performance through job descriptions, codes of conduct, adequate support systems, including remuneration, and supportive supervision, and an enabling work environment that includes lifelong learning and accountability; and managing migration and attrition.

(4) **Medical products and technologies** – rational selection and use, affordable pricing, sustainable financing, ensuring access, coherent supply and management, quality assurance, capacity-building, improving safety and supporting research.

(5) **Information and research** – national strategic planning, utilization, avoidance of duplication, sufficient disaggregation, monitoring of health system performance, research to meet national needs, and appropriate use of information technology.

(6) **Service delivery** – definition of the service delivery model, emphasis on primary health care teams, management, integrated service delivery packages at multiple levels adapted to socioeconomic reality, patient safety and infrastructure.

A set of core indicators agreed upon internationally or regionally is proposed for each building block. Adaptation of the indicators to individual Member States will be needed, including setting targets that are relevant to the country context. Additional indicators developed specifically by each Member State to fit its own situation and management needs are desirable.

A value-based strategy alone is not enough. The move from strategy to action is crucial. Each Member State has a responsibility to define its national health policy or strategy and the means through which policy and strategy are translated into action at the operational level. Details will be specific to each Member State, although the values will be universal.

Management of health services is a core function. It requires an adequate number of managers, sufficient skills, an enabling work environment and functional support systems. In low-resource settings, choosing priorities so that resources are expended on those actions that provide the greatest health gains is particularly important. This is crucial if the Millennium Development Goals are to be met.

Each Member State must determine its own path towards the vision it defines for its own health system so that its people progressively realize the right to health. That path is likely to include an ongoing process of policy dialogue, a robust national health strategy and planning process, and the will to take strategy on to implementation in a feasible and realistic manner.


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1 Background

1.1 Purpose

The WHO Constitution states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".[1] Health systems are an important, although not the only, contributor to the progressive realization of that right.

Defining core values for a society's health system can assist in identifying strategic actions that lead to realization of the right to health. Core values to be considered for a health system include equity, social justice, universality, people-centredness, community protection, participation, scientific soundness, personal responsibility, self-determination and self-reliance (see Box 1). These values have been identified through regional consultations. The exact emphasis may vary in different settings. Values such as these have been a consistent part of the primary health care agenda since the *Declaration of Alma-Ata* was adopted at the International Conference on Primary Health Care in 1978.[2]

Box 1. Core Values for Primary Health Care

- Equity
- Social justice
- Universality
- People-centredness
- Community protection
- Participation
- Scientific soundness
- Personal responsibility
- Self-determination
- Self-reliance

Decisions about health systems are primarily made within nations, although globalization and external funding have led to some exceptions. Governments have a fundamental responsibility for oversight or stewardship of the health sector even in settings where a government is not solely responsible for health service financing and delivery. International normative guidance can play a role in informing the national decision-making process. Such guidance may assist national decision-makers in navigating among the competing interests and staying on course as political winds shift. Defining long-term goals and aspirations is crucial because the building of a robust health system is a long-term undertaking.

1 World Health Organization. *Constitution of the World Health Organization*. 1946. Available at http://www.who.int/governance/eb/who_constitution_en.pdf

2 *Declaration of Alma-Ata*. International Conference on Primary Health Care. Alma-Ata, USSR, 6-12 September 1978. Available at http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

The WHO Regional Committee for the Western Pacific, at its fifty-ninth session in September 2008, adopted resolution WPR/RC59.R4.[3] In the resolution, the Committee requested WHO to develop, through a process of consultation with Member States, a regional strategy for strengthening health systems, based on the guiding principles and core values of primary health care and informed by the outcomes of the ongoing and midterm reviews of the implementation of existing strategies and other related technical work, and present this strategy in 2010 to a high-level meeting and to the Regional Committee. The *Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care* is the result of that process. It is the intent of the Regional Strategy to provide normative guidance on health systems strengthening, primarily to policy-makers in Member States, but also to WHO and development partners. The Strategy was endorsed at the sixty-first session of the WHO Regional Committee for the Western Pacific in October 2010 (see Annex 1).[4]

1.2 Regional context

Member States of the WHO Western Pacific Region are diverse. Some have large populations; others have small populations. Some are continental land masses; others dispersed coral atolls. Some have negative population growth rates and/or rapidly ageing populations, while others have high fertility rates. Urbanization is occurring in most States, although several are still predominantly rural. The Region includes some of the highest per capita incomes in the world, but some of the countries in the Region are still in the low-income category. Political systems are also diverse. Health outcomes vary widely, with some countries enjoying the world's longest life expectancies and thus ageing populations, while others have unacceptably high rates of maternal and child mortality and relatively low life expectancy. Noncommunicable diseases are the largest part of disease burden, although the control of communicable diseases remains a major challenge.

Health systems in the Region are under stress. They must respond to a changing world. New challenges, such as the health impact of climate change, are occurring, while older challenges, such as tuberculosis, remain unresolved. In some places, accelerating cost inflation is a major problem. In others, service coverage is not yet universal or universality is under

3 Western Pacific Region of World Health Organization Resolution WPR/RC59.R4. Available at http://www.wpro.who.int/rcm/en/archives/rc59/rc_resolutions/WPR_RC59_R4.htm

4 Western Pacific Region of World Health Organization Resolution WPR/RC61.R2. Available at http://www.wpro.who.int/rcm/en/rc61/rc_resolutions/WPR_RC61_R2.htm

threat due to an increasing reliance on user charges. At the same time, there are concerns about a loss of confidence in health systems.[5]

Technology and specialization have contributed greatly to improvements in health. However, an excessive and sometimes inappropriate reliance on technology and specialization is fuelling cost inflation, undermining the continuity of care, creating risks to patient safety and making health systems less people-centred. A robust health system is appropriate, affordable, acceptable and accessible. In many settings, these characteristics are under threat.

Even though the health systems of the Region and the challenges they face vary greatly, there are shared challenges, values and aspirations. A few of the common challenges are poorly regulated marketization of the health sector; excessive reliance on user fees and the sale of drugs or diagnostics to finance health systems; migration of health workers, both internal and external; the need to adapt and become more resilient to climate change; a need to better harmonize traditional and Western systems of medicine; an over-reliance on technology and specialization with a relative neglect of primary care; and rapid demographic, political and economic changes with resulting effects on the social and environmental determinants of health. A desire for improved population health and the progressive realization of the right to health is a key shared aspiration.

The specifics of each Member State will lead to different responses in determining how the right to health is translated into action. Health systems action occurs mainly within countries. Some countries do have greater similarities, sometimes based on geography, such as smaller island states in the Pacific, or on the level of economic development. When useful, potential actions based on the *Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care* are discussed using those groupings. However, an underlying assumption remains that the values underpinning good health systems are universal.

1.3 Primary health care, now more than ever

Primary health care (PHC) has been an organizing principle for many health systems around the world and within the Western Pacific Region. PHC has contributed greatly to improving health outcomes, even if there is still much to be accomplished. The original *Declaration of Alma-Ata* was issued in 1978. Implementation has been imperfect and the ambitious

5 *People at the centre of health care: harmonizing mind and body, people and systems*. Geneva, World Health Organization, 2007. Available at http://www.wpro.who.int/publications/PUB_13978929061316 9.htm

goal of "Health for All" by the year 2000 has not been fully achieved. However, the consensus is that those countries that have organized their health system on PHC principles have achieved better health outcomes in relation to the funds expended, and that the goals and values of PHC are as valid today as they were in 1978.[6, 7]

This does not mean that the PHC concept has remained unchanged. There is a constant need for adaptation to changing circumstances. PHC is now viewed more broadly than it was 30 years ago. The changes in emphasis include: achieving universal access and coverage; a focus on the entire population, especially the disadvantaged; recognition of the need for a healthy global and local environment; working within a mixed system of public and private health provision; providing a continuum of care over a lifetime; and recognizing that a PHC approach provides value for money, not low-cost care.[8]

Primary health care is closely related to but not synonymous with primary care. Primary health care encompasses a public health approach as well as individual care at primary, secondary and tertiary levels. A strong primary care system is the foundation for a health system based on PHC values. But secondary and tertiary services are also vital and must connect to the primary care system, following the same set of values (see Box 2).

Box 2. Primary Health Care and Primary Care

Primary health care is essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community.*

Primary care is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Primary health care has primary care at its core but the principles and values of PHC extend to all aspects of primary, secondary and tertiary care, and public health—throughout the entire health system.

A robust health system needs clear PHC values and strong primary care. PHC is the engine for change. A recent systematic review confirms that there is a considerable evidence base showing that strong primary care contributes to overall health system performance (quality, efficiency and equity) and to health.#

* Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 1978

\# Kringos D. et al. The breadth of primary care: a systematic literature review of its core dimensions. BMC Health Services Research, 2010, 10(1):65.

6 Starfield B., Shi L., Macinko J. Contribution of primary care to health systems and health. *The Milbank Quarterly*, 2005; 83(3): 457–502.

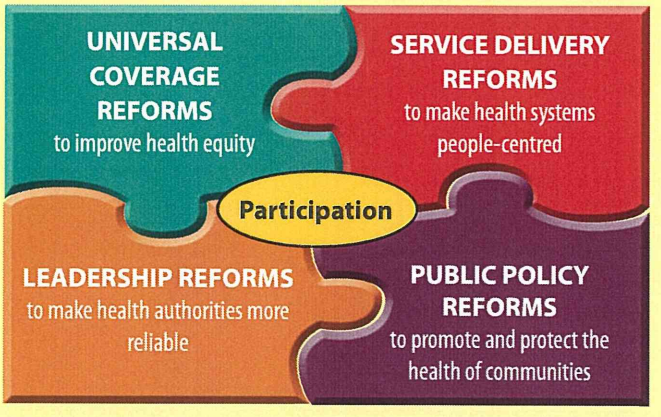
7 Kringos D. et al. The breadth of primary care: a systematic literature review of its core dimensions. *BMC Health Services Research*, 2010, 10(1): 65. Available at http://www.biomedcentral.com/content/pdf/1472-6963-10-65.pdf

8 *The World Health Report 2008. Primary health care: now more than ever.* Geneva, World Health Organization, 2008: XV. Available at http://www.who.int/whr/2008/whr08_en.pdf

A series of meetings held around the world reaffirmed the continued validity of the PHC concept. The work of two major commissions—the Commission on Macroeconomics and Health and the Commission on the Social Determinants of Health—have added further definition to the health challenges of the 21st century.[9, 10] In October 2008, on the 30th anniversary of the original *Declaration of Alma-Ata*, *The World Health Report 2008: Primary Health Care, Now More than Ever* was launched. It suggested that core values should underpin the organizing principles of all health systems. If the values and principles are followed, then health systems are more likely to contribute to maximizing the health benefit achieved with the resources available.

Policy dialogue is part of PHC. The *World Health Report 2008* describes four areas of reform, policy and action that foster the development of PHC-oriented health systems. These areas of reform and action go beyond the health sector alone. They are: (1) universal coverage aimed at improving health equity and financial risk protection; (2) service delivery for both personal and non-personal services that is people-centred, responsive and supports universal coverage; (3) leadership aimed at making health authorities more reliable and accountable to those they serve; and (4) public policy implemented across all sectors in ways that promote and protect the health of communities and individuals. Health is promoted in all policies. People and their participation remain at the centre of primary health care (see Box 3).

Box 3. Policy Directions to Focus Health Systems on PHC



1.4 Millennium Development Goals

Challenges—new and old, internal and external—exist in the global health environment. The Millennium Development Goals (MDGs) are a globally agreed upon set of development targets. Five of the eight MDGs relate directly to health. If the MDGs are to be achieved by their 2015 target, the performance of health systems in many countries will need to improve. Particularly, the MDGs related to maternal mortality and child mortality are at risk of not being achieved in several countries in the Region unless health system performance improves.[11] However, the health sector cannot act alone. Intersectoral action on health, as articulated by the Commission on

9 Commission on Macroeconomics and Health. *Macroeconomics and health: investing in health for economic development.* Geneva, World Health Organization, 2001. Available at http://whqlibdoc.who.int/publications/2001/924154550X.pdf

10 Commission on Social Determinants of Health. *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health.* Geneva, World Health Organization, 2008. Available at http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf

11 Office of Prime Minister of Norway. *2009 Report on the Global Campaign for Health MDG's.* Oslo, 2009. Available at http://www.who.int/pmnch/topics/mdgs/20090615_glhealthcampaignrep/en/index.html

Social Determinants of Health, is needed.[12] An emphasis on education is of particular importance.

The global public health architecture is increasingly complex, putting cooperation in the health sector at risk. There are new and different partners, such as global health initiatives and private foundations. Many problems require solutions that must be implemented across borders. The new partners in the health sector have been beneficial, although they have increased the risk of fragmentation. The increase in partners makes it even more important that each Member State have its own vision, policy and plan for the health sector, a plan based on a core set of values.

12 *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. Op cit.

2

Vision: Universal coverage for better health outcomes

The people of the Western Pacific Region deserve to live out their lives in the highest state of health possible. While there can be no guarantee of individual health, all people have a right to quality health services that are available, accessible, affordable and acceptable.

Member States of the Region have made a commitment to the progressive realization of those ideals.

Health care systems that are organized following the principles/values of primary health care do better at improving health outcomes, achieving universal coverage with financial risk protection, and achieving the most health gains relative to the money invested in health systems, than do systems not based on PHC principles/values. It is the intent of the Region to foster systems that reflect the values of primary health care.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3

Goals of a health system

The four goals of a health system are:

- health, both the absolute level across the entire population and equity across socioeconomic groups;
- social and financial risk protection in health;
- responsiveness and people-centredness;
- efficiency. [13, 14]

Improving population health is the overarching goal. Health status should be measured over the entire population and across different socioeconomic groups. The safety of populations must be protected from existing health risks and emerging health risks. There should be preparations for resilience to future but still unknown health risks. Health systems should strive for equity in health. Inequitable disparities in health are to be minimized. Sources of inequitable disparity in health may include income, ethnicity, occupation, gender, geographic location and sexual orientation, among others. There are significant variations in health outcomes across the world, within the Region and within countries. Countries and regions with relatively similar socioeconomic status may have quite disparate health outcomes. The way health systems are organized contributes to this disparity. Disparities are most effectively reduced when they are recognized and their minimization is an explicit national goal.

An ideal health system will provide social and financial risk protection in health and be fairly financed. Paying for health care should not impoverish individuals or families. All health systems must be financed, and there must be adequate funding in the system to provide essential services. A WHO definition of a fairly financed health system is one that does not deter individuals from receiving needed care due to payments required at the time of service and one in which each individual pays approximately the same percentage of their income for needed services.[15] A health financing system that deters people from seeking needed services or impoverishes individuals and families will worsen health outcomes.

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13 *Everybody's business: strengthening health systems to improve health outcomes. WHO's framework for action.* Geneva, World Health Organization, 2007. Available at http://who.int/healthsystems/strategy/everybodys_business.pdf

14 *The World Health Report 2000.* Health systems: improving performance. Geneva, World Health Organization, 2000. Available at http://www.who.int/whr/2000/en/whr00_en.pdf

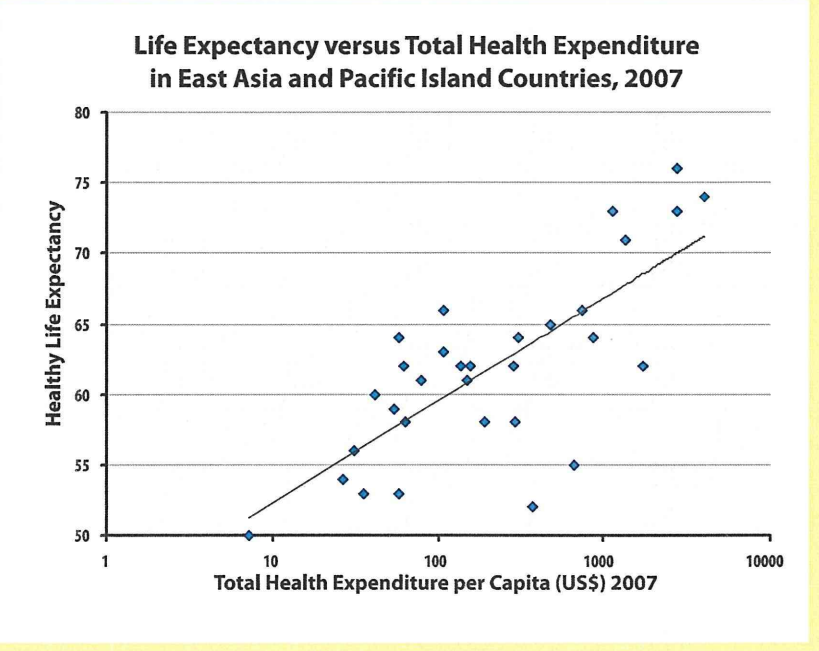
15 *Ibid.*

Responsiveness and people-centredness represent the concept that the health system provides services in the manner that people want or desire and engages people as active partners. It embodies values of respectfulness, non-discrimination, humaneness and confidentiality. Health systems have an obligation to respond to the legitimate non-health desires and expectations of the population. Responsive health systems maximize people's autonomy and control, allowing them to make choices, placing them at the centre of the health care system.

Improved efficiency is also a desired outcome of a health system. People and populations have a legitimate expectation of receiving the maximum health gain for the money they and their society invest in health. There are large variations in health costs across the world and the Region, even among countries with similar socioeconomic status and similar health outcomes. Part of the variation can be attributed to the efficiency of health systems. Health systems oriented towards primary health care have been shown to provide better health outcomes for the money invested.[16, 17, 18] The chart below presents some of the variations in health expenditure versus life expectancy that occur in the Western Pacific Region. Differences in health systems efficiency and organization may contribute to these variations (see Box 4).

Box 4. Policy priorities have a large influence beyond per-capita spending

The organization and management of health systems influence the health outcomes that can be gained with the funds invested. The graph shows that countries in the Region spending relatively similar amounts of money per capita have quite different levels of health, based on life expectancy. The differences cannot be attributed only to the health system, but certainly differences in how health systems are organized contribute to that difference. "Low-income, high well-being" countries have adopted policies that not only reduce inequality but also increase overall health and well-being. Each point on the graph represents a country in the Region.



Source: World health statistics 2007. Geneva, World Health Organization, 2007. Available at www.who.int /whois/whostat2007

16 *Starfield B., Shi L., Macinko J. Op cit.*

17 *The World Health Report 2008.* Op cit.

18 *Kringos D. et al. Op cit.*

A whole-of-system approach

4

WHO has defined a health system as "all organizations, people and actions whose primary intent is to promote, restore or maintain health". Good health services are further defined as those which "deliver effective, safe, quality personal and non-personal interventions to those who need them, when and where needed, with minimum waste of resources". [19]

Health systems are complex. It is useful to analyse health systems by looking at their component parts or functions. This helps identify bottlenecks to successful implementation and interventions that can lead to improvement. For the system to function optimally, all parts must be balanced and coordinated. The weakest part of the system may actually determine the outputs from that system.

WHO has specified a framework with six building blocks that can be used as a tool for analysis of a health system (see Figure 1). The six blocks are leadership, human resources, information, medical products and technology, financing, and service delivery. Intermediate outputs lead to the desired health outcomes. This is not a new concept and other schemata with different groupings can be used, although most are relatively similar.[20,21,22]

The point is not to concentrate only on the individual blocks or that there is one correct schema for a health system. An adequate analysis encompasses the entire health system to the extent possible. Actions to be taken must be evaluated for their potential effects on the functioning of the entire system and ultimately for their effect on health outcomes. All parts of a health system are interrelated, and dynamic interactions, both anticipated and unanticipated, are to be expected.

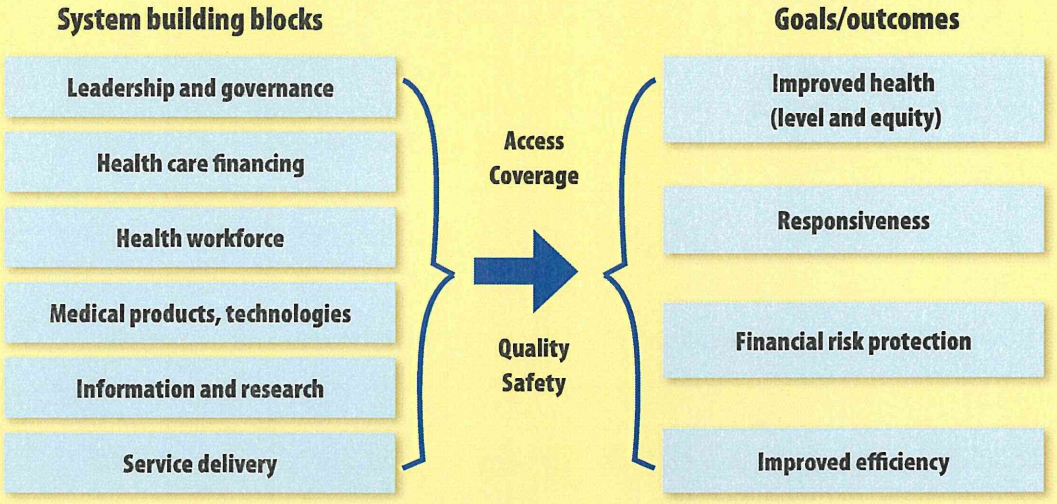
19 *Everybody's business: strengthening health systems to improve health outcomes. WHO's framework for action. Op cit.*

20 Roberts M. et al. Behavior. *Getting health reform right: a guide to improving performance and equity.* Oxford University Press, Inc., 2008: 281–305.

21 World Health Organization Maximizing Positive Synergies Collaborative Group. An assessment of interactions between global health initiatives and country health systems. *The Lancet*, 2009, 373(9681): 2137–2169.

22 Kleczkowski B., Roemer M., Van Der Werff A. *National health systems and their reorientation towards health for all*. Geneva, World Health Organization, 1984. Available at http://whqlibdoc.who.int/php/WHO_PHP_77.pdf

Figure 1. The health systems framework

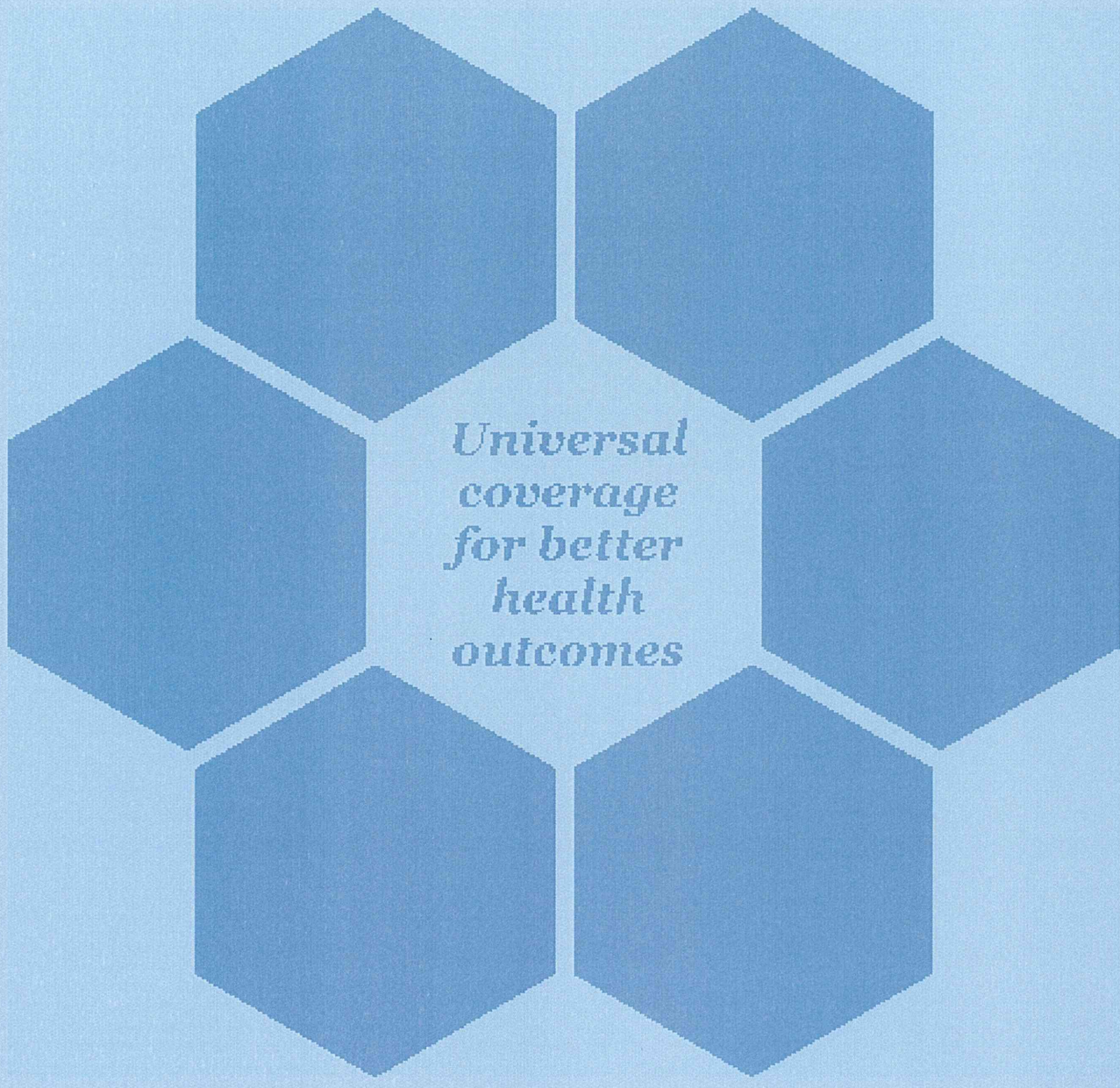


THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

- Leadership and governance involve ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, the provision of appropriate regulations and incentives, attention to system-design and accountability.
- A good health financing system raises adequate funds for health in ways that ensure people can use needed services and are protected from financial catastrophe or impoverishment associated with having to pay for them.
- A well-performing health workforce is one which works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances, i.e. there are sufficient numbers and mix of staff, fairly distributed; they are competent, responsive and productive.
- A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and scientifically sound and cost-effective.
- A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status.
- Good health services are those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.

There is often strategic tension between different approaches within health systems. Examples of potential tensions are the relative emphasis on specialized services versus generalist services; the degree to which referrals are managed to encourage rational care versus freedom of choice of providers; the allocation of resources between public, preventive health care and personal, curative care; and the relative balance between disease-specific control programmes and more integrated services. Defining core values for a health system helps balance these tensions.

A well-functioning health system is able to support a continuum of care, both personal and non-personal, throughout the life cycle. Interventions are focused on how they contribute to improved health outcomes using the best and most feasible scientific methods available. Services must be designed, implemented and assessed from the perspective of the users of services. The health systems framework is meant to ensure that dynamic interactions are considered across the entire system and to minimize the risk of neglecting important parts of the system during any analysis or intervention.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5

A robust health system based on PHC values

A robust health system provides the right services, both personal and population-based, in the right places, at the right times to all of those who are in need of those services. Both public health and personal health perspectives are included. Preventive, promotive, curative, rehabilitative and palliative services are also included. Intersectoral action in health and action on the social determinants of health are fostered. For the sake of analysis, the six building blocks are used to describe the characteristics of a health system based on PHC values, always recognizing that health systems are holistic in nature.

A common set of values based on primary health care and the right to health underpin the *Western Pacific Regional Strategy for Health Systems Based on the Values of Primary Health Care*. Those values are shared by all Member States in the Region. The path to implementation of those values and realization of those rights will take different paths in different Member States. There is potential advantage in grouping countries in similar situations and with similar challenges to help determine priorities for interventions. A grouping of countries according to income status and whether they are from Asia or the Pacific islands is presented in Annex 4. Where it is helpful, guidance in the following sections includes a brief analysis of different interventions based on different groupings. However, detailed decision-making will still need to be done in each Member State to meet its own particular needs.

Indicators

Health systems performance assessments are an important part of designing and managing a robust health system based on primary health care values. To assess progress, indicators that can be measured over time are needed. Targets for those indicators are highly desirable. Targets are usually most meaningful when they are set according to the needs and situation of individual Member States. However, there are times when global or regional targets can be agreed and are useful. If there are agreed regional targets, they have been included in the Strategy. Two types of indicators are proposed for this Regional Strategy: (1) a set of global indicators; and (2) a set of national indicators that are tailor-made within each Member State to meet its specific needs.

Global indicators

Global indicators are a relatively small set of indicators that are standardized and collected in a similar way in all Member States. It is recommended that all Member States include them in their health information systems. Global indicators are meant to be useful for managing the health system within a Member State, but they also allow for cross-country and cross-region comparisons. The usefulness of cross-country and cross-region comparisons makes it necessary that the Regional Strategy, to the extent possible, recommends globally agreed indicators.

A multi-agency working group has been developing a toolkit for measuring health systems strengthening. The *Measuring Health Systems Strengthening and Trends* toolkit proposes generic, global indicators for each of the six building blocks, recognizing that this occurs as part of a whole-of-system approach. The toolkit was published in October 2010 and the working group encourages its use.[23] The indicators from the toolkit are presented in Annex 2A. Where regionally agreed indicators and targets have been set in addition to those in the toolkit, e.g. in health care financing, these are presented along with the global toolkit indicators.

The monitoring of health systems performance requires a more comprehensive assessment than only looking at health systems issues. A framework for monitoring and evaluation of health systems is proposed which includes measurements for: (1) inputs and processes in the health system; (2) outputs; (3) outcomes; and (4) impact. The framework has a balance of disease- or programme-specific indicators with general health systems indicators. The framework includes suggested sources of data in each of the four areas. It also includes a proposed core set of indicators under the four areas of interest. The framework and core indicators are presented in Annex 2B. The framework is consistent with the health systems toolkit described in the previous paragraph.

National indicators

Individual Member States will almost certainly identify additional indicators that are relevant for their own setting. A larger, tailor-made set of national indicators that allows progress to be tracked over time is needed as a management tool within each Member State. It is important that the global indicators be included within the national set of indicators to the extent

23 *Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies*. Geneva, World Health Organization, 2010. Available at http://www.who.int/healthinfo/systems/monitoring/en/index.html

possible. Targets, for the most part, will need to be set by each Member State. In some instances, such as for health care financing and the MDGs, both regional and global targets and indicators have been developed and adopted. Adaptation to specific country settings often will be necessary.

5.1 Leadership and governance

Leadership and governance of health systems, sometimes called stewardship, is a complex and critical part of the health system and arguably the most important.[24] Even when governments are not the main provider or financer of health services, the governance role remains. The rules of engagement for state, private and non-state actors in the health sector with the people of a country are the responsibility of the

Box 5. Healthy Islands

First drafted by the Ministers of Health of Pacific Island Countries in 1995, the Healthy Islands concept unifies efforts for health promotion and health protection in island countries. It provides a framework within which health issues are analysed, prioritized and implemented in order to achieve a healthy state on the islands, as reflected in the lives of children, adults and the aged. A healthy island is one that is committed to and involved in a process of achieving better health and quality of life for its people, and healthier physical and social environments in the context of sustainable development.

Providing information to schoolchildren and teachers as part of the Tafea Province malaria assessment survey undertaken by the national Vector Borne Disease Control Programme, Ministry of Health, Vanuatu, assisted by the PacMI Support Centre

http://www.uq.edu.au/news/?article=15873

Success of Healthy Islands initiatives is strongly linked to community commitment and buy-in from health-related organizations and institutions at the highest level.

Healthy Island initiatives take various forms. Some countries have focused on the control of specific diseases or health problems, such as malaria control in the Solomon Islands. Others have focused on environmental health and health promotion initiatives (Fiji) or on water supply and sanitation through community development (Tonga). Others still have implemented community-based health promotion projects (Cook Islands, Kiribati, Niue, Samoa and Tuvalu).

The priority is to assist countries to build their human resource base and health system infrastructure. Without a foundation based on effective programme management, efficient logistics and procurement, and robust monitoring and evaluation, it will not be possible to roll back malaria, island by island and region by region, in the Pacific.

Partners will engage with a variety of community-based organizations, women's groups, churches and other civil society groups to ensure that key components of the expanded malaria programme in each country are implemented in ways which are locally appropriate and acceptable to communities.

Source: Types of Healthy Settings. World Health Organization. Available at http://www.who.int/healthy_settings/types/islands/en/index.html

24 *The World Health Report 2000. Op cit.*

government, bearing in mind that access to necessary health care is a basic human right that people of a country hold and governments bear a duty to ensure.[25]

Privatization, commercialization and marketization of the health sector within an inadequate regulatory framework are risks to the development and sustainability of equitable health systems.[26] If a strong regulatory framework exists and is enforced, privatization, commercialization and marketization can contribute to increasing universal access to health services. However, market forces alone will not lead to equitable and universal access to health services. The realization of equitable access may occur in stages, but it should remain a constant goal for all health care systems.

Leadership and governance in health extends beyond the health sector. A key part of PHC is the recognition that the determinants of health extend beyond the health sector and there is a need for intersectoral action. "Healthy public policy", "health in all policies", "healthy settings", and "Healthy Islands" are some of the ways this idea is expressed within the Region (see Box 5).

Core governance responsibilities have been identified.[27] The exact responsibilities and priorities in emphasis will vary between Member States. The core responsibility areas include:

- development of health sector policies, strategies and frameworks that fit within broader national development policies;
- national health plans that are the implementation guide for health policy core responsibility "areas" in many settings;
- capacity for leadership and governance that extends to all levels of the health systems, as appropriate;
- management of health sector through law, regulation, accreditation and standard setting, including state and non-state actors, both profit and non-profit (standards can be national, regional and even international at times);
- accountability and transparency to the public – governance of the health sector is done in cooperation with, but not under the control of, key stakeholders such as professional associations and commercial interests;
- generation and interpretation of intelligence and information, particularly in the area of policy;

25 United Nations Committee on Economic, Social and Cultural Rights (CESCR). General comment no. 14: the right to the highest attainable standard of health (Art. 12 of the Covenant). *Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights; 25 April – 12 May 2000*. Geneva, 2000. Available at http://www.unhcr.org/cgi-bin/texis/vtx/refworld/rwmain?docid=4538838d0&page=search

26 As used in this Strategy, privatization refers to private, non-state ownership which can be either for-profit or not-for-profit; commercialization refers to enterprise within the health system that is for-profit; and marketization refers to the use of market mechanisms such as contracting and social marketing which can be either for-profit or not-for-profit. Distinctions can be blurred, for example when publicly owned institutions become involved in commercial activity.

27 *Everybody's business: strengthening health systems to improve health outcomes. WHO's framework for action. Op cit.*