

TEN COMMANDMENTS TO BUILD RESILIENT AND SUSTAINABLE HEALTH SYSTEMS:

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I. MEET THE CORE COMMITMENTS OF THE INTERNATIONAL HEALTH REGULATIONS

- They were defined in 2005 and mandated by the World Health Assembly
- All governments committed to them
- 2/3rd of the countries have not met them
- They have not been adequately mainstreamed into the health systems development frameworks
- Official Development Aid (ODA) has not sufficiently supported this stream of work

II. DISCHARGE THE ESSENTIAL PUBLIC HEALTH FUNCTIONS (EHPF)

- Defined as the conditions that allow better public health practice.
- In the Region of the Americas PAHO/WHO and CDC developed performance standards and indicators for 11 EPHF and conducted the measurement in all countries and territories of the Western Hemisphere in 2002
- This tools can be adapted to different contexts and are a powerful instrument for institutional development of the public health subsystem
- It allows to transit from diagnosis and analysis to action

III. STRENGTHEN PUBLIC HEALTH INFRASTRUCTURE

- Public Health Infrastructure is a set of stable and interconnected means for organizing the delivery of public health interventions
- The fundamental elements are
 - Information
 - Skilled Human Resources and satisfactory working conditions
 - Organization (including legal basis, managerial processes, accountability and evaluation)
 - Indispensable physical resources and essential support and auxiliary services (i.e. public health laboratories, logistic systems, physical infrastructure)

IV. DEVELOP THE PUBLIC HEALTH WORKFORCE

- Human resources are an essential element for Public Health Practice
- Public health workforce is one of the most neglected and least valued within the health sector
- Composed by professionals in various fields devoted to public health practice
- Need for a trained public health workforce with competencies and aptituded for the public health tasks they have to perform

V: HAVE A FUNCTIONAL AND WELL PERFORMING HEALTH CARE SUBSYSTEM

- The delivery of health care has to be operational and effective.
- Without proper functioning of the health care delivery system, specially the primary level of care and its interface with community health workers, the systems will not be resilient
- This implies doing away with fragmentation and vertical parallel delivery systems and building the economies of scale of system's scaling up for multiple health interventions and health objectives
- Particular attention is needed for countries in fragile situation with disrupted health systems

VI: ENSURE INTEROPERABILITY OF THE PUBLIC HEALTH AND HEALTH CARE SUBSYSTEMS

- Serious infectious diseases outbreaks have a clear impact on health care and viceversa.
- Good quality health care is decisive to curb epidemics and control outbreaks (i.e. Cholera, Ebola, etc.)
- The public health sub-system has to dovetail with the health care sub-system to have an effective and resilient health system

VII: HAVE AN EMERGENCY PREPAREDNESS AND RESPONSE SYSTEM IN PLACE

- Crucial to develop institutional capacity at national, regional and local level within countries for emergency preparedness and response.
- This is a long term process that encompass capacity building, financial sustainability and strengthening of the infrastructure
- It is critical to dovetail the emergency preparedness and response systems with the national structures responsible for IHR (focal points)
- Important to phase the response, depending on the magnitude of the outbreak

VIII: REACH ALL THE POPULATION (UNIVERSAL HEALTH COVERAGE)

- People with greater needs use services less than other population groups
Ethnic minorities, migrants, indigenous peoples
- When people use services often incur high, sometimes catastrophic costs in paying for their care
150 million people suffer financial catastrophe annually and 100 million are pushed below the poverty line
- Only one in five people in the world has broad-based social security protection including lost income
- More than 50 per cent of the World's population lacks any form of social protection.

IX: HAVE A SUFFICIENT AND SUSTAINABLE FINANCING

- Health financing strategies need to be home-grown
- The absolute quantum of health expenditure matters. A minimum of 60 US per capita is necessary
- In 33 low-income countries the direct out-of-pocket payments represented more than 50% of total health expenditures in 2007
- The way forward for governments is reduce reliance on direct payments below 15 to 20 % of total health expenditure and do risk pooling and prepayment approaches
- Overreliance on direct payments at the time people need care (user fees and co-payments) Countries need to reduce the reliance on direct payments to finance services and promote prepayment and pooling
- Countries need to raise sufficient funds and diversify sources of funding
- Countries need to reduce inefficiencies and inequities

X: IS ACCOUNTABLE TO ITS BENEFICIARIES

- Community engagement in monitoring and evaluation of health systems performance is critical
- Independent accountability ought to be developed
- Civil society, academia and community base organizations are key stakeholders in this process.