response to the health workforce crisis.

The Global Health Workforce Alliance

Brokering knowledge

Through its task forces and working groups, and through activities with partner organizations, the Alliance has produced a number of tools and carried out a variety of activities, including:

- Development and launch of a new 'costing tool' to help countries better identify the financing required to reverse the global health workforce crisis, developed through the task force focusing on HRH financing in collaboration with the World Bank.

- Ongoing work of the Task Force on Private Sector to develop an assessment of the private health sector and its interrelationship with the public sector; to identify promising initiatives with demonstrable HRH impact; and explore and test ways where the private sector can best respond to the need to increase the number of health workers.

- Convening of partners for a meeting on the HRH Action Framework (HAF) to review progress in implementing the HAF in different regions.

- Support to WHO in the development of the proposed global code of practice for the international recruitment of health personnel through the Health Worker Migration Policy Initiative.

- Creation of a Health Workforce Information Reference Group (HIRG) in collaboration with WHO to provide technical leadership and coordination across efforts to strengthen country health workforce information systems that support evidence-based decision making for planning, policy, and systems development.

- Launch of a series of online 'Community of Practice' discussions. Following the second discussion, produced a technical brief and guide on HRH-related funding proposals for the Global Fund.

- Establishment of an in-country 'Knowledge Centre' (Ethiopia) providing access to health information and space for online and distance learning for health workers in rural and semi-rural locations.

- Support for establishment of 'ePortuguese' virtual health libraries to provide access to information for health workers in Portuguese.

For more information: **www.who.int/workforcealliance**

Partnership and monitoring interventions
- Support and guidance to planning and roll out of plans for increasing training and education of health workers through development partners
- Participation in activities and events and contribution to documents relating to global health initiatives (GHI) to ensure HRH is adequately and centrally included in all work of the GHIs, including the cosponsoring of the 2009 high-level dialogue on maximizing positive synergies between health systems and global health initiatives.
- In partnership with WHO, commissioned a survey report to establish the baseline for tracking progress against the interventions outlined in the Kampala Declaration and Agenda for Global Action.

Alliance for Health Policy and System Research

The Alliance for Health Policy and Systems Research (Alliance HPSR) is an international collaboration based within the WHO, Geneva, aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries.

Specifically, the Alliance aims to:

- Stimulate the generation and synthesis of policy-relevant health systems knowledge, encompassing evidence, tools and methods;
- Promote the dissemination and use of health policy and systems knowledge to improve the performance of health systems;
- Facilitate the development of capacity for the generation, dissemination and use of health policy and systems research knowledge among researchers, policy-makers and other stakeholders.

Alliance Flagship Report: Systems Thinking for Health Systems Strengthening

The Alliance launched its latest flagship report "Systems Thinking for Health Systems Strengthening," in November in Havana, Cuba at the Global Forum for Health Research.

The report offers a fresh and practical approach to strengthening health systems through "systems thinking". This powerful tool first decodes the complexity of a health system, and then applies that understanding to design better interventions to strengthen health systems, increase coverage, and improve health. The report suggests ways to more realistically forecast how health systems might respond to strengthening interventions, while also exploring potential synergies and dangers among those interventions.

Additionally it shows how better evaluations of health system strengthening initiatives can yield valuable lessons about what works, how it works and for whom. It is hoped that this report will deepen understanding and stimulate fresh thinking among stewards of health systems, health systems researchers, and development partners.

Advocacy for health policy and system research

In early 2009, the Alliance produced an advocacy strategy to help raise the profile of health policy and systems research (HPSR) with key target audiences. The new advocacy strategy will guide the work of the Alliance in promoting

increased investment in HPSR as part of global health and health systems strengthening. The main target audiences for the Alliance's advocacy work will be health policy-makers in low- and middle-income countries, and potential funders of health systems research. The major challenge to be addressed by the strategy and plan will be to give life and meaning among non-specialist audiences to the field in general and to the work of the Alliance in particular.

Systematic Review

Since early 2007, the Alliance HPSR has been supporting four systematic review centres based at institutions in low and middle-income countries. Now nearing the end of their second year of work, these centres made a number of major achievements during the year, including:

The team in Bangladesh published a Cochrane review on social franchising and the team in Uganda published a Cochrane review on the impact of pre-licensure training on health worker supply;

Teams launched a number of new synthesis and Cochrane reviews on health systems topics;

The team in Chile assisted in writing an Alliance HPSR briefing note on systematic reviews, and has drafted a paper on methodological challenges faced in conducting systematic reviews in LMICs;

Representatives of the SRCs presented their work at the Campbell Colloquium (Oslo, May) and at the Cochrane

WHO/Max Tello

Alliance for Health Policy and System Research

Colloquium (Singapore, October).

Promoting research to achieve universal coverage

In April, 2009, the Alliance (in collaboration with WHO's Health Systems Financing Department) issued a Call for Expressions of Interest (EoIs) aimed at "Assessing efforts towards universal financial risk protection in low- and middle-income countries (LMICs)". By the deadline of 30 June, 63 EoIs had been received by research teams. The EoIs have now been shortlisted, and it is anticipated that the 10 finalists will be invited to attend a proposal development workshop in Cape Town, South Africa early in 2010.

Setting priorities for research

A programme of work aimed to identify research priorities for Health Policy and Systems research in the Alliance's three focal thematic areas commenced in 2007. In 2009, final written products of this work were completed and disseminated. The main products from this work are: (i) an Alliance HPSR Briefing Note; (ii) three technical papers made available for download on the Alliance HPSR website; (iii) four papers that have been accepted for publication in peer-reviewed journals; and (iv) two related Calls for Proposals, based on the priorities that ranked highest under the themes health systems financing and human resources for health.

Identifying incentives to retain health workers in underserved areas

Collaborating with the WHO department of Human Resources for Health and the Global Health Workforce Alliance, the Alliance HPSR issued a Call for Proposals of studies that will provide evidence on the factors influencing health workers' decision to locate in under-served areas and which incentives are most successful in achieving this goal in different settings. This Call met with an overwhelming response: 119 eligible proposals were received, of which 46% were from Africa. Given the scale of this response, the number of funded proposals was increased to five.

To download the Alliance Flagship Report, or for more information: **www.who.int/alliance-hpsr**

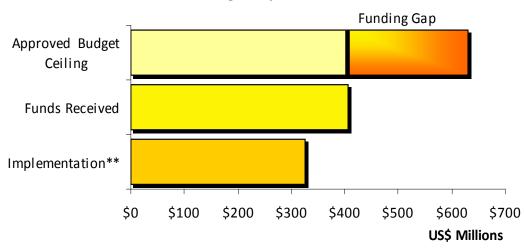**Advocacy for health policy and system research**
The new advocacy strategy will guide the work of the Alliance in promoting increased investment in HPSR as part of global health and health systems strengthening. The main target audiences for the Alliance's advocacy work will be health policy-makers in low- and middle-income countries, and potential funders of health systems research.

Budget and resource overview

WHO would like to thank all those donors who have contributed to its health systems and services work over the past biennium.

Top ten donors to HSS (in order of contribution, biennium 2008-09):

Bill and Melinda Gates Foundation, the United Kingdom, European Commission, UNITAID, GAVI, World Bank, Luxembourg, Australia, Norway, the United States.
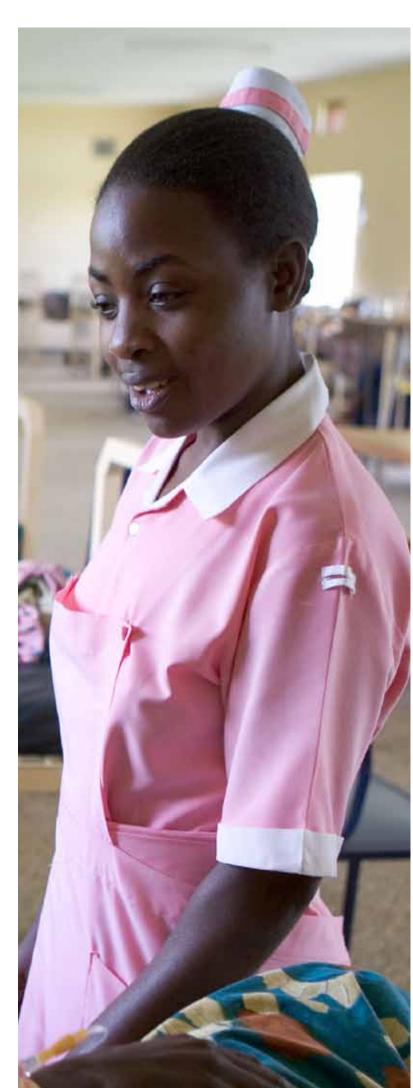
Strategic Objective 10*

Strategic Objective 11*

Note: For greater detail on financial resources and implementation, please refer to the Financial Management Report and 2008-09 Programme Budget Performance Assessment Report (**www.who.int/gb**).

*Strategic Objective (SO) 10 - To improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research
Strategic Objective (SO) 11 - To ensure improved access, quality and use of medical products and technologies.
**Estimated implementation as at 31 December 2009; does not include the carry-over funds to new biennium.

HSS facts and figures

- In 2009, WHO assigned 134 international nonproprietary (or generic) names (INNs) for new medicines. Each INN is a unique, globally recognized public property, providing a common language for talking about medicines and helping ensure, for example, that a prescription filled abroad is what the doctor ordered back home.

- A WHO review of 132 national health plans revealed that 48 countries will enter new planning phases in 2010: an important opportunity to maximize the impact of WHO health systems guidance and support in countries and better align it with that of partner agencies.

- WHO is working in collaboration with PEPFAR to scale-up medical and nursing education, towards the target of producing 140,000 additional health workers by 2014. This is part of the larger effort to find long-term, sustainable solutions to health worker shortages that currently prevent health systems in countries from better responding to patient needs.

- Each year, WHO collects data from national health accounts in all 193 Member States, publishing the latest figures about who's spending what on health. Figures published in 2009 showed that the share of government in health spending ranges from 77% in Europe to 36% in South-East Asia.

- In low- and middle-income countries, generic equivalent medicines cost an average of 260% less than their corresponding originator brand products. However, across a range of developing countries, the average availability of essential medicines in the public sector is less than 40%, which means that patients are often forced to purchase medicines from the higher-priced private sector, or forgo treatment altogether.

- 70% of the world's medical decisions are made based on information obtained from diagnostic technology. Today, however, just 30% of countries have formal regulatory systems for diagnostics The WHO prequalification of diagnostics programme aims to strengthen regulatory systems and increase the number of countries using them.

HSS Vision
A world where all people in all places have access to quality health care and live longer, healthier lives as a result.