



**Accountability, Innovation and Coherence in G8 Health  
Governance:  
Seizing the 2010 Opportunity**

**Opportunities for Innovation:  
Stakeholder Perspectives and Proposals  
Concept paper & Speaking points**

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**Introduction**

The strengthening of health systems is key to improving health outcomes, to reaching the Millennium Development Goals (MDG), to health system sustainability and, ultimately, to economic development and prosperity.

The Canadian Nurses Association (CNA) supports a health system that places people at the centre, in keeping with the principles and values of primary health care (PHC) as identified by the World Health Organization (WHO): fairness, social justice, participation and intersectoral collaboration.

CNA endorses a PHC approach whereby essential health care, aimed at preventing illness and promoting health, is universally accessible to people by means that people find acceptable and at a cost communities and countries can afford.<sup>1</sup>

Since 1978, the international community's understanding of the conceptual and practical underpinnings of systems and systems thinking has deepened considerably. We must take that learning and apply it.

**I. Health Systems Strengthening**

According to WHO, a health system “consists of all the organizations, institutions, resources and people whose primary purpose is to improve health.”<sup>2</sup> A health system is “more than the pyramid of publicly owned facilities that deliver personal health

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<sup>1</sup> Canadian Nurses Association (CNA). (2009). *Global health and equity*. [Position statement]. Ottawa: Author.

<sup>2</sup> World Health Organization (WHO). *About Health Systems*. [Online resource]. Available at <http://www.who.int/healthsystems/about/en/>



services,”<sup>3</sup> and includes non-state sectors such as non-governmental organizations, civil society organizations, and the private sector.<sup>4</sup>

The effectiveness of health systems is not dependent simply on financial investment and direct interventions but also on building up the resiliency of populations, which is the effect of social determinants of health.

Decades of neglect and insufficient investment have weakened health systems in most developing countries.

A recent WHO report, *Systems Thinking for Health Systems Strengthening*<sup>5</sup> examines in detail the building blocks of a health system – each one a sub-system unto itself. It explores the application of systems thinking to the health system as a whole, and particularly to health system strengthening interventions and their evaluation. This report and its recommendations warrant close scrutiny.

A key factor in encouraging new funding for the disease-specific programs has been the dissemination of reliable data for resource needs and potential returns on investment. If health systems are to generate a complementary funding surge, then they need to also generate and disseminate data on what is working.

Health system strengthening can be achieved through international efforts to scale up successful initiatives. However, the design, implementation and evaluation of scaling-up requires a systems approach to address the new dynamics and new stressors created when an intervention is expanded. A systems thinking approach will highlight the full range of effects and potential synergies.

Health systems’ strengthening is more than just more hospitals, more MRIs and more hip replacements. It is about safe, clean drinking water. It is about needed infrastructure like roads and communications systems that enable health-care workers and needed medicines to reach rural communities. It is about affordable housing. And it is about how all these resources complement each other to create a true health system – not just disparate entities with no relation to each other.

## II. Health Human Resources

Human resources is one of the key building blocks for the effective operation of a sustainable and equitable health system. “Fifty-seven countries, most of them in Africa and Asia, face a severe health workforce crisis. WHO estimates that at least 2,360,000

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<sup>3</sup> WHO. *Health Systems Development, Health Systems Strengthening*. [Online resource]. Available at [http://www.whoindia.org/EN/Section2\\_1520.htm](http://www.whoindia.org/EN/Section2_1520.htm)

<sup>4</sup> Reich, M.R. & Takemi, K. (2009). G8 and strengthening of health systems: Follow-up to the Toyako summit. *The Lancet*, 373, 508-515.

<sup>5</sup> Alliance for Health Policy and Systems Research & World Health Organization. (2009). *Systems thinking for health systems strengthening*. Geneva: Author. Available at [http://whqlibdoc.who.int/publications/2009/9789241563895\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241563895_eng.pdf)



health service providers and 1,890,000 management support workers, or a total of 4,250,000 health workers, are needed to fill the gap. Without prompt action, the shortage will worsen.”<sup>6</sup>

Despite having 11 per cent of the world’s population and 24 percent of the global burden of disease, Sub-Saharan Africa has only 3 per cent of the world’s health workers.<sup>7</sup>

“There is a direct relationship between the ratio of health workers to population and survival of women during childbirth and children in early infancy. As the number of health workers declines, survival declines proportionately.”<sup>8</sup>

Appropriate numbers of health-care workers is key to solving the growing crisis. In areas facing a critical shortage of health professionals, more direct investment is needed to educate more health professionals and support their retention. WHO estimates that to educate and pay the salaries of the four million health workers needed in the 57 countries with severe shortages, health budgets will have to increase at least US\$10 per person per year by the year 2025. Equally important is the retention of those workers through the creation of safe, healthy work environments and reducing the international flow of health workers from developing to developed countries, which is threatening already fragile health systems.

But more of which health care workers? The right mix of providers is needed. The health needs of individuals and populations must be aligned with the appropriate provider based on competencies – the right service provided at the right time, in the right place and by the right provider.<sup>9</sup> And, just as elements of the health system must be working together to form a cohesive system, health-care workers must be working synergistically. Health systems can be strengthened through effective collaboration among health-care providers, enabling them to work more effectively and efficiently.

### III. Coordination

The number of players and dollars in the global health field is unprecedented. Unfortunately, more inputs to the health sector does not necessarily mean more effective/better outcomes. The failure of global health initiatives to coordinate and work with governments results in a lack of alignment of the priorities of donors and the priorities of governments and reduces aid effectiveness. Improvement is required for the alignment of planning processes and resource allocations, both between the global funds and between the funds and country health systems.<sup>10</sup>

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<sup>6</sup> WHO. The Global Shortage of Health Workers and Its Impact. [Online resource]. Available at <http://www.who.int/mediacentre/factsheets/fs302/en/index.html>

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> CNA. (2005). *Interprofessional collaboration*. [Position statement]. Ottawa: Author.

<sup>10</sup> Reich, M.R., & Takemi, K. (2009). G8 and strengthening of health systems: Follow-up to the Toyako summit. *The Lancet*, 373, 508-515.



The need for greater cooperation, coordination and accountability has never been greater. Building synergies between those in the health field and in civil society will result in the whole being greater than the sum of the individual parts.

Greater coordination between donors is needed to improve accountability and transparency and to avoid duplication that has resulted in the proliferation of parallel systems. As many of the global health funds are now including health system strengthening within their programming, shared performance indicators and other strategies to improve coordination of various efforts and that reflect a common goal are needed.

The G8 is uniquely positioned to help reshape the global health agenda and priorities through high-level coordination and work with the Health 8 (H8).<sup>11</sup> In its move toward greater accountability and coherence, the G8 should formalize and regularize collaboration with the H8 organizations to achieve better outcomes in health. Policy-making in global health has become increasingly a multi-stakeholder process. Catalyzing efforts to reframe the global health architecture with greater coherency is a major role that the G8 can play.<sup>12</sup>

### **Conclusion**

The health systems strengthening agenda needs to be infused with the sense of ambition and speed that has characterized the global health initiatives.<sup>13</sup> Health systems are complex and changing. They are also context-specific and require enhanced country capacity and ownership if they are to operate effectively.

We need new and innovative funding mechanisms that will address the neglected areas of safe deliveries, women's health and whole health systems. CNA urges the G8 to champion free and universal health care for pregnant women, newborns and children up to age six with skilled birth attendant and a professional nurse responsible for the quality of care provided by auxiliary health-care providers.

CNA calls for a clear commitment to address health human resources within a systems approach ensuring that the right person at the right time addresses the needs of women, newborns and children in order to improve health outcomes.

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<sup>11</sup> The Health 8 consists of WHO; the World Bank; GAVI; the Global Fund to fight AIDS, Tuberculosis and Malaria; UNICEF; UNFPA; UNAIDS; and the Bill and Melinda Gates Foundation. The first informal H8 Agency meeting was held July 2007 in New York, where leaders from the H8 agencies agreed to:

- stimulate a global collective sense of urgency for reaching the health related MDG's;
- modify institutional ways of doing business (coordination and teamwork);
- foster a more systematic and robust approach to knowledge management and learning;
- recognize the important opportunity presented by the renewed interest in health systems; and
- recognize that the role of civil society and the private sector will be critical for success.

For more information, see [http://www.internationalhealthpartnership.net/ihp\\_plus\\_about\\_agencies.html](http://www.internationalhealthpartnership.net/ihp_plus_about_agencies.html)

<sup>12</sup> Reich & Takemi. (2009). G8 and strengthening of health systems: Follow-up to the Toyako summit.

<sup>13</sup> Ibid.



## SPEAKING POINTS

25 January 2010

1. I want to start by thanking John Kirton and James Orbinski and their colleagues for their leadership and dynamism in bring this rather robust gathering together.
2. I'm pleased to represent the Canadian Nurses Association perspectives at this meeting. CNA is the national professional voice of registered nurses which operates with the vision of Registered nurses: leaders and partners working to advance health for all.
3. While CNA works to advance the profession in the interest of the public with nurses, who form the majority of health providers in Canada and around the world, we work with a strong ethos of partnership and collaboration across health provider groups of midwives, physicians, other health providers, and across the system, to maximize health system strengthening and health outcomes.
4. Our paper focuses on three thematic areas that call for the intersections of accountability, innovation and coherence mechanisms to address the imperatives of health systems strengthening, human resources for health, and coordination of efforts.
5. Maternal and child health have been rightly identified as the development priority for this year's summit. When Canada takes the chair of the Group of Eight summit this June, it will do so in a global environment of persistent inequalities and health inequities.
6. WHO's recent report on women and health reinforces that societies are still failing women at key moments in their lives<sup>14</sup>, failures and health inequities that are most acute in poor countries, and among the poorest women in all countries.
7. This failure is no more evident than in the slow progress on reducing maternal, infant and child mortality.
8. Redressing social inequities by forging public policy focused on the social determinants of health is undoubtedly a major building block to meeting development targets.
9. CNA endorses the Consensus for Maternal, Newborn and Child Health as set out by the International Confederation of Midwives, the International Council of Nurses and the International Federation of Gynecology and Obstetrics.

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<sup>14</sup> WHO (2009) Women and Health: Today's evidence, tomorrow's agenda. Geneva: Authors [Online Resource]  
[http://whqlibdoc.who.int/publications/2009/9789241563857\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241563857_eng.pdf)



10. The five point agenda calls for a concerted and coordinated action on reproductive maternal, newborn and child health to achieve: ‘Every pregnancy wanted, every birth safe, every newborn and child healthy’<sup>15</sup>,
11. CNA calls for a clear commitment to address health human resources within a systems approach ensuring that **the right person at the right time addresses the needs of women, newborns and children in order to improve health outcomes.**
12. We join other health colleagues in calling for a commitment by the G8 to champion free and universal health care for pregnant women, newborns and children up to age six with a midwife / skilled birth attendant and a professional nurse responsible for the quality of care provided by auxiliary health-care providers.
13. The strengthening of health systems is key to improving health outcomes, to reaching health specific Millennium Development Goals (MDG), in particular MDG 4 & 5; to ensuring resilience to emerging priorities and, ultimately, to economic development and prosperity.
14. In the same vein, human resources are a key building block for the effective operation of a sustainable and equitable health system.
15. However, decades of neglect and insufficient investment have weakened health systems in most developing countries, while poor planning for health human resources in many industrialized countries have placed an additional burden on developing countries through recruitment of health personnel.
16. Evidence has shown the direct relationship between the ratio of health workers to population and the survival of women during childbirth and children in early infancy.<sup>16</sup> It has also shown the inextricable link between the level of knowledge and technical skill with health outcomes.
17. Robust health human resources development and retention is necessary. The appropriate numbers of health-care workers is key to solving the growing HHR crisis, as is the right mix of providers.
18. The G8 has an opportunity to commit to investing in the development and retention of health providers that have the knowledge and skills to meet population health needs...in essence scaling and skilling-up of health providers.
19. While this commitment is of essence for the G8, we believe the innovations that can lead to sustainable results may be found in developing countries.

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<sup>15</sup> Partnership for Maternal, Newborn & Child Health. (2009) *Consensus for Maternal, Newborn and Child Health*. Geneva: WHO

<sup>16</sup> Ibid.



20. Over the years, CNA's international health partnerships work has focused on enhancing leadership and capacity of health professionals in their country.
21. With projects around the world, we have a fairly large program of work in Africa, where the morale of nursing colleagues has been systematically depleted due to chronic undervaluing, horrific under-staffing, dismal remuneration, poor investments in their development and retention, harsh work environments that challenge the achievement of favorable health outcomes, and persistent blaming for health system failures.
22. Using a five-point thematic framework that includes advancing the profession, public protection through regulation, healthy public policy, PHC and HIV/AIDS, program partnerships have focused on priorities identified and designed by colleagues, with resources and technical supports from Canada.
23. More often than not, our experience has shown us that our global colleagues have a good insights into their needs and priorities, yet are in short supply of resources, technical knowhow and often, genuine collegiality.
24. Building and enhancing research skills and policy / advocacy capacity has been a cross cutting priority; through these investments over a number of years, nurses are becoming skilled and empowered to bring evidence that is of essence to health and health systems issues, and to advocate for policies that are appropriate to their settings.
25. Programs that strengthen local leadership and capacity, as is the case with strengthening national nursing organizations, makes a strong contribution to civil society and professional accountability, and has resulted in greater satisfaction amongst professionals.
26. Throughout this and other programs of work we are involved in, the innovations are consequently being developed and identified in the field, with considerable success.
27. Innovative programming will succeed in developing and retaining health providers when it is locally owned, when it is responsive to providers' needs to work in safe, healthy work environments, and when it serves to build the local leadership with capacity to forge and work to address their visions.
28. We have an opportunity to achieve more comprehensive and sustainable results through collaborations with other professional groups and across sectors that work to respond to local priorities...in essence, bringing the domains of education, research, practice and administration together in systems wide programming that harness our investments.



29. We believe the G8 countries are well placed to promote and invest in collaborative partnerships aimed at system wide interventions; just as elements of the health system must be working together to form a cohesive system, health-care professionals must be working synergistically to achieve sustainable results.