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Next phase of the WHO Regional Office for Europe's Country Strategy: Strengthening health systems

Countries throughout the WHO European Region have been struggling with how best to set up their health systems for the past five decades, and especially in more recent years. Strengthening health systems is essential to securing real and sustainable improvements in the health status of populations in both the west and the east of the Region. However, health systems are confronted with high expectations, multiple health crises and limited resources all over Europe. In some parts of the WHO European Region, certain countries are not on target to achieve the Millennium Development Goals (MDGs) and, for some of them, health systems are in fact becoming one of the major constraints on achieving those goals.

The WHO Regional Office for Europe's Country Strategy, "Matching services to new needs", emphasized an orientation towards countries. The Regional Office will now continue supporting all Member States by "matching services to new needs" with a set of consistent approaches and tools to help them improve their own health systems. This development of a European strategy on strengthening health systems should accordingly be seen as a next phase of the Country Strategy that will engage eastern and western European Member States in a constructive dialogue. It will place health systems high on the agenda of the Organization by reorienting the work performed in all areas (and especially in priority health programmes) towards strengthening health systems at country level.

This position paper (strategy) is a call for European countries to develop their own approaches, bringing together the key constituencies in strengthening health systems: country policy-makers, the major global programmes and initiatives, funding agencies and European health system experts. The paper covers the scope, purpose and actions to be taken to develop this endeavour. It outlines specific areas where the Regional Office can support all countries in the Region in their efforts to strengthen their health systems. The paper should be read in conjunction with other documents presented to the Regional Committee, and especially the one on the Regional Office's Strategy on the Millenium Development Goals (MDGs) in Europe (EUR/RC55/Inf.Doc./1).

The Regional Committee is invited to debate the proposed strategy and approaches and to adopt the accompanying draft resolution as a guide to implementation.

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Summary

1. Strengthening health systems is essential to securing real and sustainable improvements in the health status of populations in both the west and the east of the WHO European Region. However, health systems are confronted with high expectations, multiple health crises and limited resources all over Europe.

2. The effort to strengthen health systems in the European Region is not "value-neutral". It stems from the conviction that health is a human right, from a willingness to share for reasons of solidarity, from an understanding that people's participation improves health results, and from the defence of an ethical standpoint on all issues related to health. Ideally, strengthening health systems aims at improving health in an equitable way, at achieving a fairer distribution of financial contributions, at respecting the rights of patients and at making sustainable and efficient use of human, financial and other resources. One key element here is to ensure that all citizens enjoy equal access to high-quality and safe health services.

3. There are many ways to strengthen health systems. But they have a number of features in common: actions not only on personal health care services but just as importantly on disease prevention and the promotion of healthy lifestyles (service provision); the collection, pooling and allocation of funds to providers in a manner that promotes equity, transparency, protection of the population against the costs of using health care, and incentives for efficient and high quality service provision (financing); investment in the right mix of the necessary human and material resources, including premises, technologies and pharmaceuticals, to secure good results (resource generation); and the setting up of policies (including influencing health determinants), regulatory mechanisms and implementation arrangements and tools, including systems for transparent monitoring and evaluation, to ensure guidance and accountability (stewardship).

4. As importantly, a health system can only be strengthened if the political aspects involved are properly addressed in a process of development that suits each Member State's culture and context.

5. The Regional Office is stimulating Member States in the Region to make the strengthening of their health systems a priority, by adopting clear plans and strategies to do this, and it is committed to helping them make appropriate choices in the way (content and process) in which they want to do it.

6. In order to do this, advice and recommendations will be provided through improved country work with a short- and long-term perspective. This position paper covers the scope and purpose of that endeavour and actions to be taken to move it forward. A framework will be produced for Member States on how to assess the performance of their health systems, and guidance will be provided on how they can adapt this to their own context as a basis for identifying actions to improve national health system performance. A ministerial conference on this subject will be held in 2008, and an evaluation of the programme (including a report to the Regional Committee) will be made in 2009.

Swimming into the jargon

Some of the terms used in this paper are rather complex and not necessarily user-friendly. In order to make it easier to understand the main concepts involved, a number of boxes present a short story where real-life situations highlight the concepts behind the technical jargon of health system analyses.

Why address health systems now?

7. Countries throughout the European Region have been struggling with how best to set up their health systems for the past five decades, and especially in more recent years. Despite limited budgets, Member States are committing considerable resources from their budgets to improving services to their populations. Health systems in many European countries face old and new challenges as never before; many of their problems are of long standing but have come into the spotlight again recently. In western Europe, governments are finding it difficult to cope with cost increases while their citizens continue to ask for better quality and more freedom of choice. On the other side of the Region, the economic crisis in central and eastern countries after the political changes at the end of the 1980s contributed to a decline in health systems and low health budgets. All over Europe, the situation has been exacerbated by a range of other emerging issues:

- globalization has increased labour migration from poor to rich regions and countries, making it harder for all countries to retain qualified health staff;
- reforms in the public sector, such as decentralization and privatization, although often designed to improve accountability and responsiveness, have sometimes been implemented in ways that have had a negative effect on health systems performance; and
- the boundaries between the public and private sectors have become blurred, and many governments find few ways of coping with that: drugs purchased by the public sector may "leak" into informal drug markets, government health workers may "moonlight" in the private sector or impose private charges when they see patients in public health facilities, etc.

8. On top of all this, virtually all health systems face increasingly difficult health challenges, from HIV/AIDS in particular, but also from the rise in associated infectious diseases (such as tuberculosis) and the rapid emergence of noncommunicable diseases. Especially in the eastern part of the Region, this has led not only to an increased burden of disease but also to a net decrease in life expectancy (the only sub-region in the world, with the exception parts of sub-Saharan Africa, where this trend is seen *(1)*). What is notable is not the decline per se but rather that effective and affordable interventions already exist to prevent or cure much of the burden of disease in these countries. However, weak health systems are a critical constraint on delivering those interventions *(2)*, an observation that is particularly true in weak and fragile states, including those plagued by conflict, where there has been a broader erosion of state capacity.

9. In response to the above situation, recent strategies to strengthen health systems in Europe have ranged from making broad changes in the organization and/or financing of the health sector to more discrete efforts focused on particular elements of the health system. Many countries have developed health sector strategies, priorities and medium-term expenditure frameworks. Others have set up disease- or service-specific strategies aimed at addressing specific causes of ill-health and more or less related to evoking broader system responses.

10. These changes have been effected by Member States in both the east and the west of the Region, as the following (far from exhaustive) list shows. A series of national service frameworks have been produced by the United Kingdom's National Institute for Clinical Excellence in recent years to specify integrated care models for defined diseases. Portugal has just produced an update of its national health plan. Slovenia is in the process of hospital reform, including a tight accreditation procedure. In Germany, contracts for disease management programmes have been developed within a regional framework. Estonia has reformed its entire financing and primary health care systems. Norway is reporting some difficulties in hiring physicians and nurses in some geographical areas and a thorough human resources planning exercise is under way, along with implementation of a national strategy on quality. A number of countries (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Romania, Serbia and Montenegro and The former Yugoslav Republic of Macedonia) are reforming their mental health services with a community orientation in the context of the Stability Pact for South Eastern Europe. The Netherlands is in the process of deepening its reform of the entire health insurance sector. The pharmaceutical sector is undergoing important changes in Spain and

many other European Union (EU) countries, while deep reforms are being implemented in Kyrgyzstan and Hungary, for example. Georgia and Italy continue to adjust their basic benefit packages. And so on …

11. While some of these initiatives have achieved some success, many reforms have stalled in the face of difficulties that have proved to be insurmountable, perhaps owing to a lack of political support, staff turnover in ministries of health, changing donor interests, or lack of implementation capacity, including weak procurement systems, poor financial management systems and limited prospects for sustainability, limited human resources, limited health information and lack of government coordination of initiatives *(3)*.

12. While these problems are manifest at country level, their increasingly complex and global nature means that they cannot be resolved entirely by individual countries alone. That is why the international community has in recent years been mobilizing a substantial level of resources at country level through a number of ongoing initiatives with implications on health systems (the Commission on Macroeconomics and Health, the Global Fund for HIV/AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization, etc.). Although these additional external funds are indeed most welcome, there is concern about the potentially distorting effects of large injections of earmarked health funds on specific priority services (as well as on the wider economy) owing to the reinforcement of inefficient parallel structures often supported by these funds and the sometimes insufficient managerial capacity at the country level. An additional problem is that the predominant international paradigm on how best to improve health systems has shifted many times; national policy-makers receive advice from external partners, and different agencies hold potentially conflicting views as to which strategies for strengthening health systems are likely to be most effective.

13. The result is that in many countries those people most in need of care are often simply not getting it because drugs, money, information and even health workers are not available or are ineffectively deployed. In other words, despite massive investments, health systems (especially in poor countries) are struggling to deliver priority health interventions, ensure effective services to the poor and find a balance between acute and long-term care, between meeting the running costs of services and making investments in infrastructure for communicable and noncommunicable disease control, etc. In some parts of the WHO European Region, certain countries are not on target to achieve the Millennium Development Goals (MDGs) and, for some of them, poorly functioning health systems are in fact becoming one of the major constraints on attaining those goals *(4)*.

14. Against such a background, the issue of health systems was addressed on a number of occasions during the fifty-fourth session of the Regional Committee, in particular during the discussion on the report on implementation of the Regional Office's Country Strategy. The challenge now is to define more clearly and agree on what can be done to make health systems work better.

15. This paper, which is the product of collaboration and consultation within the Regional Office, with members of the Standing Committee of the Regional Committee (SCRC) and with a number of Member States, is not a call for a single strategy to be imposed on countries. It is neither feasible nor desirable to propose a standardized architecture for health systems. The paper is rather a call for European countries to develop their own approaches, supported by the Regional Office and bringing together the key constituencies in strengthening health systems: country policy-makers, the major global programmes and initiatives, funding agencies and European health system experts. In other words, it is an invitation to learn together from the experience of the last decade and cross-fertilize other Member States with their own experiences. In summary, the purpose of this paper is:

- to provide a framework for action on strengthening health systems at a pan-European level;
- to agree on a road map, consistent with this framework, for taking a European health systems agenda forward as the critical element in accelerating progress towards global health goals; and
- to support Member States in increasing the sustainability and effectiveness of disease-specific activities through health system development and more systemic and strategic approaches.

16. The expected output of this exercise is:

- a number of country-specific strategies (ideally, one per Member State)
- a set of European recommendations on the lessons learnt.

BOX 1. Two interconnected lives

This is the story of two people somewhere in Europe, whose lives are more intertwined than they imagine. One is a woman with a brilliant career, who has just been appointed Minister of Health. The other is a common citizen who has suffered a blow in recent weeks: his son has been diagnosed as both HIV-positive and – to make things worse – suffering from a medical problem for which surgery is the only solution.

Our Minister is full of good intentions. She is aware that the country is in a tough economic situation, but she is full of positive ideas and projects: the country has been politically stable for some years now and there is consensus around moral values such as solidarity and the will to share, which played a clear role in a recent political campaign. She is also aware that the future in the field of health cannot be predicted, but she believes that some visions can be expressed with a good chance of becoming reality. After the SARS crisis and the tsunami in east Asia, she knows that health crises will not stop happening, and that there will be many in the future ("There's no doubt for me that good health planning requires a clear view and anticipation of future challenges and priorities, to be able to respond appropriately and in time to evolving health needs", she says). For her, therefore, one of the priorities is to make sure that the health system in her country adapts as well as possible to uncertainty and is able to respond quickly and efficiently to any situation that requires prompt intervention. Developing responsiveness is the main challenge for the future. She is also committed to transparency: "I want people to know the truth about the situation in health and the health care field in the country all the time".

One problem area in particular has been on her mind in recent months: patient safety. "It is shocking (she has often pointed out to colleagues) that health services could be dangerous for patients!" She likes to compare the safety of a plane to that of a health centre or a hospital. "When you get on a plane, you're convinced – and you're generally right – that the pilot is competent and in good shape and that the plane has been recently checked. Why shouldn't you be absolutely sure you could say the same about health service delivery institutions?" So our Minister is also fully convinced that ensuring patient safety is a good motif for capturing the goodwill of citizens and medical professionals alike ("Who could conceivably oppose such a noble objective?" she wonders). And if more money is needed, she will find a way in negotiations with the Minister of Finance and the Prime Minister … Decidedly, patient safety will be the main policy issue in her mandate as a minister. She is aware that the timing of a proper planning process is of particular importance in the field of health, compared to other sectors. It is important mainly because the health domain is rigid and difficult to move, even when the need for adaptation is indispensable. The sensitivity of public opinion, the resistance of health professionals and political pressure all have been strong obstacles to past reform. It's therefore essential to start the process early. "I need to move on this quickly", she confidently thinks ...

By way of contrast, our citizen is full of anxiety. All he has done throughout his life is to be a good person and a diligent qualified worker. It was bad luck that social and political instability in recent years made his lifesavings disappear through "high inflation, currency exchange rates and all those difficult words they mention on TV". He had consistently carried out his plans to secure a number of years' peaceful retirement for himself and his family, but now he knows that he will still have to work for quite some time if he wants to save money again. His son has had it even worse. There was no work for him and the young man has been wandering around for months to no avail. Two weeks ago he started having insidious health problems that led to him being diagnosed as HIV-positive. Worse still, he was diagnosed with another medical problem; the public sector doctor who they visited told them that "surgery is the only solution, and quite an urgent one!"

Our man then follows the advice of the doctor and visits the public hospital where the operation should in principle take place. Another disappointment from the surgeon: "Your son's operation isn't covered by the public sector, and in any case we can't guarantee that we could perform it here, since he's HIV-positive. We have enough difficulties with our ordinary patients, in the context of tough budgetary restrictions from the Ministry of Health. My team, including the nurses, won't accept the extra risk of an HIV-positive patient … However, if you could give them an economic compensation, we may reconsider the possibility." But the amount involved is prohibitive: the price he is asked for is the equivalent of four years of his entire salary! He simply does not have that amount of money ...

Our man then asks a lawyer friend whether it's true that he doesn't have the right to be covered by the public sector, and what he hears confuses him even more ("You know, this new legislation is very complex; there are lots of ambiguities and plenty of vacuum to be interpreted according to the circumstances. I'm afraid I can't assure you that your case will be heard"). He then turns to a private physician about whom he has heard very positive comments in his neighbourhood. Anxiety again: the doctor confirms the diagnosis (and the stark prognosis if the operation is not carried out) and signals the possibility of performing the operation himself, but the price is even higher, 25% more than in the public hospital. "What can I do? I'll go and try to visit the new Minister. I've heard she's a good person, and I can get through to her because I know someone who knows her ..."

When our two protagonists met, there is plenty of empathy and goodwill. "This is exactly what I've been talking about with my colleagues in recent months. Our country should provide this type of treatment without risks to other patients in all hospitals. And as for the coverage, we'll see: it's a case of real need!" The Minister sincerely promises our man that she will do her best and commits herself to finding a solution as soon as possible, "wherever that may be". She says goodbye to our man and promises to get back to him "not later than three or four weeks from now, maximum". The Minister then instructs her chief of staff to set up a team urgently, make an inquiry and report back to her about patient safety in the country. "Find support from external consultants, if need be. There must be a way out." is the last thing she says to him.

(Continued in Box 2)

What would be the scope of the Regional Office's proposed interventions?

17. This section presents a "core technical framework" intended to guide Member States when they consider strategies for developing their health systems. It is by no means meant to be a compulsory table of contents for such an exercise, and Member States are welcome to refine it, improve or simply adapt it to their own situation. The elements recommended for consideration are set below.

18. Health systems exist to deliver better health, through personal and non-personal health services. In their efforts to ensure that health services of the highest attainable quality are delivered to those who need them, decision-makers in every health system wrestle with problems related to money, staff, drugs, buildings, information, etc. But a health system is more than hospitals and service delivery institutions, and indeed more than just the public sector. In other words, a "health system" includes not only the pyramid of health facilities and associated resources that deliver personal health services but also actions such as vector control, seat-belt legislation, anti-tobacco campaigns, behaviour change strategies, etc. (i.e. any action for which the principal intent is to improve, maintain, or restore health). It also includes other relevant actors such as households and communities, private providers and managers, insurance organizations, and health policy- and decision-makers at all levels of government.

19. A health system is also not simply the sum of its separate parts but a set of dynamic entities with interactions: in the real world, specific elements of health systems such as human resources for health, health information systems and health financing are interdependent. For example, reforms in health

financing may affect the incentives offered to health workers and also the nature of information flows through the health system, via the creation of new billing procedures. Therefore, consideration needs to be given to ensuring that discrete initiatives to strengthen health systems move forward in a coherent way, and that the potential and actual system-wide consequences are taken into account.

20. Health systems are societal institutions, so their development needs to be not only outcome-oriented but also driven by values and based on shared principles. Different countries have different values, and of course it is a challenge to find common "European" values. The Regional Office has explored those values during the review of the Health for All policy and has come to the conclusion that the core elements shared by all European Member States are (i) health as a human right; (ii) solidarity; (iii) equity and (iv) participation, all leading to (v) an ethical approach to health systems development. The Office will continue to promote these values, and Member States are invited to include them in their health system strategies.

21. Detailed mention needs to be made of health system goals and objectives in the European context, in line with the framework set out in the *World Health Report 2000 (5)*.

22. Improved health, an end in itself but also a major driver of economic development through its important interactions with other aspects and sectors (general productivity, education, employment policy, etc.), is the overall health system goal. In this European strategy on strengthening health systems, the Regional Office will focus on health levels (e.g. average healthy life expectancy) and distribution (health inequalities). Health gain will be achieved by a mix of interventions targeted at individuals (personal health services), populations at large (communicable disease surveillance, tobacco taxation, etc., i.e., non-personal health services) and wider determinants of health (environment, housing, agriculture, etc.).

23. It is vitally important to ensure adequate funding for universal access to the necessary personal and non-personal services, including health promotion and disease prevention. The burden of funding the health system should be distributed equitably, which means that the poor should not pay a greater share of their income to fund health services than the rich. In addition, households should be protected against the financial risk of using health care, which means that the cost of using care must not exert an unfair financial burden on households or drive them into poverty. Although people's health needs and resources differ substantially across and within the countries of the European Region, the health systems strategy will promote equity and financial risk protection as critical objectives of all health financing systems. We recognize, however, that economic and institutional factors (e.g. if much of the population is not working in the formal sector of the economy) limit the ability of many governments to mobilize tax revenues and pool funds. For these countries, out-of-pocket payments for health care tend to be a large proportion of total health spending, and this has negative consequences for equity and financial protection. Thus, the strategy will take a realistic approach, balancing what can be achieved on these policy objectives with what is possible in each country in terms of revenue collection. At the same time, however, we are concerned at the low priority given to health by some governments (e.g. in 2002, 13 countries in the Region allocated less than 10% of government expenditure to health, and 6 spent less than 7%) and will advocate increases where appropriate.

24. It is no longer enough to deliver high-quality services based on the best available technical knowledge. An adequate response must be made to individual and social expectations with regard to non-medical issues. This means respect for the person – dignity, confidentiality, autonomy and sufficient client orientation – prompt attention, access to information and to social support networks, quality in the basic amenities and a reasonable degree of choice compatible with the circumstances of the country. This dimension will also be addressed as one of the objectives in this European strategy.

25. There are therefore three essential goals: health gain, equity of financial contribution with protection against financial risk, and responsiveness. These goals can be achieved through a set of intermediary objectives such as greater financial and physical access, quality and efficiency in service delivery, etc.

26. The above goals and objectives can only be pursued through improvements in a number of health system functions (groups of related activities). These functions are generic to all health systems, but are organized differently in different countries: service provision, financing, the development of human and other key resources, and stewardship (oversight and guidance). They are described below, with a mention of the key challenges faced by countries in each field.

Service delivery (provision)

27. The service delivery function deals with the combination of inputs into a service production process that leads to the delivery of health interventions to individuals or to the community. In other words, it is concerned with how to efficiently produce and make accessible the best mix of high-quality personal and non-personal services for any given society.

28. The issues and challenges that need to be addressed in the context of this function are:

- extending the coverage of populations by the needed health services;
- improving and monitoring the quality, safety and responsiveness of services;
- understanding the impact of different service delivery strategies (e.g. public-private mix) on the entire health system;
- promoting patient safety;
- promoting proper management of client-oriented services; and
- strengthening service delivery infrastructure and management information systems.

Financing

29. Sound health financing is needed both for producing the necessary services and for investment purposes. Health financing is an umbrella term used to describe three sub-functions: (i) raising revenues, preferably through some form of prepayment; (ii) pooling funds and risks across the population with the aim of promoting social solidarity whereby the wealthy support the poor and the healthy support the sick; and (iii) purchasing services, preferably in an active or strategic manner, implying that resources are allocated to providers and among various health interventions in a way that maximizes population health outcomes.

30. The main issues and challenges with regard to this function are:

- improving the mobilization of a stable and predictable flow of resources for the system;
- reducing fragmentation of pooling arrangements to promote increased potential for risk protection;
- mitigating the burden of out-of-pocket health spending, and reducing financial barriers to access to needed care;
- promoting greater transparency in the system, particularly with regard to people’s awareness of both their entitlements and obligations; and
- establishing incentives for improved quality of care and efficient service provision.

Resource generation (creation)

31. In order to produce the required services, it is not enough to secure the necessary financing of the system. It is also essential that these finances are transformed through investment into the “raw materials” that are used to produce the required services in timely and affordable ways.

32. The key issues and challenges in this regard are:

- ensuring the production and deployment of the right human resources for the health system mix chosen (categories, numbers and places);
- maintaining their competence, quality and productivity through continuous education and training;
- ensuring the necessary investments in physical infrastructure and facilities; and
- achieving the best affordable mix of pharmaceuticals and health technologies.

Stewardship and governance

33. A key aspect of stewardship is influencing policies and actions in all the sectors that may affect population health (and it must be noted again that better health is the result not just of actions within the health system, but also of factors beyond it such as education and housing). Effective implementation of the stewardship function therefore implies the ability to (i) formulate strategic policy direction; (ii) ensure good regulation and the tools for implementing it; and (iii) provide the necessary intelligence (i.e. synthesized and analyzed information for policy) on health system performance in order to ensure accountability and transparency. The proper locus of this function in each country is the Ministry of Health.

34. Key issues and challenges in this area include:

- balancing the many competing influences and demands while building coalitions to achieve the main health system objectives;
- setting clear policy priorities while maintaining an overview of societal interests;
- ensuring the necessary regulation of the other functions of the health system (e.g. benefit package and patient co-payments, the education of health care providers and professional practice through licensing and accreditation, promulgation of evidence-based treatment guidelines, etc.); and
- influencing the behaviour of the actors involved, in a climate of learning (rather than punishing), transparency and accountability, through performance assessment and the use of intelligence.

35. Good governance and good management of service production are particularly important prerequisites for the effective operation of any health system. Both depend on the existence of a well functioning health information system, designed to permit operational and strategic decision-making as well as accountability (operational decisions are part of the service production function, whereas strategic high-level decisions are part of stewardship).

Implications of this approach

36. Two important implications of using this framework of goals and functions should be highlighted. The first is that any policy change, investment, reform, etc., should be driven by values, and these are made operational through the goals of health systems. This means that any proposed reform should be justified in terms of its expected effect on intermediate or final health system objectives (e.g. on quality of care, responsiveness, efficiency, access, reaching the poor and socially vulnerable, etc.). Reforms must always be goal-oriented rather than oriented purely to the implementation of certain instruments (e.g. family medicine, social health insurance, etc.). Second, the rationale for a multifunctional framework is recognition that changes in just one function alone ("magic bullets") are rarely successful. Success demands the development of strategies that invariably involve several functions. Using the example of family medicine, both common sense and recent experience in the Region suggest that effective implementation requires action in service provision (e.g. reorganizing primary care along the family medicine model), resource generation (e.g. curricula for the training of new family medicine specialists as well as re-training of existing physicians),

financing (e.g. increasing the relative remuneration of family practitioners to encourage enrolment in training programmes and retention of graduates), and stewardship (e.g. establishing family medicine as a specialty and accompanying this with an appropriate legal and regulatory framework). In its entirety, therefore, the framework is a tool that helps to ensure (or at least promote the idea) that policies are goal-oriented rather than instrument-oriented, and to ensure that comprehensive implementation strategies are put in place, incorporating necessary changes in multiple functions of the system rather than relying on single measures.

37. Health system development should be seen not as a technocratic exercise but rather as a political effort in which European Member States do their best to tackle the burden of suffering that disease and preventable death impose on their societies. Once priorities are set (and this is sometimes done without understanding the side effects and inter-relationships), the process of policy development therefore becomes of paramount importance. Even if there is consensus that some fundamental aspects of a health system must be addressed to achieve health goals and that such interventions will make a difference, agreement has to be reached on which actions are the highest priority.

38. Thus, improving the way in which health systems perform requires a combination of vision, technical knowledge and the ability to manage change. In other words, it is a question of deciding not only what to do but mostly how to do it. A strategy to strengthen a health system needs to reflect not only the ultimate vision but also an understanding of how these various obstacles will be negotiated. How different countries develop their functions while striving to attain the goals and support a set of values depends on the relationships between different stakeholders, public and private, national and international, in the country-specific and international arena. Ultimately, the actions adopted by a national government are influenced by that particular country's existing system, history and ideology.

39. In summary, a strategy in this area should aim at making sustainable improvements in health systems performance through actions, policy changes, and investments in one or more of the four functions of the health system. Such changes should be justified in terms of their expected positive effect on health, financial equity or responsiveness, typically through better access, coverage, quality and/or efficiency. The selected priority (or priorities) may focus on some or many aspects of the system, either the way priority health interventions such as antenatal care are addressed and/or more comprehensive structural and functional changes. In any case, these changes are political and need to be treated as such, that is, they must prove to be acceptable to national stakeholders and in harmony with national values and principles.

Making choices in health system development

40. Health systems are undeniably complex, and sometimes different options and strategies are available to improve health system performance. For example, financial restrictions on access to health services may be addressed by subsidizing the participation of informal sector workers in compulsory health insurance schemes or by exempting the poor from user fees. Similarly, low motivation of health personnel and poor quality of care may be addressed through adjusting incentives for health workers and through investing in supervision and complementary inputs.

41. In addition, people are not as clear as they should be, in the light of current knowledge, about what can be done to make health systems work better. In some cases, it is possible to create consensus around some key characteristics or properties and then present a range of structural arrangements that seem to be associated with the effective functioning of health systems. For example, with respect to arrangements for risk pooling, an effective system may define an individual's entitlement to coverage based on citizenship or residence (i.e. all citizens or residents of the country are covered), or upon contributions made by or on behalf of each individual in the society, but a common and key characteristic is that a substantial proportion of expenditure is compulsory and pre-paid *(6)*. At other times, however, such consensus does not exist (see below).

42. This European strategy on strengthening health systems must therefore build flexibly on the evidence gathered through action and on the lessons learnt at country level, while adhering to the core values described here and in previous documents emanating from the European Region such as the Ljubljana Charter on Reforming Health Care in Europe signed by all Member States in the European Region in 1996. This section offers an overview of current knowledge about whether (and which) effective actions will lead to stronger health systems by increased partnership of all the stakeholders concerned at regional and global levels *(7)*. Through a number of country- and theme-specific publications, the European Observatory on Health Systems and Policies places a wealth of evidence at the service of Member States *(8)*.

What to change? Content and tools

43. Experience shows that there are a multitude of entry points for a process of health system improvement. For any particular health system function, changes may be sought in:

- structures and policies, such as service delivery arrangements, institutions to pool funds, legal and regulatory frameworks, incentives and national policies;
- key support systems, such as pay-roll, accounting or information systems; and
- skills and knowledge, not just of health care providers but also of policy-makers, record clerks, personnel officers, households etc.

44. On rare occasions, changes in one function of a health system may alone be sufficient, although they must still take account of related issues in other functions. For example, if health care providers are motivated and appropriately distributed but simply lack information about a new technology, it may be enough just to organize training. Some strategies operate at different levels and are designed to target specific actors – individuals or institutions. For example, subsidies for the poor and behaviour change communication (BCC) strategies all target households and communities; others that focus on health service delivery include initiatives to promote quality standards (through accreditation and regulation, for example) or to promote human resource development (through restructuring of incentives for health workers). Still other levers (such as policies on resource allocation and decentralization) act at the policy level but may have a ripple effect throughout the system.

45. It is important to note that, in very general terms, both disease-specific and system-wide actions usually exist for most health problems. For example, high mortality among the middle-aged population in a typical European country may be tackled through specific actions against cardiovascular disease or by improving primary health care (PHC) and hospital care to deliver better prevention, diagnosis and treatment (i.e. bringing the content of disease-specific programmes into the organizational structures of the health system). Service- or disease-specific strategies tend to focus more on health care facilities, or on the interface between patients and providers, and to address the knowledge, skills and behaviours of health workers or community members, and aspects of support mechanisms such as health information or drug supply. System-wide strategies, on the other hand, tend to address “sector-level” action such as remuneration packages for all health workers or resource allocation mechanisms.

46. This distinction is far from being a rigid one, however: there are service-specific strategies that work at the sectoral level, and broader health system strategies which work at lower levels. In some cases, the distinction is less to do with the tool or strategy itself than with how it is implemented: accreditation, for instance, may be introduced for a particular service or for health facilities more generally. Disease- or service-specific responses and broader health system ones may also reinforce each other. For example, improving health worker motivation requires a package of interventions that may include both components (e.g. training on common conditions and increased supervisory support, on the one hand, and different recruitment and performance review procedures on the other *(9)*). However, they may also undermine each other: paying health workers extra to deliver a particular service may reduce their motivation to deliver other services or attract personnel from other areas, leaving important services under-staffed. Planning designed to ensure the financial sustainability of

measures to control a focal disease may undermine the sustainability of other interventions. In fact, sometimes the sheer number of systems strengthening measures and the lack of coordination between them may overwhelm and confuse people.

47. How different strategies relate in practice will depend on the nature and context of the constraint being addressed. Disease- or service-focused strategies may yield more rapid results for that particular condition or service. Structural changes may have wider effects across several levels and services and ultimately may be more sustainable, but they can take longer to have visible results – at least if measured in terms of service outputs. A clearer understanding needs to be gained about when to employ different combinations of strategies.

48. There is growing recognition of the critical nature of a number of sector-specific areas (information systems; human resources for health; health research systems, drug procurement and management systems; and, to a lesser extent, financial planning and management, basic management capacity, and core regulatory structures). Here, there is some agreement about what needs to be done, and some knowledge about how to do it. These would appear to be priority areas with potentially significant returns on investment. Before taking action, however, it would be good to gain a better understanding of any structural constraints (e.g. limited institutional capacity or the lack of a political mandate for government bodies) that might have previously inhibited a coordinated approach. On the other hand, there are many health system elements – financing arrangements and relations between public and private sectors are two good examples – that may be equally critical to the achievement of good health but where the state of knowledge is much more partial and no comprehensive effort is under way. Lastly, some aspects of our understanding of health system functions (structures to promote governance and accountability, appropriate service delivery models and community involvement) are extremely poorly developed. In these areas, innovation and research are needed to build the base for future work.

49. Efforts to strengthen particular elements of health systems have recently been launched. The Health Metrics Network (HMN) articulates a vision and "consensus technical framework" for the essential components of health information systems; it brings together partners in strengthening country health information systems to generate better data for decision-making at country and global levels, guide investment and provide the foundation against which to measure progress *(10)*. The WHO-sponsored Joint Learning Initiative on Human Resources for Health (HRH) focuses on understanding better the role of workers in health systems and identifying new strategies to strengthen their performance. The World Alliance for Patient Safety, launched by WHO in 2004, is a significant step in improving the safety of health care. A core element of the new Alliance is the formulation of a global patient safety challenge, which would be relevant for every WHO Member State *(11)*.

50. Experience at country level is also important. The move to "sector-wide approaches" (SWAPs) during the late 1990s was an effort to encourage stronger partnerships between governments and donors and to promote a more systems-oriented investment approach *(12)*. However, the relative lack of coordination between sector- and disease-specific responses and broader efforts to strengthen health systems, combined with the lack of a shared understanding of how these two aspects relate, has limited the emergence of clear avenues of investment at country level. Over the past decade, many governments have started to introduce a SWAP to health development, in order to obtain more coherent support from external partners for overall national priorities. Many have also developed national "poverty reduction strategies", of which health is one component. In addition to these overarching instruments, many countries of course also have a variety of arrangements for coordinating the actors engaged in more specific areas, especially related to disease control.

The process of change

51. In a review of health system reforms in Europe *(13)*, the European Observatory on Health Systems and Policies found that reform had been harder to implement than expected in the 1990s and highlighted the gap between political intention and the strategies to give effect to that intention. It thus

called not only for attention to be paid to the content but also for "the same degree of thought and effort that goes into developing policies" to be devoted to the process of implementation. In terms of process (as opposed to content) issues, there are also a number of choices to be made in order to develop feasible strategies.

52. Constrained budgets, limited institutional capacity and the politics of change usually mean that not all the required changes can be introduced at once. For example, strategies are needed in the area of human resources to develop the national workforce and to increase investment in appropriate education, deployment and retention of human resources, among other things. Activities in all of these areas are clearly desirable. But decisions have to be made about the sequencing and duration of change; criteria such as feasibility, cost and acceptability will need to be developed *(14)*.

53. Existing health sector architecture, institutions and institutional capacity will most likely influence the political feasibility of alternative reform paths, as well as the relative effectiveness and costs of change. Policy-makers therefore have to judge which changes will deliver substantial benefits, whether there is sufficient support for them to be implemented, and then where to start and how to sequence changes. The ability to overcome path dependence (the "inertia" from the previous policy), to negotiate new roles and to cope with the technical requirements of the new scheme have been mentioned as a key requirement in any change of policy *(15)*.

54. Thinking beyond the sector, if needed: certain health system constraints lie outside the direct control of health policy- and decision-makers and may be particularly difficult for them to tackle. For example, effective action on human resources for health is frequently entwined with the broader issue of public sector reform and the issues of restructuring the civil service and promoting more transparent hiring and promotion processes *(16)*.

55. Societal or macroeconomic conditions may prevent a country from moving towards its final vision of an appropriate health system *(17)*. For example, in many low-income countries the proportion of the workforce in the formal sector is still small. This constrains the ability of governments to mobilize tax revenues, which in turn limits public spending on health and results in out-of-pocket payments comprising a large proportion of total health spending.

56. Overall, any reform is known to face the so-called "collective action dilemma", in which costs are concentrated on well-organized groups whereas benefits are dispersed and directed towards non-organized groups *(18)*. However, it is not always the "biggest" reforms that are the most politically difficult, and even apparently simple changes, such as in a treatment protocol, may create strong pockets of resistance. What is important is to identify tractable problems, to focus on do-able interventions that have the potential to offer short- to medium-term benefits, and to gather momentum through a process of policy development and political negotiation.

BOX 2. Harder than it seemed

Three weeks later, the specially appointed team submits its first Report to the Minister in a long and detailed meeting with remarkably well elaborated information. The team has done a very good job! This is what the Minister is told:

2(a) There are many hospitals in our country in which the operation could in principle be performed, given their level of qualification as secondary and tertiary hospitals. We have the facilities, the equipment and the personnel to perform that intervention with reasonable guarantees. Unfortunately, however, the situation regarding assuring patient safety is quite another thing. For a start, the reporting team concurs with international literature in the view that patient safety cannot be seen in isolation from quality of care – on the contrary, it must be a constituent part of it. And although there are plenty of mechanisms for improving quality of care available in the "technical arsenal" at both national and international levels (accreditation, poles of excellence, clinical protocols, etc.), they never seem to have been consistently implemented in the country so as to have received endorsement from any of the

international accrediting agencies. In fact, none of our hospitals have ever received such accreditation.

2(b) The enquiry team has identified two specific "pillars" as crucially important in efforts to improve the quality of care (including patient safety). One is the premises and the equipment required; they have to be purchased, maintained and used according to strict criteria, which entails substantial expenditure. The second pillar is the health professionals, who need to be properly trained, motivated and organized. The team has discussed this with the hospital managers concerned, but they have complained about the lack of both financial and managerial resources to enforce such changes ("We have insufficient budgets, and we lack the authority to redesign our operations within the current legal framework. We have more beds than we strictly need, but we're not allowed to reorganize the hospital in any way, saving here to spend there. We don't even have solid hospital information systems to let us see who is achieving what, at what costs, with what degree of quality, etc. Almost all we can do is to keep things going as they have always been; the very moment we try to reshuffle anything, conflict starts either with the staff or with the public or with both ...")

2(c) A particularly relevant element in the team's report concerns the qualification of the workforce. According to the managers concerned and many young clinical staff interviewed, "These modern ideas of total quality of care, management by processes, randomized controlled trials, etc., are essentially alien to us and our staff. We have never been trained in these disciplines during our careers! Of course, some of us may have read books and leaflets on our own initiative, but quality of care can only be the product of a team effort, and the rest of the professionals have simply not heard anything about this. To tell the truth, many of us managers have had to undergo a process of re-profiling on our own, but most of us are self-trained in management because we're medical doctors by training and used to be hospital directors under quite different circumstances, when all these theories were simply not present ..." The only alternatives available if we really mean to improve quality, are either to organize extensive training on quality assurance in the country ("Short courses and speeches are useless if the purpose is to introduce organizational change", the experts say) or to send our key people abroad for substantial periods of time. And indeed, the entire undergraduate and postgraduate curricula have to be overhauled ("It's a question of having not just the relevant knowledge, but rather the necessary skills and competence acquired through systematically overseen practice").

2(d) The team then presents a rough estimate of the resources that would be needed to launch a quality initiative within the system. The financial "envelope" is much higher than the existing resources. It includes some critical investments in buildings and equipment, plus a much higher figure than the present one in running costs (even considering that the amount proposed for continuous education is quite modest, and that almost no investments in technology have been considered in the field of health information systems). Also, the team emphasizes that the current structure of incentives is distorted: "With the current mechanisms to allocate resources, those who could lead the change aren't motivated to do so, because there's no way to reward those who perform better", its report says. Another critical problem is that the way the system is currently financed, which includes substantial co-payments, punishes the poor (like indeed our man!), who cannot afford such amounts of money and simply do not use our services other than at the risk of getting heavily indebted. And unless the staff are much better paid, these requests for private payments in public premises are virtually impossible to stop. A much higher budget is required for the health sector to function properly; the problem, the Minister knows well, is that the Minister of Finance would never agree to such expenditure increases, because of other needs in the country and because of the agreement signed with international organizations to keep public debt under control. There are some donor agencies that could help, but many of them are making structural reform a precondition for disbursing funds (which might lead to social conflict), and in any case, there will later be a problem with sustainability.

2(e) The team has also taken a quick look at the legal regulatory arrangements in the country concerning patient safety and quality of care. There are plenty of laws and policy statements by the Ministry of Health ensuring them on paper. Health plans and health strategies (some of them endorsed under international agreements) have made extravagantly generous promises in the field of quality of

care, "but the truth is that many of those legal tenets have never been properly enforced because of lack of inspection capacity". Some previous reports had indeed identified conflicting aspects, yet after extensive consideration of the options available the Ministry had decided to turn a blind eye on them in order to avoid conflicts. A particularly serious problem stems from the fact that the Ministry of Health would have to impose sanctions on itself, since it is the funder of health care institutions, the employer of the workforce and the owner of those same health care institutions. As to the private sector, the Ministry had never had the necessarily qualified resources to carry out effective inspections over it: "in many respects" – the team reported – "the private sector is self-regulated or regulated by default; we receive hardly any information from private institutions about patient safety or quality of care". When the Minister asked whether any of these issues have ever been presented to the general public, the answer is brief: "To the best of our knowledge, no".

(Continued in Box 3)

How will the Regional Office develop the European Strategy on Strengthening Health Systems?

57. The Regional Office's Country Strategy, "Matching services to new needs", approved by the Regional Committee at its fiftieth session, emphasized an orientation towards country work through which Member States should find responses to their specific needs in the services offered by the Organization. The mission of the Regional Office is "to support Member States in developing and sustaining their own health policies, health systems and public health programmes; preventing and overcoming threats to health; anticipating future challenges; and advocating public health".

58. The country strategy is the core of the regional effort to implement WHO corporate policy by scaling up the Organization's work for health and development at country level. Special attention is paid to the "Country Focus Initiative" launched at the Fifty-fifth World Health Assembly and ongoing work to strengthen health systems globally *(19)*.

59. The Regional Office will continue supporting all Member States by "Matching services to new needs" with a set of consistent approaches and tools to help countries in their efforts to improve their own health systems. This European strategy should be seen as a next phase of the Country Strategy that will engage eastern and western European Member States in a constructive dialogue. It will place health systems high on the agenda of the Organization by reorienting the work performed in all areas (and especially in priority health programmes) towards strengthening health systems at country level.

Approaches

60. The Regional Office is committed to promoting a four-pronged approach, to better support Member States in the health systems field. These four main approaches are also the underlying pillars of the Country Strategy:

(i) improved country work, giving a health system focus to vertical health programmes

(ii) building partnerships with other stakeholders

(iii) placing emphasis on supporting particular policies and interventions based on evidence

(iv) learning by doing, based on transparent monitoring and well-designed evaluation studies, with a "feedback loop" into the policy-making process.

Better managed country work

61. WHO is making an important effort to serve the needs of its Member States by means of more effective country work. In that context, and learning from the above-mentioned experiences, the technical support to countries provided by WHO's health programmes will increasingly incorporate a focus on the health system and link better to the broader context. Each programme activity in the country (e.g. on tuberculosis, malaria, HIV/AIDS, child survival, making pregnancy safer, or immunization) will be implemented in a way that helps the government and other national stakeholders understand the constraints and limitations of the present health system and how to address these in order to facilitate effectiveness. In other words, the Regional Office will contribute to strengthening health systems in its Member States by supporting coordinated actions on key health system functions to produce better results from the health programmes through which it intervenes in the country.

62. Every country health system is organized and managed differently. The debate should be not on how to conceptualize health systems but rather on the critical actions that a country can take to achieve its health system objectives. This should be based on a thorough understanding of the country's health system, combined with existing evidence on making health systems work better. In principle, improving health system performance involves a combination of technical and political know-how relying on both the rich in-country experience of the Member States and on international assistance and initiatives. WHO assistance may be particularly useful in this context to improve the effectiveness of these investments by ensuring that all partners have a good understanding of the health system context and the critical constraints that must be addressed.

Partnership with other stakeholders

63. The Regional Office promotes strategic partnerships because improving health systems in the new millennium is an objective over which nobody has exclusive rights. There is a need to establish a policy dialogue not only with governments but also with other nongovernmental stakeholders, both international and national. Some disease- or service-specific global health initiatives have begun to develop strategies to overcome health system constraints. For example, in 2001 the Global Alliance for Vaccines and Immunization launched some special funding designed to address system barriers, and it recently initiated an exercise to help countries identify and resolve system constraints related to immunization programs *(20)*. The Global Fund for AIDS, Tuberculosis and Malaria, in its fifth call for proposals, explicitly welcomes activities to strengthen health systems, in addition to tackling the three core diseases. The second ad hoc Committee on the TB Epidemic has recommended that the Stop TB Partnership should promote collaboration between programme staff and health policy- and decision-makers "to ensure that TB control programmes contribute to and build upon broader approaches to health systems strengthening and link with other public health interventions" *(21)*.

64. This will lead to an increase in the mass of resources available and the creation of synergies. It will also increase the chances of carrying out more coordinated actions and mobilizing all possible social agents, something which is demanded by the changing disease trends (especially those of chronic diseases) in many countries.

Evidence-based interventions

65. National and international actors share the same goal: improved health systems that deliver better health and health services. It is the way to get there that is less clear (in addition to the right of any country to decide on its own priorities and preferences). Overall, the research evidence base underlying health systems strengthening is still relatively weak *(22,23)* and, as indicated above, what works and what does not and the effectiveness of health systems arrangements are often difficult to ascertain. It is difficult to produce robust empirical evidence applicable across countries, as to the actual effectiveness of many interventions addressing health system elements and close to impossible to provide cost–effectiveness or cost–benefit analyses of initiatives to strengthen health systems.

International comparative analysis is certainly relevant, but is more likely to be qualitative in nature, and always subject to interpretation and adaptation to a specific national health system.

66. But evidence on health systems is vitally important, to ensure that appropriate policy and systems interventions are delivered in the appropriate sequence so that services can be targeted to people who will benefit from them. Although such analyses may often be qualitative in nature, the Regional Office is promoting the idea that, for many strategies for which there is a shortage of quantified empirical evidence, decisions about how to move forward can be made on the basis of theoretical rationales and experiential evidence. There are case studies, retrospective evaluations and an accumulation of practical knowledge and experience which, when taken together, can provide useful guidance on "good practice". After all, national decision-makers can not put all their policy choices on hold pending the arrival of the evidence. There is also a clear need for health systems research to forge more direct links with policy advice, and for greater knowledge management, exchange and use in the broadest sense. Attention needs to be focused not only on health system outcomes, but also on ensuring inputs in appropriate quantities, of good quality and in the right mix, as well as on the set of activities required to transform these inputs into the desired outcomes. Priority will be given to quality and safety of, and access to, care with a health system perspective.

Learning by doing based on transparent monitoring and evaluation

67. Monitoring of health system performance and evaluation of the effects of various efforts to strengthen health systems inform decision-makers as to which strategies are working and which are not and allow for a change of course if necessary. They can also contribute to the global knowledge base about what works in strengthening health systems. Tracking achievements in this area is also important for accountability – to a country's general public and to other investors in health systems. It should demonstrate how investments in strengthening health system are improving the system's performance and, ultimately, health outcomes.

68. At present, however, few countries have systems for transforming potentially relevant information on health and health care into intelligence that is useful for decision-makers. The growing gap between knowledge and action, the shift of paradigm from science to technology and the IT revolution all challenge the management and sharing of knowledge with national governments and among donors and international agencies (few countries in the world, if any, can cope with 40 000 articles in the field of medicine being published every month! *(24)*). A new strategic balance therefore needs to be struck within the continuum of knowledge creation, translation and application. Better capacity and a higher profile for health policy analysis are needed for governments to improve the stewardship of health systems. Careful joint activities will be organized to address these challenges. There is also a need to ensure that funding for operational research currently earmarked under the various global initiatives (such as the Global Fund) is well used and addresses health system issues as well as epidemiological or biomedical research.

Follow-up

69. Working in the field of health system development calls for continuous analysis and updated information. The Regional Office wants to offer Member States a coordinating mechanism to foster synergies among various national and global initiatives that aim to strengthen health systems at country level. It is proposed that Member States and the Regional Office work together on follow-up, as the critical element in policy development, through the development and support of national health policy analysis capacity and processes to assist Member States in analyzing the effects of their health system reforms. A coordinated regional effort will also allow for the sharing of information and joint learning about how to improve this critical dimension of stewardship. This would entail (i) reviewing the inputs used for health policy analysis and the way it is organized in different Member States, (ii) making available to countries an expanded body of evidence on the effects of reforms on health system objectives, and (iii) facilitating opportunities for networking and dialogue among countries on these issues.

70. In due course, a mutually agreed core set of health system performance metrics could be identified and made operational, based on several existing proposals. The Health Metrics Network has made an initial attempt to identify a core set of relatively easily measured health system indicators at country level *(25)*. A variety of other indicator frameworks for health system performance exist and could also be drawn from *(26,27,28)*. Such frameworks can help countries with the process of developing their own context-specific measures. As frameworks, they are not intended to be prescriptive but rather enabling, and should facilitate the process of country-specific adaptation.

71. Support should be provided for nationally-defined health system research agendas for a number of years. WHO is currently addressing this through its Special Partnership Programme on Health Systems Research (building on the Mexico Ministerial Summit on Health Research). The Regional Office wants to ensure that development of the knowledge base feeds into work on strengthening health systems at country level, and that our understanding of effective strategies to strengthen health systems is continuously updated. Syntheses of expert opinion – where the experts include national policy-makers and practitioners – will be used to move towards greater agreement on priority areas for action and investment.

72. The Regional Office will provide support to Member States in all the above areas. It can do this by ensuring that the existing evidence on strategies to improve the performance of different elements of health systems – and the circumstances in which they might be suitable – is summarized and made more accessible to countries. Potential strategies to advance the health systems agenda, building on the relative strengths of disease-specific and system-wide programmes both at the country level and internationally, will be outlined.

73. A transparent review of the lessons learnt will be made in a European health systems ministerial conference in 2008, at which the experience gained will be thoroughly analysed, and an evaluation of the Programme (including a report to the Regional Committee) will be made in 2009.

BOX 3. A Minister in her labyrinth

At the end of the meeting with the team reporting on patient safety and quality of care, our Minister feels a bit overwhelmed and anxious. All of a sudden, her plans to improve the health system in the country are in front of her with faces, names and numbers. Hundreds of ideas cross her mind simultaneously, and she finds it difficult to put them in the right order. Little by little, she gathers her thoughts and writes down the following short notes, in which she tries to recapitulate the steps to be taken in the reform process:

"3(a) An efficient health system is a prerequisite for health improvement and, conversely, robust health gains will benefit the economy and the entire society. We have to achieve this while distributing the financial burden in an equitable way and keeping citizens satisfied and informed. And we have to do this with full respect for the moral values and ethical principles of our society. This complex equation is the main one now confronting public health experts and decision-makers in my country.

3(b) What is the real problem here? Many things have been simultaneously identified as problems in the review that I commissioned. I need to have a clear mind about this. Finding the ways and means to have my specific patient operated on is not what concerns me most (although I know I have to do it, despite the fact that the legislation is not particularly clear about the entitlement of the person concerned). The real challenge is to do so in a way that contributes to improving the health system overall; with a weak health system, there's no doubt that the country will fail to respond to major health challenges now and in the future.

3(c) What is it that I really need to reform? I wanted to introduce a very specific measure in the field of professional service delivery (2(a)) but was confronted with an issue of the management of service delivery (2(b)). The astonishing finding is that I cannot reform the above if the function of generating

resources (2(c)) is not changed as well. But in order to do that, I would need to have the entire financing function overhauled (2(d)). Yet these things can't be simply changed by laws and regulations if there's no enforcement later on: the whole system has to be better governed (2(e)). I need to set some objectives in all of the above areas, or at least to be aware of their inter-connections.

3(d) Where to start? I want to improve the quality of care and strengthen human resources for health. I want to ensure real access for all citizens, not only to health care, but to all health services, including health promotion, disease prevention and information. I want to finance the system in a fair way and improve governance and stewardship. But I can't do everything at once. I don't know if I'll be able to reform the entire system either, because I don't have sufficient resources and because my life as a politician is limited in time. I need to find an entry point and design myself a strategy. I need to understand clearly which of the above objective(s) is more urgent because of the severity of the situation, or more achievable ("low-hanging fruit"), either because it would take fewer resources to reach it, or because it would raise less opposition.

3(e) Who to travel with? They warned me and I know that "Life is never easy for a minister of health". Whatever I do, I will face constituencies for and against my actions; if I want to succeed, the former have to be stronger than the latter, although my opponents will make much more noise. How will the rest of the government react? What will be the likely attitude of the professionals? I'd like to have citizens involved in decision-making in health, but will they understand my intentions properly? What will the media say? Do I have the money and the team with the technical requirements to conduct a complex reform? I need to build some realistic scenarios and find out who will be in favour of or against my proposed reform measures, how strong each of them are, and what I can do to govern the entire process.

3(f) Make my decisions. After I have studied all of the above, I need to decide with my team what I want to do, both in terms of what to change (the content) and how to do it (the process). Things that would be difficult to implement in an isolated manner might be accepted after proper preparation by means of other changes. The health sector is very complex, because it relies on a precarious balance between the laws of the market and strong human and social values. Also, in the field of reform, evidence of what works and what does not is far from clear: the only clear thing is that it requires political will and courage. I need to re-think carefully 3(c), 3(d) and 3(e) above, secure the necessary resources and prepare a strategy and an implementation plan.

3(g) When the time comes, hands on! With so many problems, scarce resources and an obligation to prove efficiency, there is no other choice than to implement the changes according to the plans. I've seen many times that well laid plans fail because of poor implementation. I need to ensure that this doesn't happen to us: we need to combine expediency with flexibility to cope with whatever contingency may emerge. Here I need support from whoever can provide it (especially from prestigious international organizations). And I need to inform the population and society at large about the changes, for them to be on our side. But I also need a cadre of managers with the talent and the will to run the reform, and a good management information system to give me a timely and precise indication of what is happening all the time and everywhere where it matters. I need to design this very carefully!

3(h) Be alert! Monitoring and evaluating the process of health system improvement will be essential. Proven positive results will keep morale high and will also encourage donors to increase their investment in health. But should that not be the case, we will need to react quickly to anything that proves ill-conceived or unacceptable to the main stakeholders in my country. Also, the lessons learnt through the first stages of reform could later on be applied in successive stages. And if we're lucky, I'll finish my mandate having done some good for my country; that will be when I decide whether I want to continue in politics or whether I'd rather return to less demanding activities."

EPILOGUE

It is up to the reader to decide what our Minister did with the case that was presented to her in the first place. Here are some possible solutions (no prizes for the “right” answer):

1. to send the patient to a qualified centre abroad with public money
2. to perform the operation in a public hospital in the country
3. to perform the operation in a private hospital in the country
4. to leave things as they were and do nothing (with or without apologies).

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