

The human factor in global public health

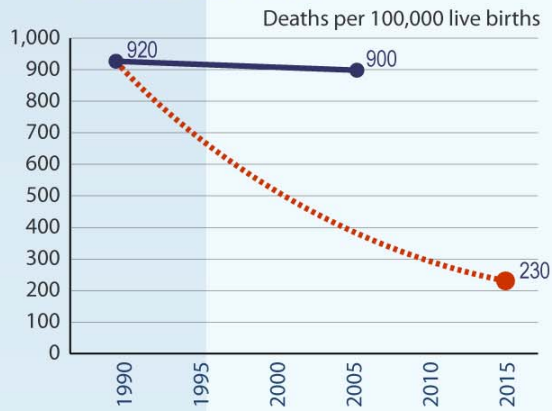
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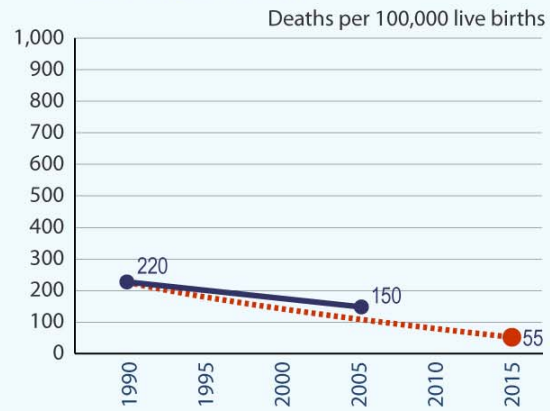


Global progress on MDG 5

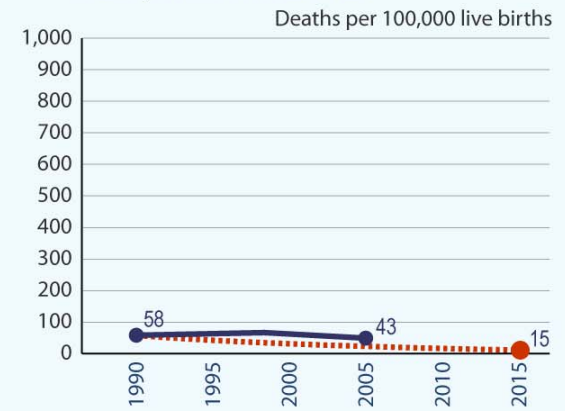
Sub-Saharan Africa



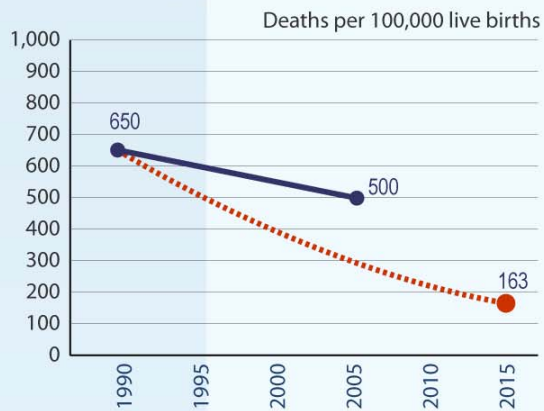
East Asia & Pacific



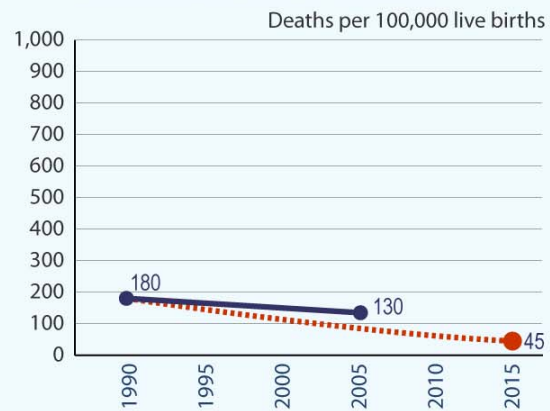
Europe & Central Asia



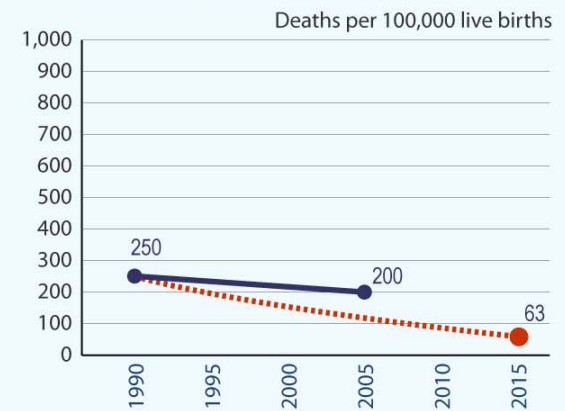
South Asia



Latin America & Caribbean



Middle East & North Africa



Actual Goal

The five shortcomings of service delivery

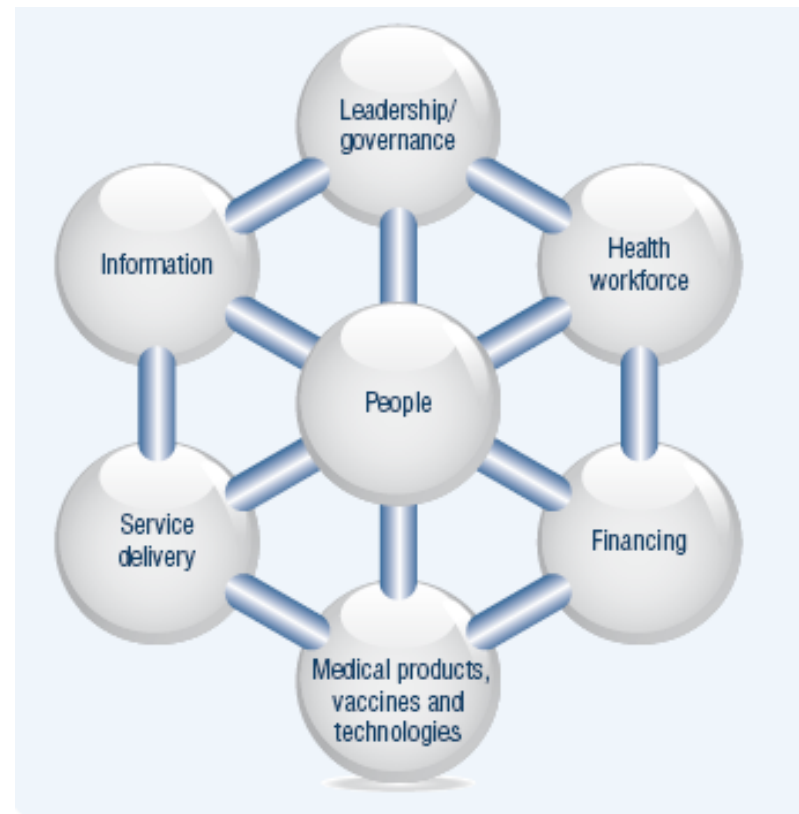
- Inverse care (those with the greatest means consume the greatest proportion of the resources)
- Impoverishing care (expenditure on health pushes the poor deeper into poverty)
- Fragmented and fragmenting care (specialization and specificity are predominant)
- Unsafe care (lack of resources and poor system design contribute to a deterioration in health outcomes)
- Misdirected care (imbalance in resource allocation towards curative rather than preventive care).



What is health systems?

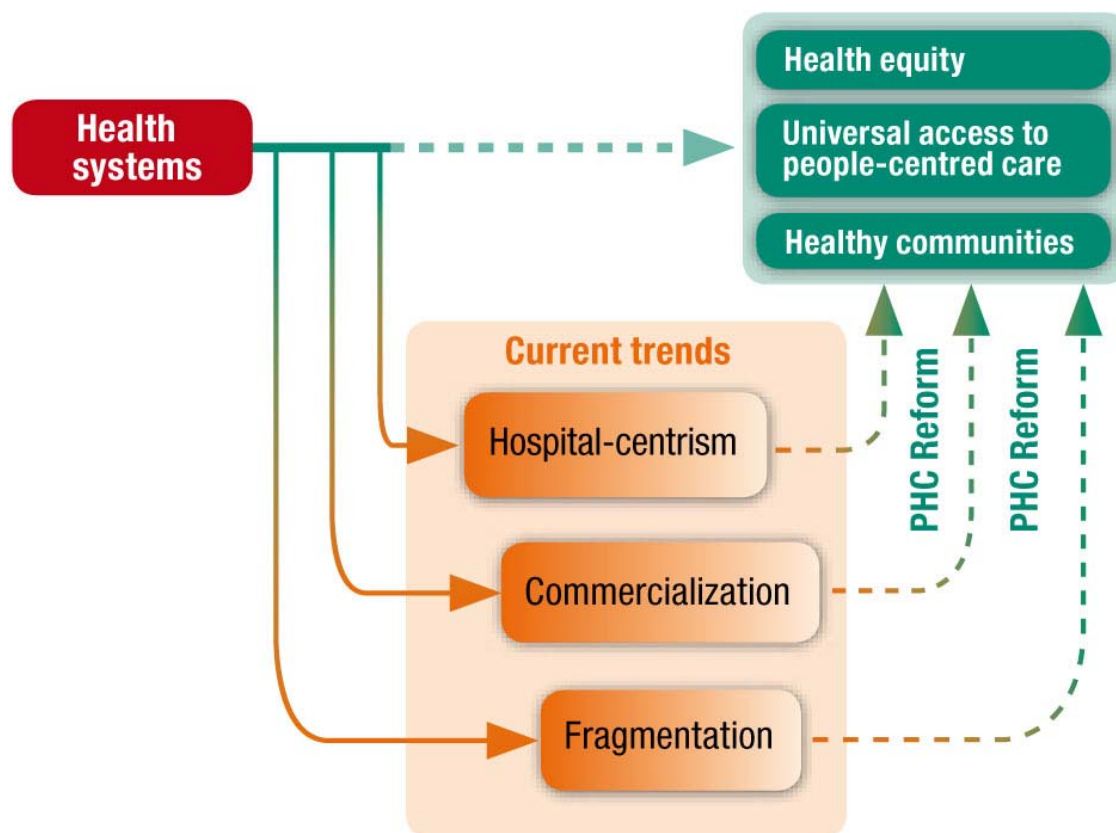
A health system consist of all organisations, people and actions whose primary intent is to promote, restore or maintain health

- The main goals are:
 - Improving health and health equity
 - Responsiveness, financial fairness and efficiency
- The intermediate goals are:
 - Greater access and coverage
 - Quality and safety



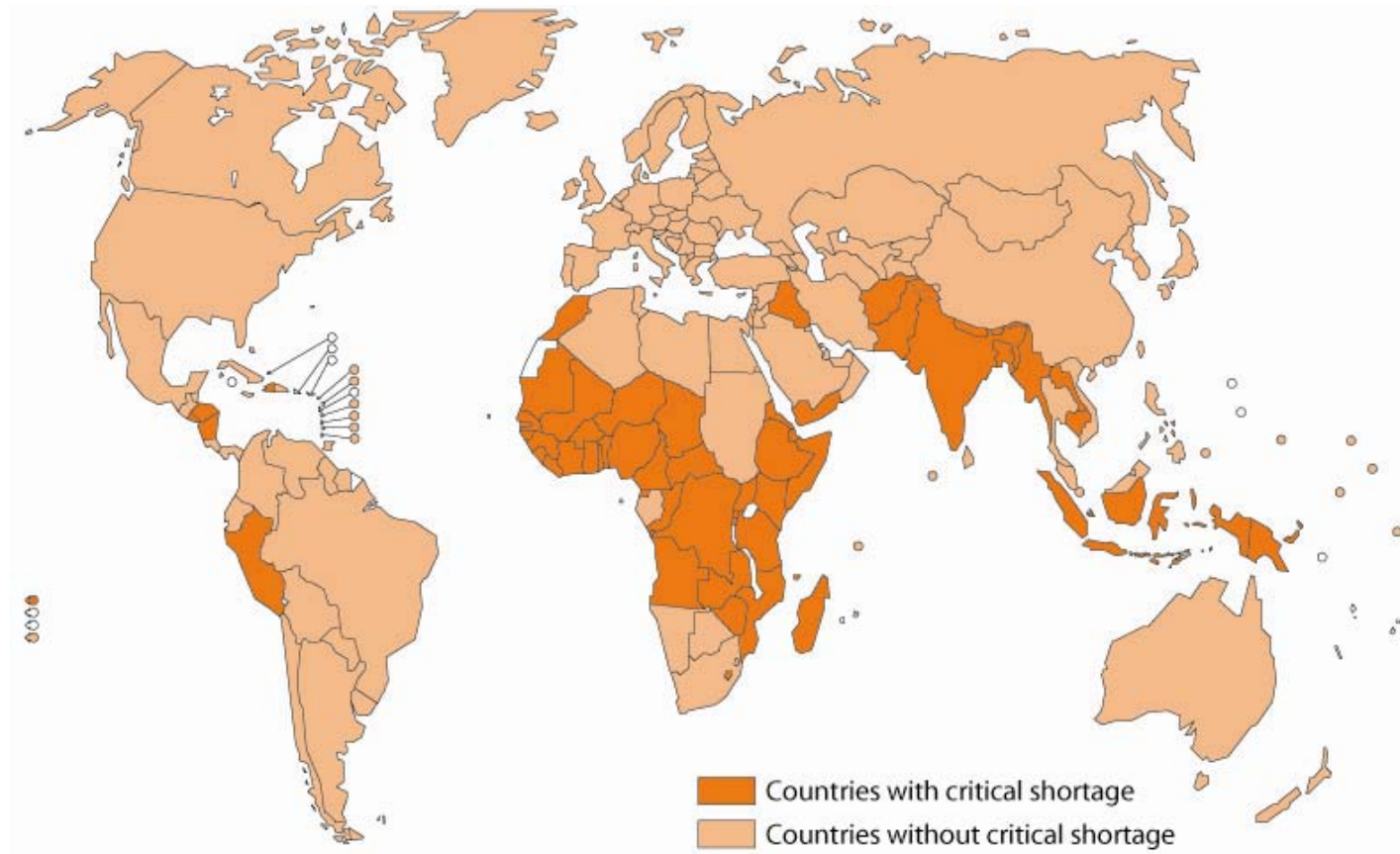
Health systems - current trends - PHC values

Health systems do not naturally give value for money nor do they gravitate towards meeting social expectations



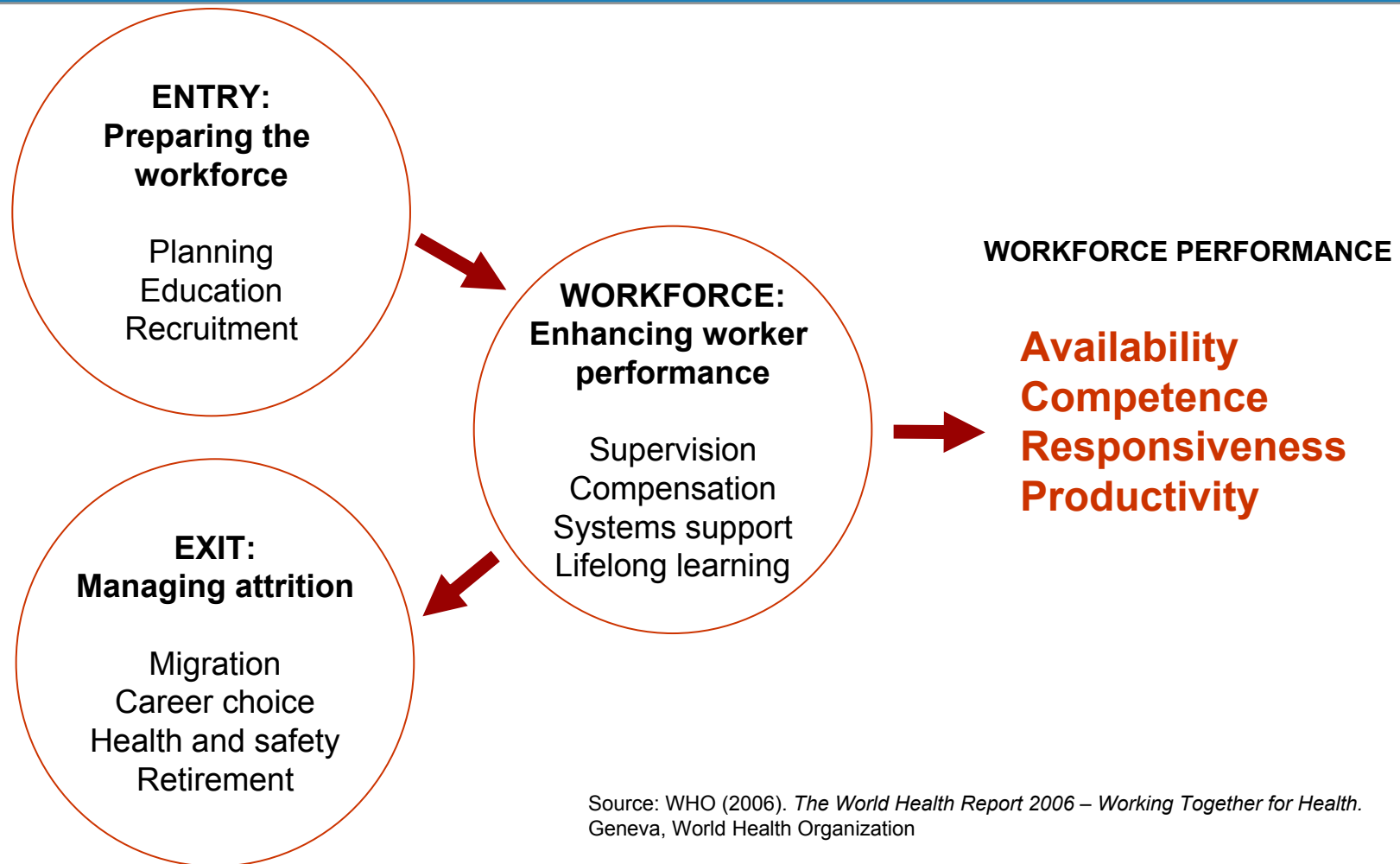
Critical shortages and maldistribution of health workers

Distribution of the global health workforce



Source: WHO (2006). *The World Health Report 2006 – Working Together for Health*. Geneva, World Health Organization

Working lifespan strategies to build capacity and performance



The emerging vision

4 priority areas for change



Four sets of reforms:

1 Universal coverage and the equity agenda

- Ensure availability of services
- Eliminate barriers to access
- Organize social protection

But it is not enough:

- mobilize beyond the health sector;
- give visibility to inequalities;
- reach the unreached

Four sets of reforms:

2 Shifting to person-centered care

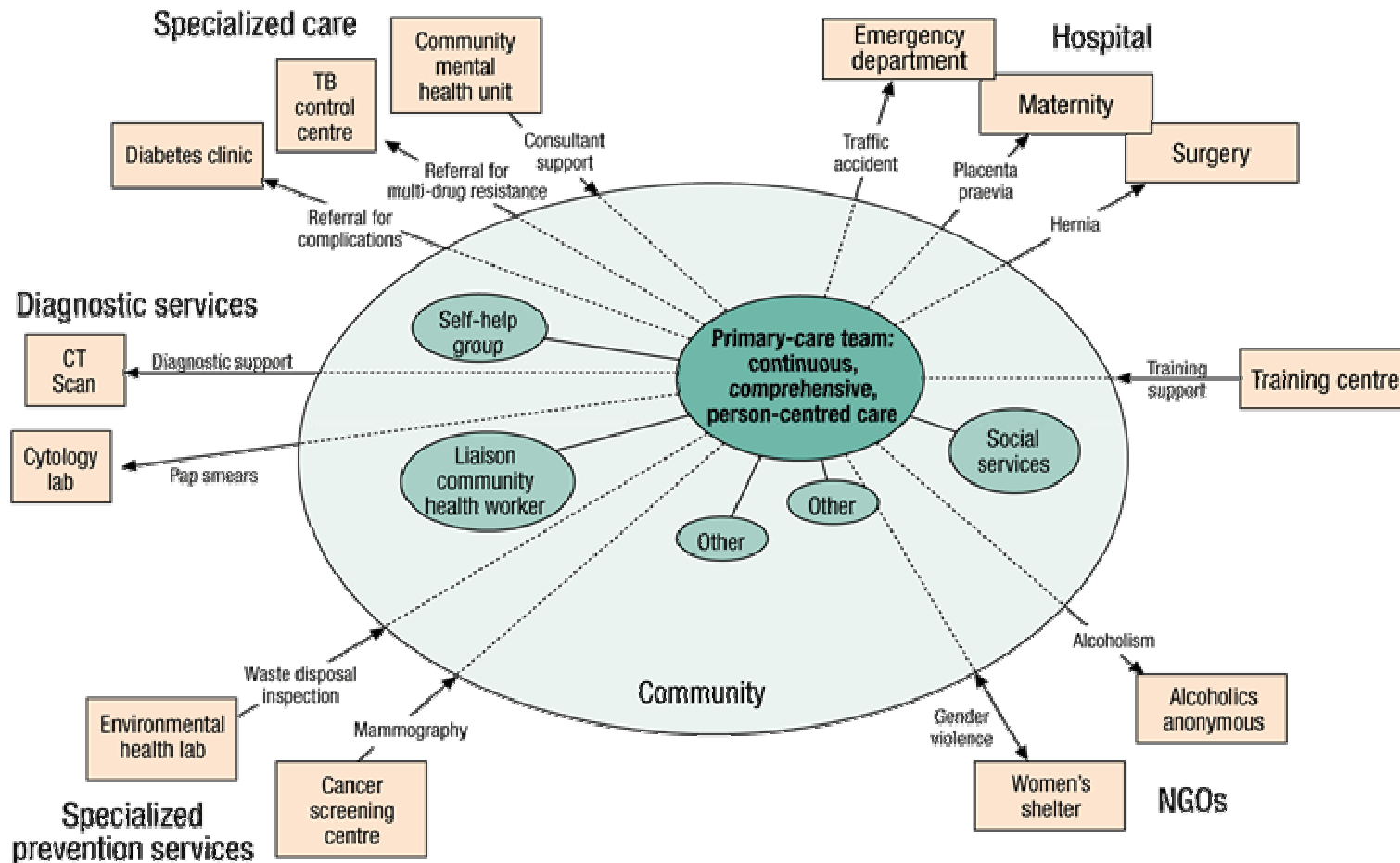
Putting people first: 4 features of good care

1. Person-centeredness
2. Comprehensiveness and integration
3. Continuity of care
4. A personal relationship with well-identified, regular and trusted providers

Organizing primary care networks accordingly

1. Shifting the entry point: bringing care closer to the people
2. Shifting accountability: responsibility for a well-identified population
3. Shifting power: the primary care team as the hub of coordination

Primary care as a hub of coordination: networking within the community served and with outside partners



Four sets of reforms:

3 Health in all policies

Systems policies

(e.g. Health workforce – education, work conditions, retention, essential medicines – R+D, manufacture, procure, supply chains)

Public health

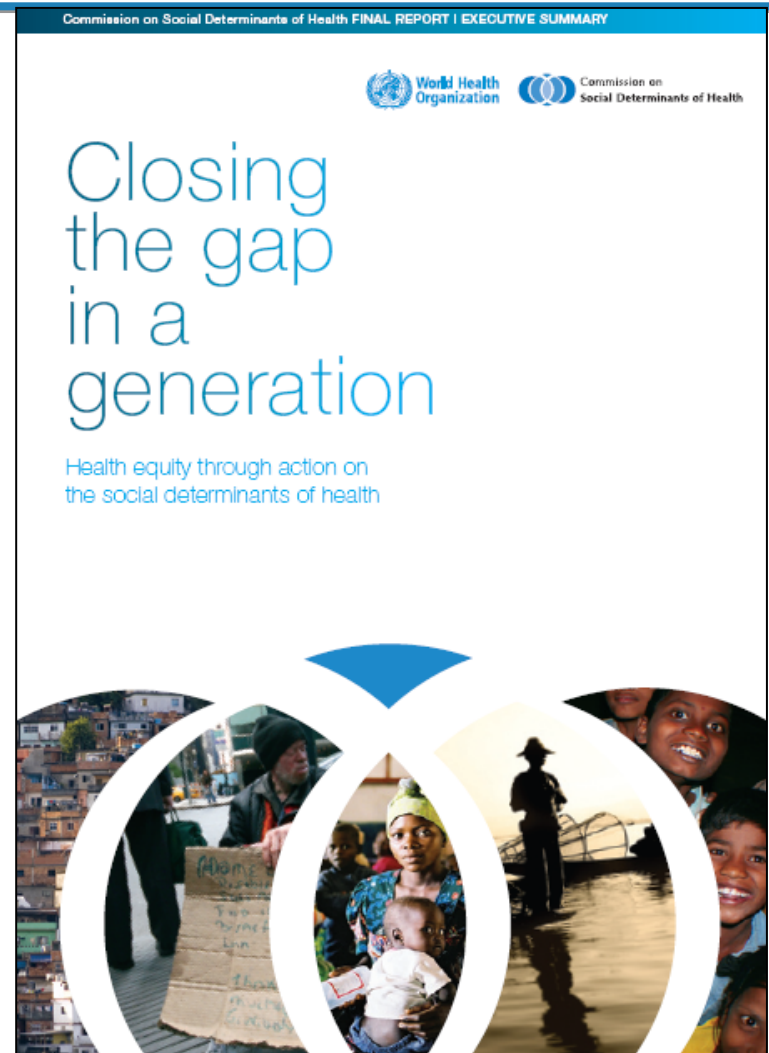
(e.g. iodine fortification, tobacco taxation/advertising)

Cross-government

(e.g. employment, trade, urban development)

Overarching recommendations

1. Improve daily living conditions
2. Tackle the inequitable distribution of power, money, and resources
3. Measure and understand the problem and assess the impact of action.

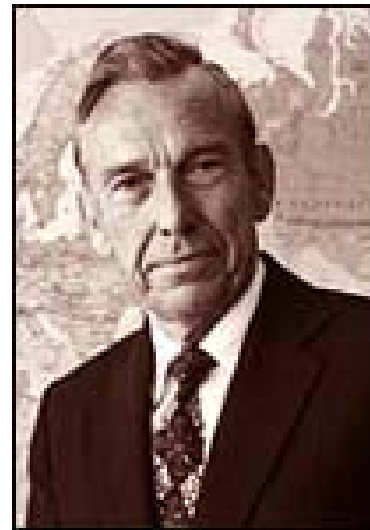


Four sets of reforms:

4 Inclusive leadership and effective government

- Recognition of the key roles and responsibilities of government
- Inclusive leadership and policy dialogue: from command-and-control to steer-and-negotiate
- Matching health sector growth with investment in capacity for leadership and government

"PHC starts with people, their health problems, and their active involvement in solving those problems..."



Dr Halfdan Mahler
WHO Director-General
1977-1988



Dr LEE Jong-wook, 1945-2006
WHO Director-General

"To ensure access to a motivated, skilled and supported health worker by every person, in every village, everywhere."

"I believe we will not be able to reach the health-related Millennium Development Goals unless we return to the values, principles, and approaches of primary health care."



Dr Margaret Chan
Director-General



Primary Health Care (PHC)

- The mobilization of forces in society – health professionals and lay people, institutions and civil society – around an agenda of transformation of health systems that is driven by the social values of equity, solidarity and participation.
- The PHC movement puts particular emphasis on four areas of strategic importance to deal with current and future challenges to health:
 - Addressing health inequalities
 - People-centered care
 - Better public policies
 - Stronger leadership

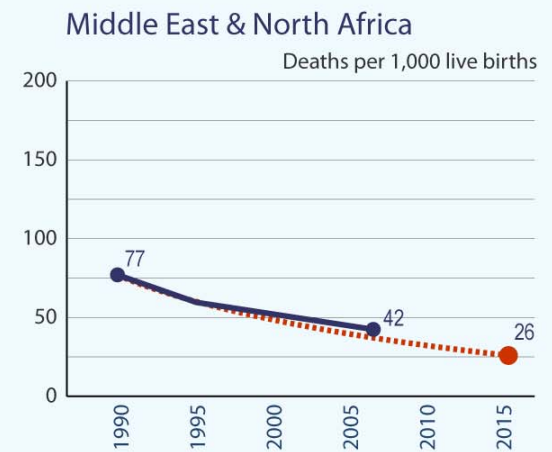
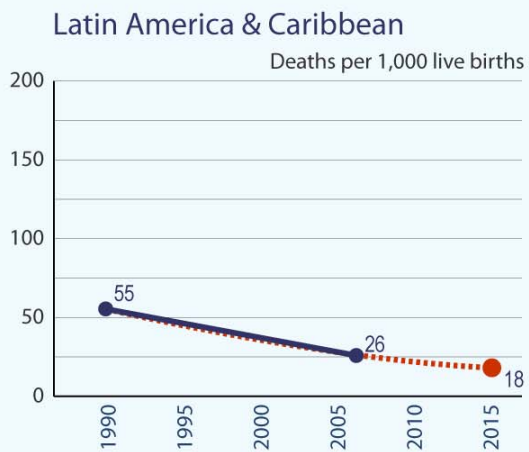
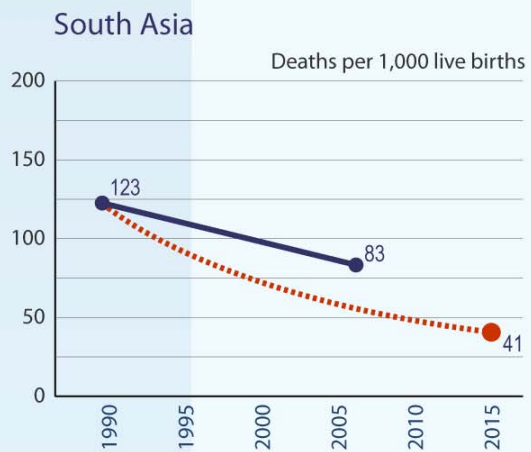
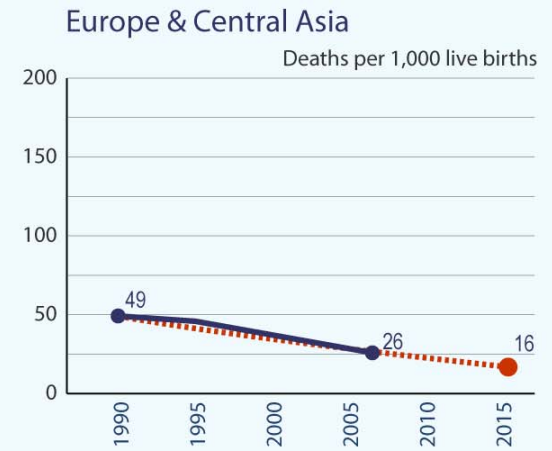
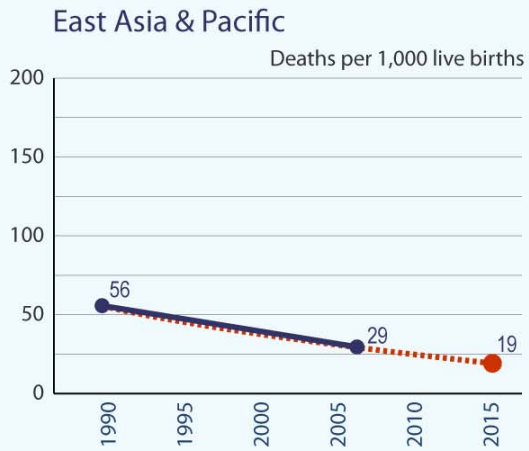
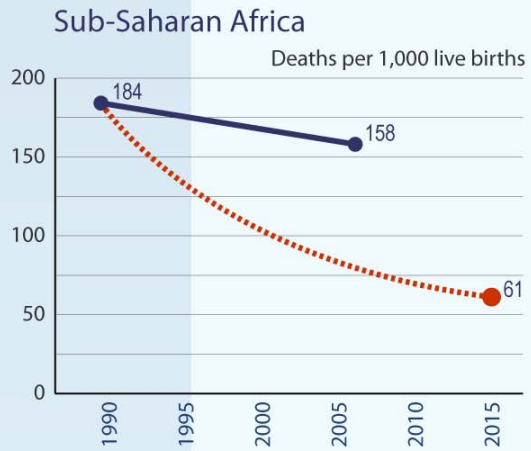
World Health Report 2008

Primary Health Care – Now More Than Ever

<http://www.who.int/whr/2008/en/index.html>



Global progress on MDG 4



Actual Goal

Source: World Development Indicators.

Individual care vs. public health intervention

Individual care

Individual patient \longleftrightarrow Task shifted provider

Public health intervention

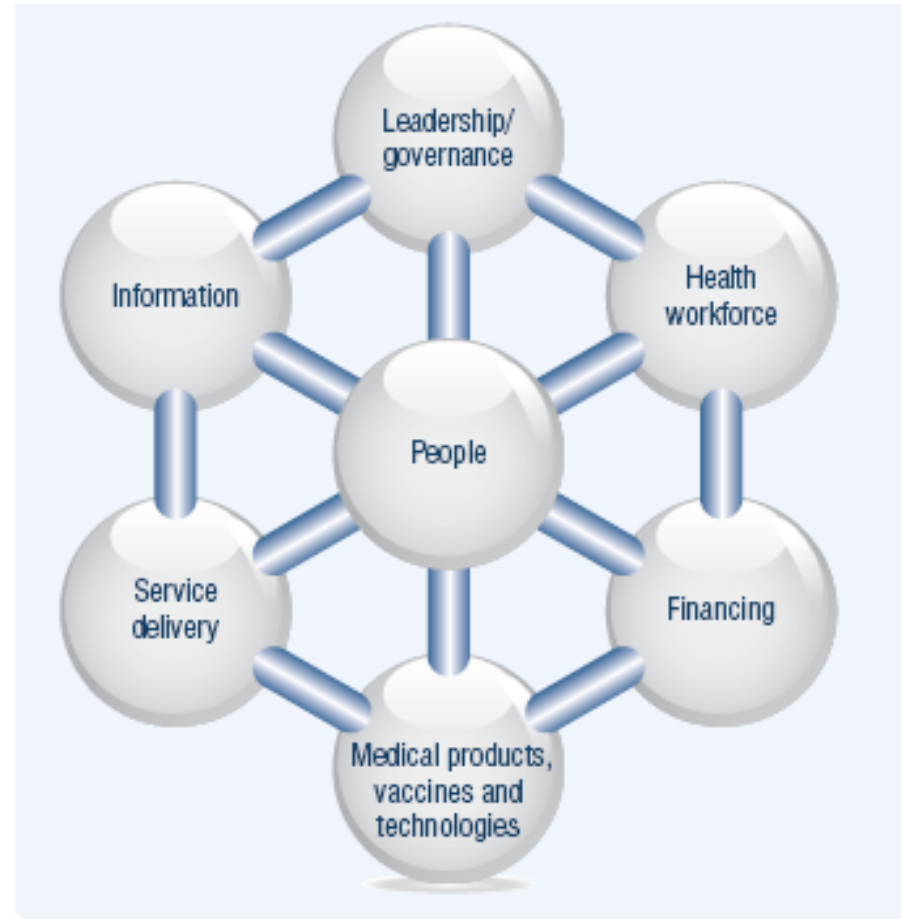
Community demand \longleftrightarrow Care team facility and community based



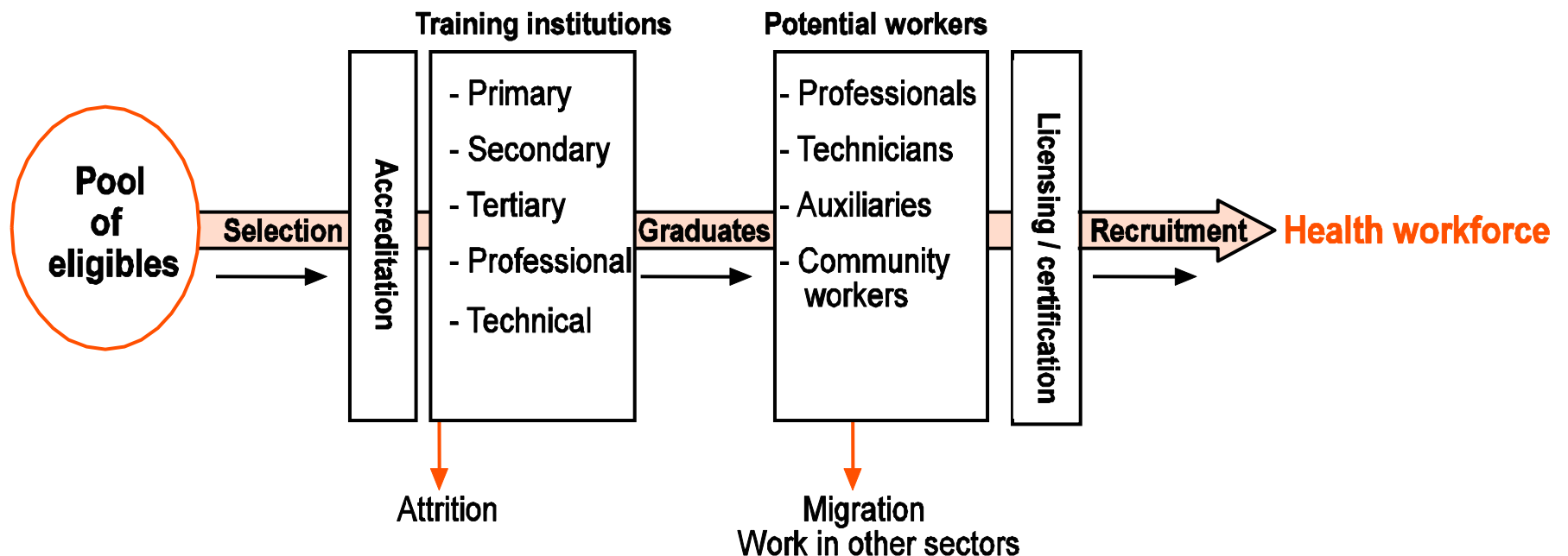
What is health systems?

Health workforce

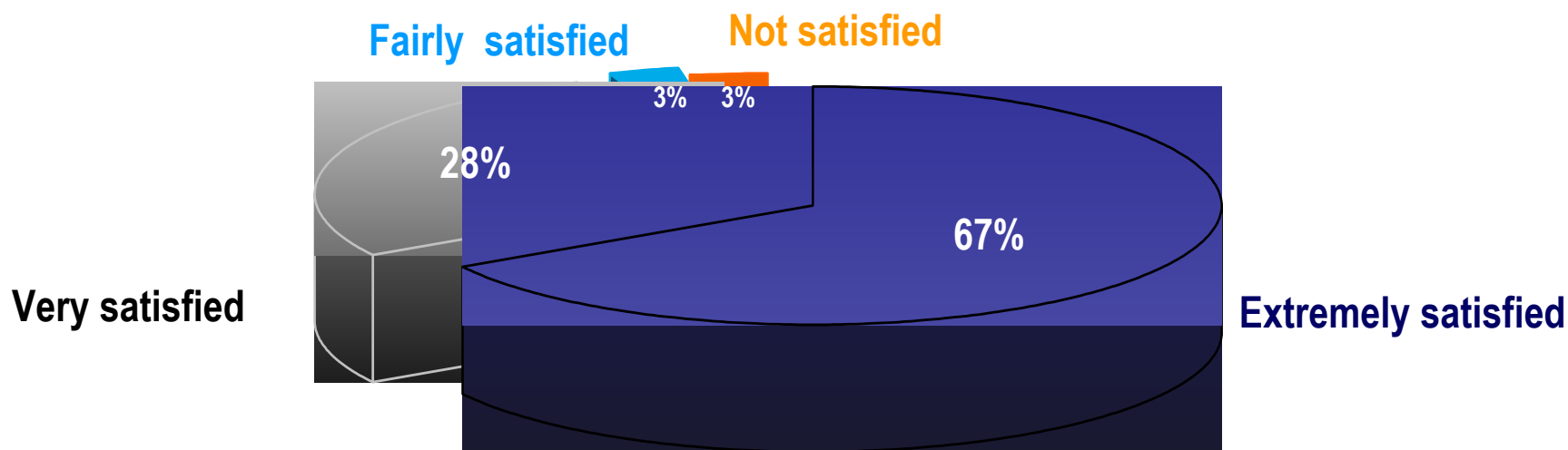
- HR strategies & plans
- Education scale-up
- Retention and return of health workers
- Migration



Pipeline to generate and recruit the health workforce

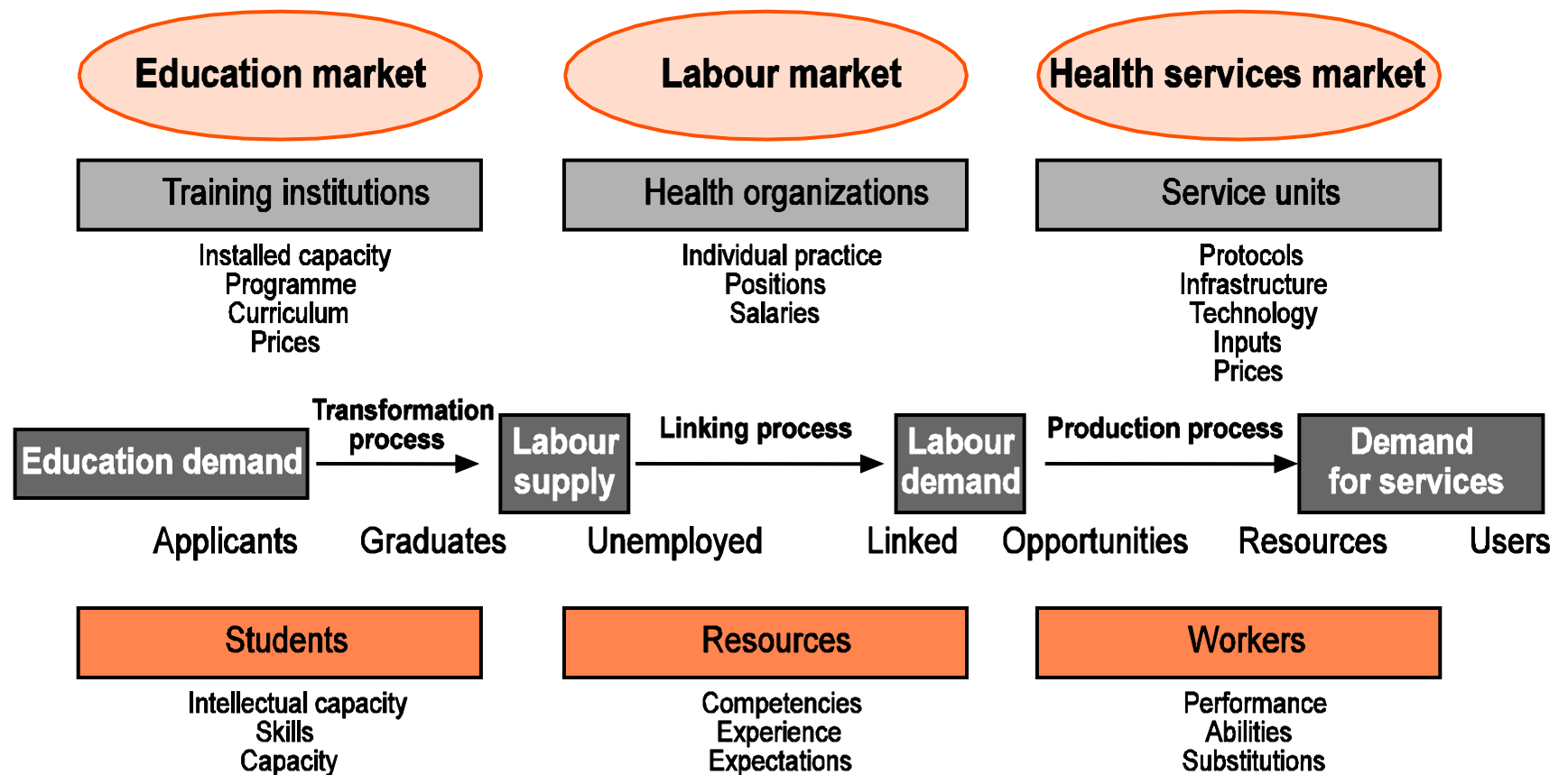


How confident and satisfied are you with the services provided by CHWs?



WHO commissioned study on Task Shifting, Central Plateau, Haiti

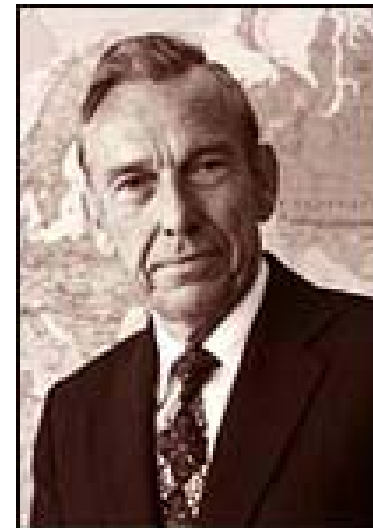
Relationship of education, labour and health services markets with human resources



WHR2006: ten-year plan of action

		2006 Immediate	2010 Mid point	2015 Decade
Country leadership	Management	Cut waste, improve incentives	Use effective managerial practices	Sustain high performing workforce
	Education	Revitalize education strategies	Strengthen accreditation and licensing	Prepare workforce for the future
	Planning	Design national workforce strategies	Overcome barriers to implementation	Evaluate and redesign strategies, based on robust national capacity
Global solidarity	Knowledge and learning	Develop common technical frameworks	Assess performance with comparable metrics	Share evidence-based good practices
		Pool expertise	Fund priority research	
	Enabling policies	Advocate ethical recruitment and migrant workers' rights	Adhere to responsible recruitment guidelines	Manage increased migratory flows for equity and fairness
		Pursue fiscal space exceptionality	Expand fiscal space for health	Support fiscal sustainability
	Crisis response	Finance national plans for 25% of crisis countries	Expand financing to half of crisis countries	Sustain financing of national plans for all countries in crisis
		Agree on best donor practices for human resources for health	Adopt 50:50 investment guideline for priority programmes	

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