

# Focus on developing economies (Morocco)

Abstract: Transforming Health Sector, Health Capacity Building. Focus on Developing Economies  
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Background: The main impulses, which led to the extensive international debate and analysis on capacity building, were the failures in development cooperation to produce sustainable results and the need to strengthen the state and its institutions after the negative experiences of structural adjustment policies, which emphasised the minimalist role of state and radical downsizing of the public sector.

Context: Almost all developing countries face several challenges arising from their national, regional and global socioeconomic and public health environments. National capacities for policy development and implementation to address the high disease burden remain weak with reduced ability to take advantage of opportunities. This is compounded by other complex emerging health challenges caused by disease outbreaks of international concern as well as emergencies resulting from natural disasters or internal conflicts. Health systems in most developing countries remain weak – with gaps in leadership and stewardship, financing, the health workforce, availability of medical products, vaccines and equipment and unequal distribution and access to health services.

The thinking about capacity building has evolved from a focus on individual training to development of institutions and further to the complex systems thinking of today. New concepts, general principles, key success factors, strategies, processes and challenges of monitoring & evaluation of capacity building will be presented.

Past initiatives of health capacity building in developing countries in the 1970s, 1980s have been disappointing. This was partially because they focused on too narrow a range of capacity building activities and partially because they focused more on process than results. They have faced several challenges leading to unsustainable success despite the progress made in health indicators. These include among others poor local ownership, absence of partnership or weak long-term commitment of partners, inconstant process thinking in capacity building implementation's phases (setting objectives, planning strategies, taking actions and evaluating results). Recent initiatives of health capacity building in developing countries (1990s, 2000s) have expanded definition of capacity building to include strengthening of the underlying institutions and organizations, in addition to the traditional focus on management and infrastructure. Most of the literature are reported by donors or western experts. These experiences have originated from projects and programmes from various countries and situations and from health capacity building at individual, organisational and systems levels. Various donors and international organisations have funded and participated in the interventions. Despite this, many countries remain facing major impediments including brain-drain and retention issues, corruption and resource misallocation, and weak engagement of civil society in partnering for sustainable development. In late 2000s, developing countries have expressed strong interest in capacity development to achieve the MDGs targets. Several health capacity building initiatives took place to help strengthen health systems in order to achieve MDGs-health related targets and drive progress towards Equity and Universal Health Coverage in more holistic approach taking into consideration the social determinants of health and the complex environment of the health sector. For those that have been evaluated, failures, successes and lessons to be learned for new development will be

presented. Worth of notice, health research capacity building and strengthening HIV prevention and control program in some developing countries had a synergistic effects on health capacity development particularly by improving evidence-based decision making ; expanded commitment to accountability for results, and the values of transparency, integrity and professionalism. Moreover the new trend towards networking for health capacity building and the recent and projected rapid uptake of mobile phone technology by developing economies offers great opportunities to strengthen the academic basis of the members, to accelerate effects on information generation and knowledge development benefiting from new and innovative applications of ICT including e-health.

Despite these recent efforts, weaknesses in national health systems in several developing countries were exposed by the 2005/2007 Avian Influenza epidemics in South East Asia and the 2014/2015 Ebola Virus Disease epidemic in West Africa. These epidemics revealed major gaps in the capacity and preparedness for effective responses to critical health events in the affected countries. This calls for an urgent need to build the core capacities of countries to fulfil their obligations to WHO's International Health Regulations (IHR) and improve their systems for integrated disease surveillance and response (IDSR). This will contribute to improve health security by tackling epidemic-prone diseases, emergencies and new health threats .The commendable global solidarity that emerged in response to the 2009 Influenza pandemic and the 2014-2015 Ebola virus disease (EVD) epidemic, added to the consensus on the post-2015 global development agenda, provides a unique opportunity to contribute towards achievement of the Sustainable Development Goals (SDGs) and transform the health of the people particularly in developing economies.

In conclusion, the holistic approach to health capacity building is helping to transform the health sector to raise the health status of the people in developing countries and face the present and coming health threats including impact of climate change, natural disasters and internal conflicts.