

ABOUT THE REPORT Agenda item 4.5
HEALTH SYSTEMS STRENGTHENING

Improving support to policy dialogue around national health policies, strategies and plans

Note

Exact quotes/wording between quotation marks, in the left column- comments on the right.

As in many documents by the Secretariat, the report appears contradictory in nature. The preamble reasserts the WHR 2010 and previous world health reports' commitments to Primary Health Care, Universal coverage, strengthening health services...

But

The definition of health services is ambiguous. Here we looked at the executive summary of WHR 2010 end note for the meaning of 'health services'. This extremely broad and vague definition is counter intuitive. Ref1

Including **mass media campaigns** and lifestyles is what will allow the WEF of Davos to include agro food business vitamins additives and marketing (Nestle and co) in their argument for including the private sector agro food business into global health governance.

As in several such WHO secretariat documents as well, what starts of as a reference to the Commission on the social determinants is swiftly turned inside out to become an argument for stronger involvement of private sector and macroeconomic institutions traditionally involved in NON-HEALTH matters to become 'stakeholders'.

Launched in 2002 as the Global Health Initiative by Kofi Anan, it focussed on PPP (Public Private Partnership), at first on the three diseases: HIV, TB, Malaria, but soon also on "HEALTH SYSTEMS" (ref. Raynaud).

The term "**patient centered**" is also twisted to mean its opposite, as it is used to introduce the notion of patient as a 'client', as a customer, is a supply-demand approach to health as if patients asked for freedom to 'choose' health packages as if it were shoes. Ref3

The sub title indicates that "**policy dialogue**" is also now included in this broad definition

The problem is that the 'policy dialogue' is presented in a low key fashion as WHO playing an intermediary role in PPP on health systems strengthening. The key group to look at in terms of the first working group is the IHP+ group and the High level Task Force on Health Systems Financing.

As we see below outlined in paragraph 13, the WHO Report sees the WHO role as facilitating the development of good managerial tools. Again, looking at the work of the IHP+ (Ref) over the past two years, we see them as the core group elaborating an approach whereby international players (business, foundations, selected think tanks) will bring funding to run national health systems around strict 'good management' guidelines and elaborate tools to that effect.

<p>Definition of Health Services Promotion, prevention, treatment, and rehabilitation includes immunizations And mass media campaign such as against tobacco for behavior changes, changes in lifestyles (condoms- abstinence etc)</p>	<p>Among the Objectives «Patient centered» has now come to mean 'centered on the patient as a client, a customer' (like the British offering 'choice' via internet.)</p>
<p>Title: Health System strengthening</p> <p>Sub Title:</p> <p>Improving support to policy dialogue around national health policies, strategies and plans</p>	<p>Title would indicate commitment along the lines of WHR 2010</p> <p>Subtitle is locating WHO as a facilitator between international donors and domestic health systems</p>
<p>Report speaks of strong PHC, of universal coverage</p>	<p>But locates WHO's action as helping international donors self asserted right of interference in national countries policies</p>
<p>WHO regional committees at their sessions in 2010 called on countries to strengthen health systems on the basis of the values of primary health care, and identified the need to tackle the determinants of health through a multisectoral approach, making services more responsive, addressing universal coverage and strengthening health-service delivery at the district level.</p>	<p>But, « more value » for money (par. 3)</p> <p>Emphasis on costs, need to find funding somewhere- a 'realistic assessment' (justifying austerity)</p> <p>Then critic of <u>«command and control» approach in the public sector..</u></p>
<p>It is particularly common to observe discontinuities between the national health policies, strategies and plans and:</p> <p>(i) the priorities and frameworks of global players, development agencies and donors,</p> <p>(ii) the broader national development policies and policy frameworks and</p> <p>(iii) the health financing strategies and macroeconomic policies.</p>	<p>Should macroeconomic inst. (IMF, World Bank), international donors, and global players (Bill Gates) etc. respect national health policies? -</p> <p><i>Rwanda has to report annually on 890 health indicators to various donors, with nearly 600 relating to HIV and malaria alone. (WHR 2010, Dr Chan, Berlin)</i></p> <p>Rather, national health policies must adapt to the broader (read financial) framework and come to agree with IMF-WB-Gates- international donors</p>

<p>13-Strengthening the institutional base for progress and performance review, information use and accountability. In many countries the information basis for the policy dialogue can and should be broadened to encompass the comprehensive range of current and future health problems and determinants.</p>	<p>IHP+ reviews work in progress for international body to fund (and manage!) health care systems and IHP+ elaborates management practices, monitoring etc. to get countries aligned. WHO is to serve as intermediary</p>
<p>“The global health community, including WHO, can support countries in improving the way they manage the policy- dialogue process through a combination of: investing in institutional and individual capacities for conducting meaningful policy dialogue; promoting the framework for the joint assessment of national strategies (JANS) or similar approaches to guide (and not merely to assess) the policy dialogue process....(...)”</p>	<p>IHP+ to GUIDE and not merely ASSESS the policy dialogue with JANS etc..</p>
<p>The policy dialogue background: The Berlin conference Nov.2010</p> <p>Dr Margaret Chan, Nov 2010 at the International Ministerial Conference on Health Systems Financing, in Berlin, Germany</p> <p><i>«In my view, universal coverage is an admirable goal, a feasible goal, and a timely one. It is a challenging goal, but we have to bite the bullet now. If health systems do not find the right answers now, the bill further down the line is going to keep getting higher (and bigger)»</i></p> <p>The blueprint of <i>biting the bullet</i> to get <i>value for money</i> is being developed by the IHP+ and the “High Level Task Force” which is mentioned in the lead of the second WHO document EB 138/37 on the issue of strengthening health systems.</p>	<p>« We have to bit the bullet » ?? says Dr Chan. Clearly the WHO is situated as assisting implementation of the financial-economic matrix to combat deficit spending and streamline health systems: “bite the bullet”.</p> <p>In view of that the pronouncement on the need for “universal coverage” are indicative of a 'targeted approach' to alledged 'universal' access: the public is to look after the selected targeted groups, with minimal coverage (French CMU for example), while the better off will have to manage with a reorganized 'value for money' health systems with corporate management techniques for hospitals and a surge in private care.</p>
<p><i>Overall: 'Political economy of Health' has been replaced by "health economics for the past 20 years of so: Today, ultraliberal economics wishes for the private sector to run health systems in a GLOBAL WAY, this is what is called "strengthening" A bit like junk food is sold as wonderfully nutritious juicy hamburger with 5 fruits and veggies at Mc Do.... BEWARE!</i></p>	<p>As Julian Tudor Hart showed in his book “The Political economy of health” the blueprint is similar in all countries with a functioning 'universal' health system on its way to dismemberment. http://www.juliantudorhart.org/</p>

<p><u>BACKGROUND:</u></p> <p><u>High Level Taskforce on Innovative International Financing for Health Systems</u></p> <p>September 2008 – The Taskforce is set up « to help strengthen health systems in the 49 poorest countries in the world »</p> <p>Chaired by (former) UK Prime Minister <u>Gordon Brown</u> and <u>World Bank President Robert Zoellick</u>, Recommendations in May 2009: a menu of innovative financing mechanisms</p> <p>It completed its work in September 2009</p>	<p>Promises additional resources but also «<u>effective use of funds</u> »</p> <p>Working Group Chairs :</p> <p>Ann Mills</p> <p>Anders Nordstrom</p> <p>Julio Frenk</p> <p>Seconded by « Champions » to promote (sell?) the ideas.</p>
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To see the report on line: (http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_8-en.pdf)

Ref.1 <http://www.who.int/whr/2010/en/index.html>

Ref.2 WEF Health Representative Dr. Olivier Raynaud Senior Director Global Health and Healthcare Sector, World Economic Forum addressing the Geneva Health Forum in 2009 and several other forums on the DAVOs view of health.

http://www.dailymotion.com/video/x7d0pn_olivier-raynaud-part-i_news

On the WEF website see: The Global Redesign on the topic of health written by Peter Piot For Sub-Saharan countries such as Ghana this involves “leveraging untapped leadership knowledge and management skills of the private sector to benefit the public sector.”

<http://schwabfound.weforum.org/en/initiatives/globalhealth/CurrentProjects/HealthSystems/index.htm>

EB 138_37

This second report is entitled:

Health system strengthening
Current trends and challenges

Report by the Secretariat

My Note:

While the body of the report is very nice with emphasis on universal coverage, primary health care etc etc, it starts right away with a reference to the HIGH LEVEL TASK FORCE ON INNOVATIVE INTERNATIONAL FINANCING FOR HEALTH in such a way that it is clear that this private entity is supposed to be the expert group that will tell WHO and member countries what to do or not to do in health services.

And “STRENGTHENING” is viewed from the standpoint of making the national systems more in line with 'global' financiers – from private sector and private foundations in alliance with EU and USA. The approach is very very neo-liberal.

Basically to finish off any and all country's independence as regard the running of its own services and implement a police and control sort of system with 'good management'. It is telling that ops to deliver pneumococcal vaccines are held up as examples of what to do..! A lot of profit is to be made from global management of health care systems.

The fact that some NGO leaders such as Ann Marriot can be invited to some events of the IPH+ is just part off the 'sell' tactics and does not make the outcome more people friendly.

The High Level Taskforce on Innovative International Financing for Health

Systems; includes leaders as mentioned above.

Ann Mills, Julio Frenk and A. Nordstrom have a demonstrated rather 'liberal' approach to health economics. On their web site we can read Nordstrom explaining how the innovative international health system financing capacity could be used to fund investments IN PRIVATE HEALTH PROVISION, which could be private sector, or CBOs NGOs. The latter are good 'sell' for the program, which, like the GFATM serves to destroy national health systems and place countries into receivership, or at least into dependency on international donors' good will.

It will, writes Nordstrom :

“link finance to results”

“improve accountability”

“set up national monitoring systems.”

The key sentence in the WHO EB text (after a very nice introduction) is again focussed on MONITORING- and EVALUATION:

*Quote: “WHO, in close collaboration with national and international partners, has focused on strengthening the monitoring and evaluation components of national health strategies. In the context of the International Health Partnership Plus (IHP+) and related initiatives, and the Health Systems Funding Platform, progress has been made in gaining support **for a single, common country-led monitoring and evaluation framework.***

*This is designed to be fully integrated within the national health policy, strategy and plan, and **aims to be the foundation for accountability**, including global reporting. Work with Member States concentrates on four areas:*

- *ensuring that national health policies, strategies and plans have a sound monitoring and evaluation component;*
- *strengthening health sector reviews;*
- *establishing country health “observatories” or “health intelligence portals”; and*
- *increasing institutional capacity in countries to support the regular monitoring and evaluation of problems and progress in their standards of health and health systems.“*

My Final NOTE:

Away, in fact, from 'universal health care systems' whereby the political economy of a nation has the fulfillment of the health needs of the whole population, of each and every one as equal citizen, what PPP proposes are a liberal managerial approach which puts entire countries as modern 'welfare recipients' dependent on the good will of not on the Mother country as in colonial times, but on the good will of the “Global community” lead by its typical leaders, the Bill Gates of this world. Indeed, democracy is only for the rich...

The report can be downloaded at

Ref: http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_37-en.pdf

To look at the IPH+:

<http://www.internationalhealthpartnership.net/en/taskforce>

A Nordstrom presentation can be seen at:

http://www.internationalhealthpartnership.net/CMS_files/userfiles/Raising%20and%20Channeling%20Funds.pdf

Direct link to Task Force:

http://www.internationalhealthpartnership.net/CMS_files/userfiles/Raising%20and%20Channeling%20Funds.pdf