

SPECIAL COMMUNICATION

**SUSTAINING THE STRIDE OF HEALTH AGENDA BEYOND 2015 IN
POST MDGS SCENARIO: A PROJECTED ROADMAP FOR THE
DEVELOPING COUNTRIES**

Babar Tasneem Shaikh

Aga Khan Foundation, Serena Business Complex, Islamabad, Pakistan

As the world is reaching toward 2015, the echoes of MDGs are becoming louder. Results with regard to achievements of the targets set globally, show mixed results. Very understandably, the developing countries will miss most of the targets by far, and the attributed reasons are obvious. Dearth of resources-financial and human, evidence for decision making, infrastructure, meaningful collaboration with developed countries, and overall governance of the health sector are some of the pitfalls on 2000-2015 screen. Nonetheless, international commitments are sending positive vibes and message that glass is half full. Countries must keep the pace and sustain the stride of MDGs agenda, with an appraised roadmap, of course. Poverty, natural and man-made disasters, and slow socio-economic development, and some incongruous technologies are the challenges *en route*. A holistic approach is the need of the time, and therefore this paper presents a strategic framework drawn from the WHO's proposed health systems building blocks, which might help the developing countries and fragile health systems to turn around the state of affairs.

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The Millennium Development Goals (MDGs) are supposed to be achieved by 2015. However, most of the developing countries will not achieve the targets, despite huge efforts, financing, foreign aid, reforms and collaborations. Nonetheless, results have been mixed though; hitherto it seems that most of the countries with undeveloped infrastructure, shortage of technology, dearth of human resource and inadequate financing, will not be successful in meeting the targets set in various MDGs. Compounding the whole situation is the poor governance and mismanagement of the meagre resources that a country has. Developing countries have also been suffering from lack of expertise to strategically plan their respective health sectors. Most of these have been dependent on the donors' will and have thus been following a top down approach. The political will, national interest and participatory planning are inexistent in many parts of the developing world.¹ Despite all limitations and weaknesses, exceptions are there. Some countries are on track to achieve certain targets e.g., education and women's literacy, and environment targets (water and sanitation) in Pakistan; yet maternal and child health, gender equality, and poverty indicators reflects the country is lagging far behind the set targets.²

Maintaining the momentum, therefore, is the call of the day. Attaining the ambitious targets pronounced in the MDGs will necessitate radical changes in policy as well as extensive reforms and strong inter-sectoral coordination in the healthcare system of the developing countries in the post

2015 scenario.³ It is critical to address the social, cultural, environmental, economic, and political determinants of health; improving the health of disadvantaged and marginalized groups; and meeting the specific health needs of people at different stages of life. An extensive stock-taking of the indicators, targets and so far achieved outcomes is necessary, before embarking about sustainable development goals (SDGs). Last but not the least, an audit of collaboration between developed and developing worlds might reveal the actual gains and gaps emerged during 2000-2015.

Now what is needed beyond 2015 to sustain the stride? Health systems constraints are impeding the implementation of major global initiatives for health and the attainment of MDGs.⁴ While there is an unblemished recognition that strong health systems are a prerequisite to the notion of health for all, minimal work has been done on systems strengthening. The health systems of developing countries in the run to showcase their respective MDGs enterprises; ended up having disease specific interventions. If the health systems are weak in health workforce, drug supply, health financing, and information systems, they may never be able to respond adequately to opportunities such as MDGs or SDGs. A health systems level research and analysis would be critical to look at what worked and what did not. And for that the WHO's health systems strengthening building blocks model is worth employing. Having realized the inherent constraints of the developing world as well as the

bottlenecks in the health system; WHO has presented a very valid and logical framework. It encompasses all the essential elements which are required for the strengthening of the health system in order to deliver responsive, equitable and quality services to the people.⁵

This model actually alludes to all the critical elements needed for ensuring a responsive service delivery; and also can potentially help identifying the bottlenecks and the possible solutions through stakeholders' perspective, for improving the health service delivery.

- i. For improving the service delivery, one must think of accessibility, acceptability, affordability and availability of the services.
- ii. With regard to health workforce, there need to be adequate HR in numbers, appropriate skill mix, capacity to deliver quality services according to the standards, and of course a career structure to keep the personnel motivated for the cause.
- iii. An authentic and valid information system is imperative for rational decision making.
- iv. There is need to re-organize the supply chain and logistic modalities involved in delivering the products, supplies, drugs etc. to the last mile.
- v. Financing the overall program, allocative efficiency and a balanced expenditure sheet is the foremost requisite for smooth operations, enhancing the standards and setting the benchmarks in health care delivery.
- vi. For ensuring good governance, there is no rocket science but genuine priority setting, better coordination, meaningful integration

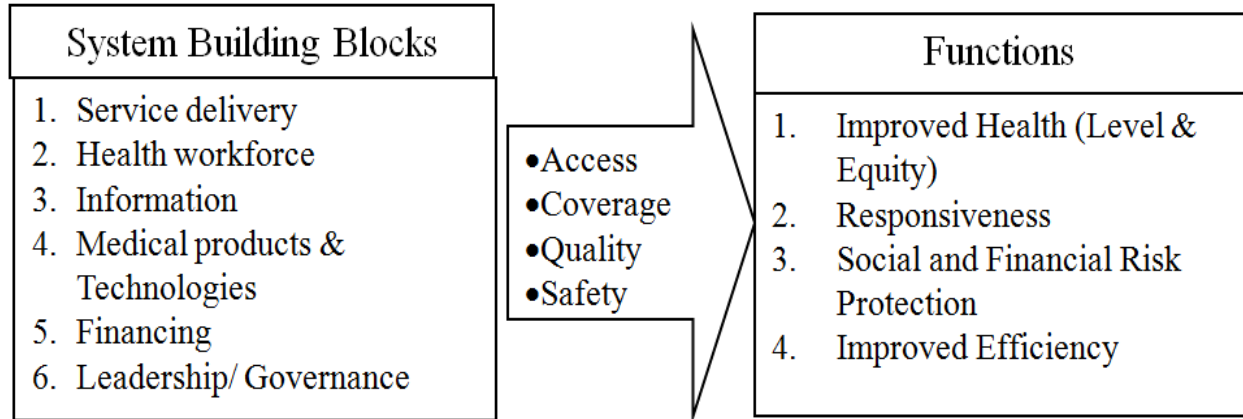
where possible, and an all-encompassing political commitment can actually help in reorienting the health sector with new zeal and spirit.

The linkages between health, poverty and environment ought to be understood in the context of individual countries. It is imperative to take into consideration the cross cutting themes such as gender equality, nutrition, law & order, energy, climatic changes.⁶ All building blocks are interrelated; therefore attention should be drawn to the actions and policies for improvement in all the domains of health system. If health of the population is taken care of, the rest becomes easier to achieve: education, gender equality, economic opportunities, food security, environmental sustainability, rights, governance, etc. It sounds like *déjà vu*, if one critically looks back at the World Bank's philosophy of Investing in Health, presented to the world in 1993.⁷

The consensus of the international community is to gear all efforts toward building the equitable, effective and client-friendly health systems required to achieve the MDGs and move on beyond 2015. Investing in health necessitates in-depth research to visualize the real determinants of health-seeking behaviours and health services utilization among the most vulnerable sub-groups of the population.⁸ Besides money which really matters, government must reflect the commitments through a healthy public policy, a responsive health system, a meaningful partnership with private sector, across the board accountability, and a strong stewardship.⁹



Figure-1: United Nations. The 8 Millennium Development Goals. New York: 2001



The building blocks of the health systems: aims and attributes. World Health Organization 2007

Table-1: Strategic plan for strengthening health system building blocks -post 2015

| Building blocks | Strategic actions |
|---|--|
| Governance and accountability | <ul style="list-style-type: none"> Improved stewardship and monitoring to implement health policy initiatives by restructuring Department of Health Decentralization and autonomy of hospitals to strengthen health system Develop the concept of community governance for revitalizing the primary health care system (PHC) |
| Service delivery | <ul style="list-style-type: none"> Institutionalize essential health services package for all levels of care and improve emergency care services Focus on strengthening MNCH, family planning, infectious and non-infectious disease control and nutrition for women and children |
| Human resource | <ul style="list-style-type: none"> Establish a human resource planning and development unit in every DoH Strengthening human resources for health, especially in a primary health care setting must be strategized with HR development, deployment, retention and reward system. |
| Essential Medicines and Health Technologies | <ul style="list-style-type: none"> Enhance existing logistics and supply chain management system by strengthening procurement, restructuring of medical store depots, and automation of system for quantification, procurement and distribution Regular reviews of Essential Drug List and strengthen and quality regulation for drugs produced in province |
| Healthcare Financing | <ul style="list-style-type: none"> Increase in government expenditure on health to minimize the out of pocket expenditure of the patients. Improve efficiency, effectiveness and economy in health care spending Improve capacity of the provincial and district governments for increasing effective budget utilization Establish a national health insurance as a safety net for vulnerable and disadvantaged households |
| Health Information Systems | <ul style="list-style-type: none"> Standardized information system for public and private sector health facilities and strengthen linkages with community based information systems Strengthen Disease Early Warning System at all health facility levels Develop capacity of health professionals on use of the information systems for decision making, budget allocations, management and research |

For strengthening of health systems, there ought to be serious thought process reflecting efforts to address all the building blocks of the health system; the only road map for improving the health status of the vulnerable segments of the population.¹⁰ An inter-sectoral cooperation and sector wide approaches would be required to achieve the ambitious goals and post 2015 agenda, especially in the times of natural and man-made disasters, rising poverty and slow economic development. There is a clear need of increasing resource allocation, strengthening primary health care services and motivating the human resource employed in health sector by good governance.¹¹ Progress in the post-2015 times would largely depend on achieving a better balance between short-term interventions to meet humanitarian needs and longer term actions for building sustainable health systems. Governments, donors, non-state

actors and other stakeholders should design concerted actions to develop a health framework that is aligned with national scope and priorities, rather than focused on stand-alone donor driven project-oriented approaches. The country ownership of the SDGs would be the foremost requisite.

Since the adoption of the MDGs worldwide, changes in the policies and development partners' agenda, have brought both opportunities and challenges for health and development sector globally. While the MDGs were focused on low-income countries, the development landscape is now dominated by common global challenges. As affirmed at Rio+20, the focus is now on universal and sustainable development, and on gaining a more comprehensive understanding of how the different dimensions of development interact.¹² Another thought is to build capacity of the local NGOs and

community groups and to inculcate the concept of community governance for revitalizing the PHC system. These post 2015 endeavours should lead to formulate evidence based national policies, and health services which are affordable, accessible and culturally acceptable, and finally a responsive health system. The anticipation is that collective ambition of MDGs and SDGs will move the world closer to reach a state where health is a state of complete physical, mental and social well-being, and not only the absence of disease or infirmity.

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Author for correspondence:

Dr. Babar Tasneem Shaikh, Aga Khan Foundation, Serena Business Complex, Level 9, Khayaban-e-Suhrawardy Islamabad 44000, Pakistan

Cell: +92-333-2303403

Email: shaikh.babar@gmail.com