

Health Systems

Health systems: How should the FCGH define the standards for health systems to which everyone is entitled? Should it include general requirements (e.g., equitable distribution of health facilities, goods, and services; sufficient numbers of skilled and motivated health workers)? Should it include specific benchmarks in each area of the health system?

Health systems and health interventions: Alternatively, should the health system be defined by the nature of health services that it is able to effectively and equitably deliver? If so, what health services? To what degree of specificity should the FCGH define these health services? By category of intervention? To what could the set of interventions that WHO has used in its estimate of the cost of universal health cover serve as a guide? ¹ What about national essential health packages or universally covered health services? Are there significant interventions or categories of interventions missing from these? Can existing WHO guidelines or widely endorsed documents (e.g., International Conference on Population and Development Programme of Action) serve as the guide in various areas (e.g., universal access to comprehensive HIV prevention, care, treatment, and support, and what this entails; universal sexual and reproductive health services, and what these include)? What role should participatory processes have, possibly feeding into the development of the FCGH or initiated by it (such as by establishing a process that would, within a given period of time, define these interventions or categories of interventions)?

Health system benchmarks: Are there benchmarks for health systems and their components (i.e., human resources for health, health services; medicines, vaccines, and medical technologies; health financing; health information, and; governance and leadership) that the FCGH should incorporate as standards for all health systems? If so, what should these be? How can these be developed in ways that respond to local circumstances (e.g., 5 km is very different in a city with paved roads, sidewalks, and cheap transportation as compared to over mountainous territory; the number of health worker needed varies considerably depending on skills mix, disease burdens, and so forth, and is only one dimension of access to health workers, who also require proper skills, supervision, tools, and motivation)?

Gender-sensitive health systems: What are the aspects of gender-sensitive health systems (e.g., ensuring that the health system meets health needs specific to or predominantly affecting women; integrating reproductive health and other health services; obstacles to accessing care; training and sensitization of health workers to LGBTI populations, including specific health needs; ensuring respectful and non-judgmental treatment of women, girls, and sexual minorities; training on gender-specific health needs including to dispel myths and stereotypes; involving women in medical research; ensuring the participation of women and gender minorities in health decision-making processes; female doctors including women in leadership roles in the health system; meeting health workers concerns that may be heightened for women including security)? What is the FCGH's role in promoting such gender-sensitive health systems, in general or in

¹ Taskforce on Innovative Financing for Health Systems Working Group 1, *Constraints to Scaling up and Costs: Working Group 1 Report* (Geneva and Washington, DC: World Health Organization and World Bank, 2009), at 80-81, http://www.who.int/pmnch/media/membernews/2009/htltf_wg1_report_EN.pdf.

specific aspects?

Health workers: Should the FCGH specifically address health workers? If so, how? For example, along with issues of migration, it could address obligations around health worker (and patient) safety, distribution, training, knowledge, and support, among other issues? It could also require that countries have rights-based national health workforce strategies.

National health packages and FCGH standards: To the extent that the FCGH provides for the types of health interventions that health systems must ensure for all, what can we learn from countries' existing essential health packages (or universal health benefit packages)? How can these inform delineating these types of interventions? At what level of specificity?

National processes and FCGH processes: What processes do countries currently use to establish essential health packages (or services to be covered by national health insurance schemes)? What are the technical, participatory, and political bases for these decisions? Are there good practices that the FCGH should promote? How can these inform the process of adapting FCGH standards nationally? Is more guidance needed beyond General Comment 14 of the Committee on Economic, Social and Cultural Rights? (Under General Comment 14, among states' core right to health obligations is: "To adopt and implement a national public health strategy and plan of action, on the basis of epidemiological evidence, addressing the health concerns of the whole population; the strategy and plan of action shall be devised, and periodically reviewed, on the basis of a participatory and transparent process; they shall include methods, such as right to health indicators and benchmarks, by which progress can be closely monitored; the process by which the strategy and plan of action are devised, as well as their content, shall give particular attention to all vulnerable or marginalized groups."²)

Non-health sector obstacles to health access: How should the FCGH address non-health sector obstacles to access to health services, such as transportation costs and child care and other family responsibilities, both population-wide obstacles and those more specific to certain populations?

Life course: How should the FCGH address the continuum of care needed throughout a person's life course, from newborns to the elderly? How should any FCGH standards on health systems incorporate the life course perspective, or health needs of people at a particular point in their life course (e.g., the very young, the elderly)?

Information for health workers: How should the FCGH address the health information needs of health workers? Should it, for example, establish or reference existing (which?) standards related to health worker knowledge? Should it set benchmarks of health worker knowledge, such as proportion of health workers who adhere to protocols in key health areas? Should the FCGH include or foster standards related to health worker education (pre-service? in-service? both)?

² Committee on Economic, Social and Cultural Rights, General Comment No. 14, The Right to the Highest Attainable Standard of Health, UN Doc. No. E/C.12/2000/4 (2000), at para. 43(f), <http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>.

Health literacy: How should the FCGH address health information requirements of the general population? Should the FCGH encourage or require community health literacy strategies as part of national health strategies? Should it establish benchmarks for such strategies? How else might the FCGH promote health literacy?