WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR AFRICA

ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'AFRIQUE

ORGANIZAÇÃO MUNDIAL DE SAÚDE
ESCRITÓRIO REGIONAL AFRICANO

REGIONAL COMMITTEE FOR AFRICA

AFR/RC52/12
12 February 2002

Fifty-second session
Brazzaville, Congo, 19-23 August 2002

ORIGINAL: ENGLISH

Provisional agenda item 8.5

IMPLEMENTATION OF HEALTH SECTOR REFORMS IN THE AFRICAN REGION: ENHANCING THE STEWARDSHIP ROLE OF GOVERNMENT

Report of the Regional Director

EXECUTIVE SUMMARY

1. The forty-ninth WHO Regional Committee for Africa examined and adopted the document entitled "Health Sector Reform in the WHO African Region: Status of Implementation and Perspectives". The document defined the framework for implementing health sector reform in the African Region. The same meeting adopted resolution AFR/RC/49/R2 which gave orientations on the relevant ways of accelerating the implementation of the said reform.

2. Countries of the Region have undertaken reforms of their health sectors with enthusiasm and have achieved some significant results. But due to some constraints, they have not fully met the people's expectations. The weak stewardship role of government was highlighted as one of the main factors that have compromised implementation of health sector reforms in the countries.

3. Countries of the Region are continuing to seek solutions to the many problems they face in improving the performance of their health systems. If ways cannot be found to make reform efforts more successful, there is a real danger that the search for new ways of improving health systems performance will be abandoned. There is therefore a pressing need to revive and refocus reform efforts, mainly on the enhancement of the stewardship role of government. Policy debate and research should also focus on improving this role in future.

4. The purpose of this document is to provide orientations on how the health sector reform process can focus attention on improving the stewardship role of government and on the anticipated roles of the different partners and stakeholders in strengthening implementation of the reforms. It also provides perspectives for deepening the reflection on the different dimensions of stewardship and its measurement.

5. The Regional Committee is invited to review and adopt the orientations contained in this document.

CONTENTS

INTRODUCTION

1. The Regional Committee, at its forty-ninth session, noted that in order for health sector reforms to achieve their set goal of improving the health status of the population, they must first produce changes that lead to health systems development and strengthening. These changes are prerequisites for improving the performance of health systems. Resolution AFR/RC/49/R2 called upon Member States to ensure that governments assume leadership at every stage of the reform process and urged the Regional Director to "develop a framework that will guide Member States in designing, implementing and evaluating their health sector reforms".[1]

2. A broader version of the concept of leadership, termed stewardship, has been identified in health development literature. Stewardship is defined as "*the careful and responsible management of the well-being of the population*" and has been described as "*the very essence of good governance*".[2] Stewardship goes beyond management of the state's role in the health system to taking responsibility for the health of the population. Health sector reform is defined as "a *sustained process of fundamental change in policy and institutional arrangements, guided by government, designed to improve the functioning and performance of the health sector and ultimately the health status of the population*".[3] It is evident, therefore, that the stewardship concept is not new.

3. The assessment of the implementation of health sector reforms in countries has revealed mixed results, with different reasons given for failure to implement fully. Such assessments have pointed mainly to the weak leadership role of government. The purpose of this document is therefore to describe the role of the government as a steward of the health of the population in the implementation of health sector reforms. The document examines linkages between health sector reforms and stewardship and proposes a framework for enhancing the latter.

SITUATION ANALYSIS

4. In the past ten years, most countries of the Region have developed and implemented health sector reforms. New concepts and ideas about health development and new challenges in disease patterns have diversely influenced the reform process. The burden of disease from malaria, HIV/AIDS, tuberculosis and complications related to pregnancy and childbirth and their worrying trends have influenced the development of strategies to address these diseases by focusing attention on the building of capacity for holistic health sector responses to these challenges. *Health for-all-policy for the 21st Century in the African Region: Agenda 2020*, alongside *New Partnership for Africa's Development* (NEPAD), provides guidelines for future health development in the Region.

5. Member States have shown significant enthusiasm in pursuing the health sector reform process. In Abuja, in 2000, heads of state and government agreed to allocate at least 15% of national budgets to health. Various countries have started developing innovative approaches based on use of evidence for policy dialogue and decision-making. They have also realized the importance of monitoring the implementation of health sector reforms and have developed built-in indicators for this purpose.

---

[1] WHO/AFRO, Resolution AFR/RC/49/R2. Health Sector Reform in the African Region: Status of Implementation and Perspectives, RC49, 1999.

[2] WHO, World Health Report 2000. Health Systems: Improving Performance. Geneva, 2000.

[3] WHO, Health Sector Reforms in sub-Saharan Africa, A review of experiences, information gaps and research needs. WHO/ARA/CC/97.2, Geneva, 1997.

6. A review of the implementation of health sector reforms in the African Region[4,5] revealed that health sector reform is a political process and that events from outside the sector can affect it. It was found that the reform process tended to be incremental, non-linear and long-term. Certain components of reform, like essential drugs policy, health legislation and regulation, community participation and staff motivation were found to be very critical.

7. Almost all the Member States have developed broad, medium-term health policies, strategies and plans. Policy framework documents from Member States attempt to define the roles of various actors in health service provision, health financing and, to some extent, institutional arrangements. However, not all of the Member States have prepared comprehensive health policy frameworks or budgets that reflect articulated priorities. In addition, matching activities to available resources and the exact sources of financing still remains a problem. The majority of countries have developed an essential health package but have not costed it.

8. Case studies on the health sector reform process from some Member States[6] show improved quality of primary health care services, with increasing accountability. These countries are implementing the Sector Wide Approaches (SWAps) to varying levels as well as undertaking decentralization of health services. The case studies have shown that there are inadequate institutional and human resource capacities to implement and manage the reforms. In addition, inter-sectoral activities seem to lag behind the other activities implemented in the reforms.

9. Countries of the Region have begun to implement SWAps in health as evidenced by the experiences shared between eight countries, mainly from eastern and southern Africa.[7] There is however still a gap in stakeholder dialogue. Consequently, coordination of partners in health development, which was expected to improve since the adoption of SWAps, remains weak in some countries. The flow of resources and coordination of action are still a problem as well.

10. Ministries of health and other ministries are important in influencing decisions. However, this ability has not been fully tapped. The high turnover among ministry of health decision-makers remains one of the critical obstacles in policy implementation. In many cases, comprehensive national health policies have been formulated and resources mobilized. However, implementation has been adversely affected by staff changes.

11. Wars, civil strife and natural disasters have compromised health sector reform efforts in some countries. This situation, characterized by massive destruction of buildings and equipment, brain drain, increased numbers of refugees and displaced persons and increased demand for health care services, has led to the collapse of national health systems.

---

[4]WHO/AFRO, Report on Health Sector Reform in the African Region: Status of Implementation and Perspectives, WHO, Regional Office for Africa, 1999.

[5]UNICEF, Implementing Health Sector Reforms in Africa: A review of eight country experiences. New York, 1999.

[6]WHO/AFRO, Case studies on SWAps implementation: Ghana, Malawi, Mozambique, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe. WHO, Regional Office for Africa, 2001.

[7]WHO/AFRO, Report of a meeting on: Review of implementation of SWAps in the context of health sector reforms in Eastern and Southern Africa. WHO, Regional Office for Africa, 2001.

12. Implementation of health sector reforms in the Region has also been impeded by weak institutional and human resource capacities, aggravated by the brain drain phenomenon, lack of incentives and inefficient use of potential national expertise. This situation is worsened by the scarcity of resources in general and the poor allocation of internal resources in particular. The sustainability of reforms is further undermined by the frequent and often inconsistent changes in government policies, inadequate legislation, weak accountability and lack of transparency.

13. Governments have not maximized the use of international agreements and regulations for the benefit of public health. Recent developments surrounding efforts by countries to access antiretroviral therapy (ARV) show that World Trade Organization (WTO) regulations, in particular the Trade Related Aspects of Intellectual Property Rights (TRIPS) safeguards, could be used more to the benefit of the population. The lack of awareness of global agreements has sometimes been a disadvantage for the countries and has negatively influenced some relevant interventions.

14. Social and technical policy debates on how to accelerate efforts towards achieving good health outcomes have recently been held at different levels in the countries and by agencies and development partners. Some important questions have been raised about how to effectively integrate the Poverty Reduction Strategy Papers (PRSP), including use of resources mobilized through the Highly Indebted Poor Countries (HIPC) Initiative, into health sector development perspectives; how to address equity issues; how economic reforms can be conducted without jeopardizing gains in the social sector, in particular for the very poor; how to address the issue of out-of-pocket/fee-for-service which has shown some adverse effects on service utilization; how governance issues affect health system development; what the role of government should be in the context of increasing poverty, globalization, brain drain of skilled health personnel and market-oriented health services delivery; and, in view of the low institutional and human resource capacities, how should countries ensure a balance between the need to decentralize and responsibility for the provision of services. These questions are challenges that need to be properly addressed if countries are to improve implementation of health sector reforms.

FRAMEWORK FOR ENHANCING STEWARDSHIP

Health sector reforms and stewardship

15. The improvement of health systems performance depends on many factors one of which is the essential role of government in setting the direction for the health system, overseeing its operations and leading inter-sectoral efforts to improve health.[8]

16. There are strong similarities between *leadership* as defined in the context of health sector reform and *stewardship*. Stewardship covers a broader perspective than leadership. Whereas leadership in health sector reforms has so far placed greater emphasis on areas directly under the jurisdiction of the ministry of health (*stewardship in health*), stewardship focuses on responsibilities and tasks for the strategic management of the health system (*stewardship of health*) and for factors in the broader social, political and economic environment within which the health system operates (*stewardship for health*). Government should ensure, in a coordinated manner, that the ministry of health and other key stakeholders are able to play their roles and assume their responsibilities in health development.

---

[8]WHO, World Health Report 2000. Health Systems: Improving Performance. Geneva, 2000.

17. Even though the focus of leadership for health sector reform has been narrower than that of stewardship, it does not mean that some of the tasks and responsibilities outside the health sector have not been undertaken. Previous reviews of the implementation of health sector reforms[9] show that some attempts, albeit unsustained, were made at undertaking some of the stewardship tasks and responsibilities *for* and *of* health. However, these attempts have been piecemeal and inadequate. The framework for enhancing stewardship is aimed at strengthening government's role and responsibility in stewardship within and beyond the ministry of health.

Components of stewardship

18. Four health system functions, namely stewardship, financing, service provision and resource generation have been defined.[10] Stewardship is a function that impacts on all aspects of health development. More specifically, it encompasses stewardship of health systems responsibilities that mainly fall directly under the jurisdiction of the ministry of health (*stewardship in health*); stewardship in setting the direction of health development leading to the strategic management of the health system (*stewardship of health*); and stewardship of factors in the broader social, political and economic environment within which the health system operates (*stewardship for health*) (see annex).

Stewardship in health

19. *Stewardship in health* is concerned with ensuring the effective undertaking of the other three health system functions. It includes stewardship in financing, stewardship in resource generation and stewardship in health service provision.

20. *Stewardship in health financing* is concerned with establishing and maintaining an organizational and regulatory environment in which effective and equitable financing can take place. Its tasks include: defining policies on health financing, including the use of financial risk pooling, sources of funding for specific services (benefits package and user fees policies) and approaches to revenue collection; regulating health insurance and other financial risk pooling schemes; defining approaches that detect and minimize the diversion of resources from their intended purpose; defining approaches that ensure the integrity of revenue collection schemes and those that ensure that individuals and organizations meet their obligations to contribute; coordinating with other agencies involved in collecting revenues for health (tax authorities, employers and local government); collecting and analyzing information on coverage of insurance/pooling arrangements and their effectiveness; collecting and analyzing information on the impact and effectiveness of targeting and prioritizing initiatives; and monitoring where the burden of paying for health lies.

21. *Stewardship in health resource generation* is concerned with ensuring that activities such as human resources development, health intelligence, production, purchasing and distribution of pharmaceuticals and equipment and building and maintenance of infrastructure are effectively carried out. The tasks of stewardship in resource generation include: identifying current and anticipated future imbalances in the supply of and demand for key resources (manpower, consumables and capital); regulating resources deployed to ensure adequate quality and quantity; monitoring the supply of and demand for key resources; developing and implementing incentives to address imbalances between the supply of and demand for resources; and overseeing organizations and institutions responsible for producing resources.

---

[9] Report of a meeting on: Review of Implementation of SWAps in the context of health sector reforms in Eastern and Southern Africa. WHO, Regional Office for Africa, 2001.

[10] WHO, World Health Report 2000. Health Systems: Improving Performance. Geneva, 2000.

22. *Stewardship in health service provision* encompasses a variety of tasks that must be carried out to ensure that the type, quality and accessibility of services are in line with national policies and plans. Some of the tasks involved are developing policy on service provision; anticipating future needs and assessing the health system's ability to meet these needs; identifying service gaps and unmet needs; regulating and legislating on the provision of services and imposing sanctions and providing incentives to ensure appropriate service provision; and monitoring the performance of providers and services.

23. Whereas stewardship in health service provision is mainly undertaken by the ministry of health, stewardship in health financing and resource generation calls for close collaboration with the other arms of government.

Stewardship of health

24. *Stewardship of health* refers to the strategic management role and is concerned with developing a broad vision and setting a policy direction for health development as well as deciding how the health system should evolve to respond to the changing social, demographic and economic environment. It is also concerned with the establishment and maintenance of the health system's overarching organizational and institutional framework, and with issues such as the allocation of functional responsibilities to individuals and organizations within the system, including operationalization of district health systems.

25. Tasks that contribute to the strategic management component of stewardship include: developing and promulgating a meaningful vision and policy for health; defining the overall design of the health system, including roles, responsibilities and operating principles; developing and promulgating a strategic plan for health and the health system based on the best available evidence and wide consultation; developing and implementing laws and regulations to ensure that the system operates as planned; establishing and managing partnerships within the system; providing the public with information on the system, on how it operates and on their rights and responsibilities as citizens and consumers; using networking, lobbying, influencing and advocacy to effect positive change within the system; monitoring progress in implementation of the strategic plan and the appropriateness of health system design; and collaborating nationally and internationally in the exchange of information on current and future challenges to health and possible responses.

Stewardship for health

26. *Stewardship for health* deals with activities that go beyond the health system to impact upon the main determinants of health and with other issues that are external to the health system but which either foster or constrain its effectiveness. Stewardship in this area seeks to influence the broader environment in which the health system operates. There are factors external to the health system which have a direct or indirect influence on health or "a secondary, health-enhancing effect".[11] These include appropriate policies on education, environment, agriculture, employment and trade; the specification and enforcement of property rights; levels of corruption; and access to mass media. These factors clearly fall outside the boundaries of the health system but can significantly influence its performance.

---

[11] WHO, World Health Report 2000, Health Systems: Improving Performance. Geneva, 2000.

27. An effective steward will seek to exert influence over these factors, even if decision-making powers lie elsewhere. *Stewardship for health* tasks include: contributing to the development of plans and policies in other sectors; using networking, lobbying, influencing and advocacy to bring about and enforce health-enhancing policies across society; coordinating the efforts of agencies outside the health sector whose activities impact on the sector's functioning; supporting individuals and organizations outside the health sector to implement health-enhancing policies and other initiatives; and monitoring changes in the key determinants of health that lie outside the health system.

Responsibility for stewardship

28. Despite its broad focus and its central role in any health system, stewardship does not require the government or the ministry of health to become directly involved in financing, resource generation and service provision. Indeed, stewardship involves the government in the establishment and maintenance of an environment in which NGOs, private enterprises and individual health practitioners can operate effectively, efficiently and with minimum bureaucratic interference. A successful steward is one who strikes a balance between freedom and control, and between centralization and decentralization, and allows and encourages public and private service providers, government employees and others in the sector to be innovative and creative, while ensuring the safety and integrity of the health system.

29. One of the most notable changes in many African health systems in recent years has been the emergence of multiple players in the provision of health services. Aspects of service delivery that were undertaken by government and other public sector agencies in the past are now commonly assigned to private enterprises and NGOs. The multiple players, including international agencies and NGOs, often have more resources and may have values and policies different from those of the government.

30. Responsibility for the careful and responsible management of the well-being of the population and organized efforts in support of that function can only rest with government. It is the government that is ultimately accountable for the effective undertaking of the stewardship function in the whole country. Some tasks may be delegated. Special care would be required in ensuring that delegated stewardship tasks concerning public goods do not lead to their being compromised. Such delegation should be well defined and coherent. Government must maintain oversight over those it expects to carry out these tasks and must monitor how well they are being carried out and intervene where necessary.

31. While it is often assumed that responsibility for the stewardship function rests with the ministry of health, which clearly has a pivotal role to play, the government as a whole must create an enabling environment for the involvement of all public and private sector agencies. The ministry of health should claim and take its rightful place in decision making on all matters concerning health in the country.

ROLES AND RESPONSIBILITIES

Role of countries

32. Governments should integrate the new dimensions of the stewardship role outlined in this paper into the implementation of their health sector reforms. The speed and success of implementation will depend mainly on the efforts of the governments themselves and the priority they give to this important domain. Governments should sensitize all stakeholders in health sector reform on the importance of stewardship and seek their support in undertaking the stewardship role. Governments should ensure donor coordination and guide all partners in supporting health within the context of national priorities, policies and plans.

Role of partners

33. Partners should work closely with and under the guidance of the government in the definition of national priorities and provide support to strengthen institutional and human resource capacities in different areas of health sector reform, including the implementation of research in health systems development. Partners should also learn to respect the position taken by the government and open up dialogue on areas where there are differences of opinion.

Role of the World Health Organization

34. WHO should provide technical support to countries in undertaking their stewardship role and in the development of institutional and human resource capacities. As a first step, it is necessary to develop a clearer understanding of the main tasks that contribute to the enhancement of the stewardship function.

35. In order to support governments in undertaking their stewardship role, WHO, in consultation with Member States, has already developed tools for monitoring and evaluating health sector reforms and the operationality of district health systems and is refining health systems performance assessment tools. It is also developing a methodology for the assessment of stewardship and stewardship monitoring indicators. These tools will be made available to countries.

CONDITIONS FOR EFFECTIVE STEWARDSHIP

36. The following conditions must be met to enable governments to effectively undertake their stewardship role:

(a) peace and security;

(b) continuity in health policies and personnel and institutional arrangements in ministries of health;

(c) coordination and participation of partners in the implementation of health policies and plans;

(d) participation of civil society in improving the design and implementation of public programmes;

(e) evidence-based decision making;

(f) transparency and accountability; and

(g) inter-sectoral collaboration.

CONCLUSION

37. It is evident that stewardship is an essential prerequisite for a well performing health system. Good stewardship can make a positive difference in the performance of health systems, both as an important function in its own right and as a means to enhance the effectiveness of the other three health system functions. In the absence of good stewardship, health systems will not perform properly, no matter how well resourced they are or how well the other three functions of financing, resource generation and service delivery are carried out.

38. Enhancing the stewardship role of governments is critical in accelerating the health sector reform process that would result in the improvement of the performance of health systems and, consequently, in the realization of the goal of the Health-for-all policy for the 21st Century in the African Region: Agenda 2020. The ministers of health should take the lead in transforming their ministries and in influencing the other arms of government to undertake their stewardship roles.

39. The Regional Committee is invited to review and adopt the orientations contained in this document entitled *Implementation of health sector reforms in the African Region: Enhancing the stewardship role of government.*

ANNEX

Stewardship components

The figure below is a diagrammatic presentation of the different components of stewardship. It shows that effective stewardship leads to better implementation of health sector reforms, improved performance of the health system and the realization of health systems goals.