

Dear Colleagues and Friends,

The first phase of the e-discussion on strengthening health system is coming to an end in 5 days. Discussions have highlighted key critical points from various angles and we thank all the contributors for making the forum substantive and practical – reflecting diverse experiences and backgrounds across the world. The number of subscribers has reached almost 5,300, indicating the increasing interests in MDGs and global public health in particular with a sense of urgency.

As moderators, we would like to recapitulate some of the key points and our thoughts, and present our follow up questions.

- The universal access to the Primary Health Care (PHC) is essential to reduce health inequities. To achieve this, understanding people's actual health needs and their inter-linkages with other issues and sectors is a first step. The needs of certain population groups such as women, children and the marginalized should be taken into account when policies are formulated at all levels.
- People should be better informed of basic health information and care availability to able to tackle their challenges. More investment should be made at community levels both in terms of human resources and empowerment of local populations.
- Institutional capacity development, including strong leadership and robust policy formulation, management, governance, relevant laws and regulations, solid infrastructure and expanded partnerships and collaboration among different sectors is indispensable.
- Financial resources, including national budget and external aid, should be allocated in a harmonized way to avoid creating fragmented systems. Externally funded health care support should not be isolated from national and local health care policies and systems.
- Community-oriented training, reflecting health problems and particular needs faced by people, is important for future health care workers and doctors. However, serious challenges still remain to motivate professionals to work in rural areas.
- In order to increase and maintain health care personnel where the needs are, tapping on local resources and exploring innovative ways of providing incentives, including career development and regulatory measures are necessary. Appropriate and sustainable remuneration for health personnel in rural areas should be also considered.

In the remaining last days of the Phase 1, we suggest discussing with specific policy interventions and innovations. As many contributions focused on training and health education, we would like to draw your attentions to the following aspects:

1. What are incentives schemes for health care workers and doctors to work in rural areas? Have there been any innovative ways tested in specific contexts that demonstrated promising results?

2. Let us consider this hypothetical but perhaps prevalent example: a doctor in country X who works in a typical district of 50,000 people with the following attributes:

- a) *extreme poverty*: most households earn US \$ 1.5 or less per day and cannot afford basic health services;
- b) *low health coverage*: 1 doctor per 50,000 population, 1 nurse per 10,000 population;
- c) *low overall health budget*: less than US \$ 10 per capita, 80% goes to salaries; Ministry of Health declined doctor's request for budget increase;
- d) *high level of brain drain*: nurses and doctors generally try to leave country X after training;
- e) *lack of infrastructure*: no basic services for doctor and her/his family; and
- f) *lack of resources*: 60% of the population served by the doctor receives poor-quality services.

a) *What policies would universally be effective to address such a situation in order to reduce inequities and achieve universal coverage and renew PHC, regardless of other socio-economic parameters?*

b) *What can and should the international community do to support national efforts?*

We would appreciate your response to above mentioned questions. Your contributions can be sent at mdg-amr-2009@groups.dev-nets.org.

With kind regards,

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