

TOWARDS A UNITED NATIONS COMPREHENSIVE POLICY RESPONSE TO GLOBAL HEALTH CHALLENGES

Dr. Carissa Etienne
Assistant Director General
WHO/Health Systems and Services

It's always hard to be the fifth speaker on a panel so you'll have to bear with me. I'll try not to repeat what others have said.

In terms of health outcomes, the picture is mixed. Many developing countries, supported by the UN system and development partners have been scaling up action for addressing the MDGs and strengthening their health systems. Significant gaps remain. We can see that some very clear priorities lie ahead. The most urgent and obvious of these, highlighted most recently by the Women Deliver Conference in Washington DC and the G8 in Canada, is the need to reduce maternal and newborn deaths. That is why, as others have mentioned, the Secretary General will be launching a new Joint Action Plan for Women's and Children's Health here in New York on 22 September.

But we have to be careful how we set about doing this. Real success in terms of women's and children's health means providing a range of services throughout their lives - from cradle to grave. Women need to be able to get to a clinic before they become pregnant as well as during pregnancy. They need support during childbirth and afterwards. And so do their babies .

In terms of how we're changing the ways we work, the picture is much clearer. One important thing about all these recent goals and commitments - particularly the MDGs - is that they have pushed us all towards a more comprehensive policy response to global health and development challenges.

We see this, for example, in the way the UN works together - at global policy level - and in country teams. One UN is, increasingly, a reality on the ground, and not just a slogan at meetings. More and more, the UNDAF process really does provide joint, cross-sector, inter-agency support for countries' development priorities.

Moving beyond the UN, we see that health and development partners are gradually changing the ways they work together. There is growing commitment to country ownership and leadership moving from a command and control relationship between donors and recipient countries to greater partnership. One result of all this has been the WHO/WB coordinated, International Health Partnership Plus - a framework where 47 countries, agencies and development partners have made a "compact" to work together in a process that is country-led, country-owned, and fully aligned with national priorities and capacities - following the principles of the Paris Declaration and Accra agenda for

action on aid effectiveness . Twelve countries have signed on to the partnership in the last six months. In countries where many partners are active, WHO has a critical role to play in working with national governments to coordinate the donor support to national health development.

We are also seeing closer partnerships with civil society, building on the successful involvement in the HIV/AIDS response. There's still some way to go, but increasingly civil society is playing a more active role and the UN system at the global and national level is facilitating the process for meaningful participation and inclusive governance.

And we are working with more partners outside the health sector to put "health in all policies". We all know that good health depends not just on having good health systems and services, but on social, environmental and economic factors - on education, access to water and sanitation, gender equality, adequate living and work conditions, food security, and so on. A broad multisectoral response is essential to health and development and is promoted as a key component in the renewal of PHC.

The MDGs have also forced us to focus on results. On achieving set goals. As we will discuss further in Panel Two this afternoon, this focus on specific goals has spurred innovation - not just in terms of medicines and vaccines - but in ways of doing business and raising resources. Like many others present today, WHO was part of last year's High Level Task Force on Innovative Financing. Yes we must ensure more money for health but importantly, we must ensure more health for the money. In this respect renewed focus on more effective and efficient ways to utilise domestic resources is crucial. Finding new ways to finance health will be a key element in this year's World Health Report, due out in November.

The focus on quantitative, time-bound goals has forced us all to measure results. This has helped us agree on priorities and assess performance. We still need to improve data collection, many countries still lack the capacity to measure births and deaths and the information systems to track key indicators, while many are overburdened with demand from development partners to track multiple, partner specific indicators. WHO is working with partners to strengthen national health information systems and to harmonise reporting formats. However this remains a significant problem.

Importantly, better health outcomes depend on better health systems. There's no getting away from it. The only way to accelerate and sustain gains on the MDGs and other health and development goals is to ensure that all people, wherever they live, have equitable access to a health system that delivers the services they need. So here I want to acknowledge the increasing focus on health systems strengthening among so many of our partners - within the UN and beyond, GAVI, GFATM, PEPFAR. I couldn't agree more with Michel Sidibé, who said at the recent UNAIDS board meeting, "Every dollar invested in AIDS should be a dollar that strengthens national health systems."

The exact configuration of the services provided will depend on the country. However it must be based on the PHC principles of universal access, integrated, comprehensive, people centred services,.

It needs to be based on a robust national health policy, strategy, and plan that is rooted in a rigorous situation analysis conducted by a range of stakeholders - both users and providers, from within the health sector and beyond.

Some 70 countries are scheduled to commence their national health planning cycles in 2010 2011. This provides a unique opportunity for the UN system and partners to support the definition of good plans that reflect the national priorities and addresses the synergies between programs and the system elements and that fosters harmonization.

In all cases it will depend on there being adequate financing with pooling of risk, and a move away from user fees. It requires a well-trained and adequately paid workforce; information on which to base policy and management decisions; logistics that get medicines and vaccines to where they are needed; and well-maintained facilities that are organized as part of a referral network. It means having leadership that provides clear direction and harnesses the energies of all stakeholders - including communities. And, if we are to meet all the MDGs, it means doing a better job of finding synergies between programmes. Between HIV and TB, HIV and reproductive health, and so on. Most important of all, it means focusing on the system as a whole, not just on bits and pieces. A good health system is like a house. You shouldn't be able to see the individual bricks and mortar. What you see is a solid, reliable, structure that shelters you.

Lastly, it means assessing current and future needs, focusing not just on the here and now, but on the challenges posed by globalization and urbanization, by the shifting economic and political realities, by ageing populations and the unremitting increase in non-communicable diseases. We haven't, to be honest, been very good at planning for the future. We often seem to be dealing with last year's problem rather than facing up to next year's issues.

Which is why it is so important that the General Assembly has this year passed a resolution on non-communicable diseases and that there will be a special GA session devoted to non-communicable diseases next year. WHO has established a network of all key stakeholders who will support low and middle income countries in implementing the Global strategy on the prevention and control of NCDs.

Over the next five years we have two things to do. First we have to tackle the unfinished MDG agenda. Second we have to plan for post-2015. And that means working together to plan a comprehensive response to all global health challenges.