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## Faculty Development Program for IIHMR Group of Institutions

# Understanding Health System in the Current Context

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Prof. P.R. Sodani is a health economist and public health specialist. He obtained his Ph.D. in Economics with a focus on Health Economics. After completing his doctoral work, he earned a Master of Public Health from the University of North Carolina at Chapel Hill, USA. Prof. Sodani has been working in health systems, health economics, and health financing and extensively involved in teaching, training, research, and consultancy. He has been Visiting Professor of health economics at BP Koirala Institute for Health Sciences, Dharan, Nepal. Prof. Sodani is Associate Editor of the Journal of Health Management, an international journal published by SAGE Publications. He has been the Guest Editor for the special issue on Health Care Financing of the Journal of Health Management published in 2008. Prof. Sodani has been actively associated with South-East Asia Public Health Education Institutions Network (SEAPHEIN) and coordinated the International Workshop on Moving SEAPHEIN to Influence Public Health Policy and Action. He is Secretary, India Public Health Education Institutions Network (IndiaPHEIN). He has recently published a book on Managing Quality in Health Care. He has published and presented papers on health sector reforms, health expenditure, public-private partnership, user charges, cost analysis, health insurance, and health systems development in national and international forums.

# Understanding Health System in the Current Context

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# Discussion Points

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- ❑ What do we mean by health systems?
- ❑ Why health systems matter a lot?
- ❑ What are the objectives of health systems?
- ❑ What are the functions of health systems?
- ❑ What is the relationship between functions and objectives of health systems?
- ❑ What are the health systems building blocks?
- ❑ How to transform health systems?

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- Health systems have contributed enormously to better health and influenced the lives and well-being of people around the world.
  - Health systems have contributed enormously to better health, but their contribution could be greater still, especially for the poor and disadvantaged population groups.

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- Decision-makers at all levels (national/state/district) need to quantify the variation in health system performance, identify factors that influence it and articulate policies and modify programme strategies that will achieve better outcomes in a variety of settings.

# What is a health system?

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- ❑ A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health.
- ❑ The resources devoted to health system are very unequally distributed, and not at all in proportion to the distribution of health problems.
- ❑ LMCs face many challenges in meeting the health needs of their population, mobilizing sufficient financing, and securing value for limited resources.

# ***Why are health system important?***

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- ❑ Health system is the means to deliver health policy goals
- ❑ Health system is key to operationalising any policy approach to address the health needs of a country
- ❑ The health system is an important platform for interaction between multi-sector stakeholders in health
- ❑ Health system components are important areas of interface between health and development

# Multiple of Roles of People in Health System

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- ❑ **Contributors:** paying for health systems knowingly (out-of-pocket spending, insurance premiums or social security contributions) and unknowingly (taxes).
- ❑ **Citizens:** stewardship.
- ❑ **Providers:** production of goods and services, (private/public sector)
- ❑ **Consumers:** health care behaviour, consumers of non-prescription medications, recipient of health related information, advise.



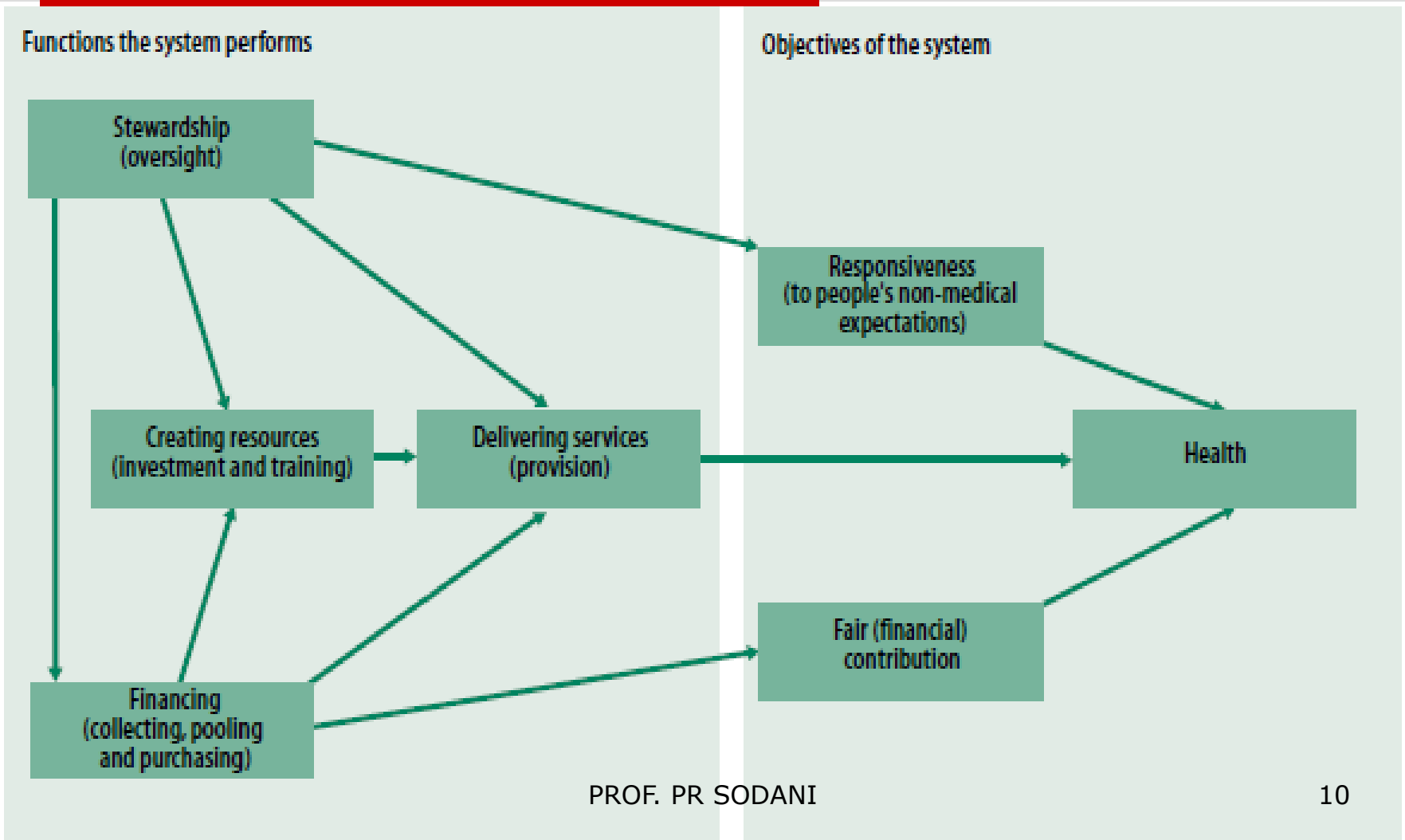
# Objectives of Health System

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- Health system thus have three fundamental objectives:
  - Improving the health of the population
  - Responding to people's expectations
  - Providing financial protection against the costs of ill-health

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- To achieve the objectives of the health systems, all health systems have to carry out some basic functions.
    - **Delivering services:** delivering personal and non-personal health services
    - **Financing:** raising, pooling and allocating the revenues to purchase those services
    - **Creating resources:** investing in people, buildings, equipment, drugs, and supplies
    - **Stewardship:** acting as the overall stewards of the resources, powers and expectations entrusted to them

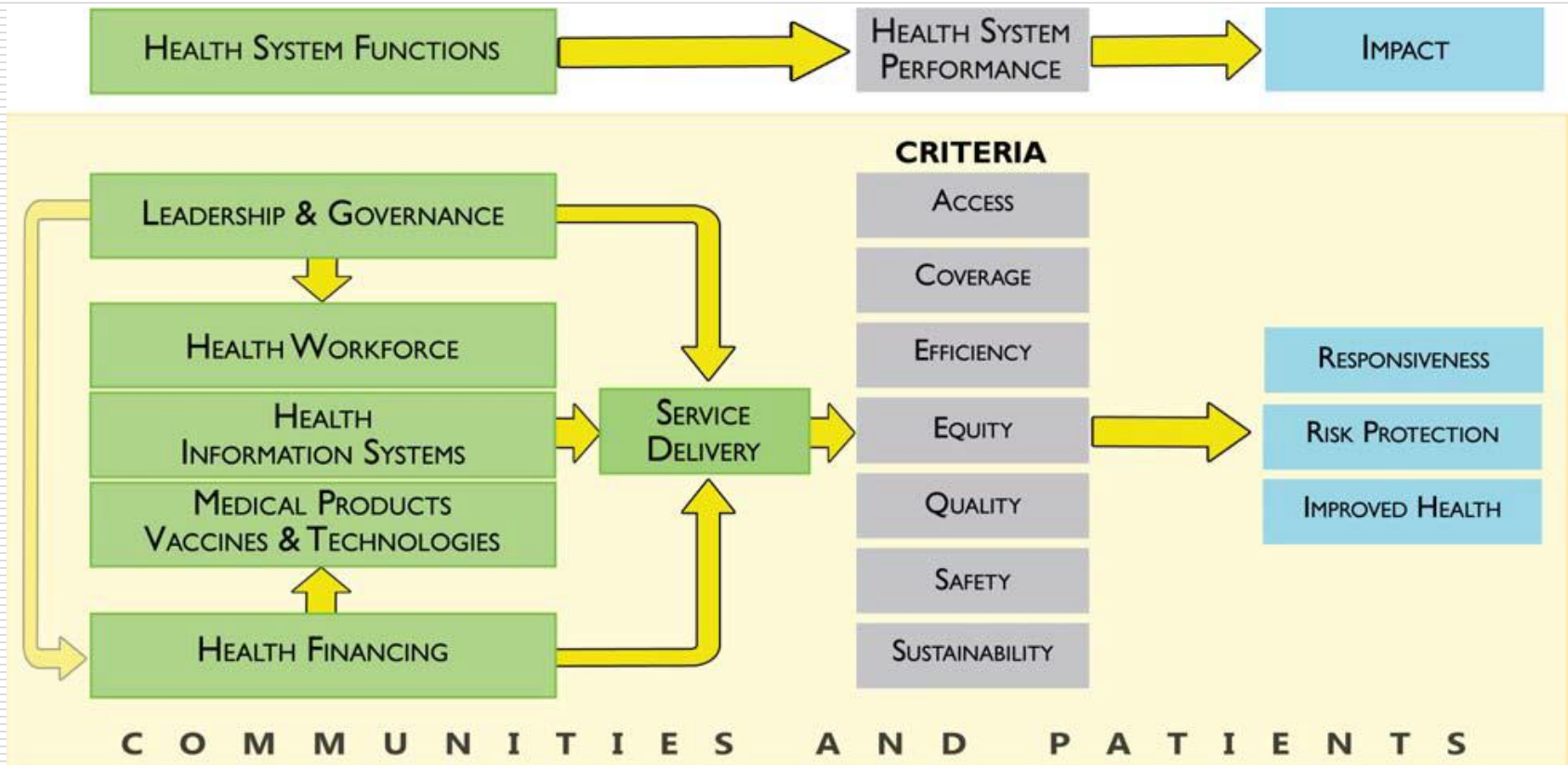
# Relationship between Functions and Objectives of a Health System



- It is important to note the linkages between the functions as these impact the (reinforcing or undermining) interaction between function-specific policies and strategies.
- Therefore, synergies here determine **coverage** of those *who need health services*, the **quality** of these services and the **efficiency** with which resources are used in *their delivery*.

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- For strengthening health systems, the functions have been further broken down into a set of six essential '**building blocks**'. This is WHO's health system framework.
    - Service Delivery
    - Health Workforce
    - Information
    - Medical Products, Vaccines and Technologies
    - Financing
    - Leadership and Governance (Stewardship)

# Building Blocks Interactions



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- The building blocks alone do not constitute a system.
  - It is the multiple relationships and interactions among the blocks – how one affects and influences the others and is in turn affected by them – that convert these blocks into a system.
  - As such, a health system may be understood through arrangement and interaction of its parts and how they enable the system to achieve the purpose for which it was designed.

# Role of People in Health System

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- ❑ It is critical that the role of people in the health systems is as providers and beneficiaries.
- ❑ People are actors in driving the health system.
- ❑ This includes their participation as individuals, civil society organizations, and stakeholder networks and also as key actors influencing each of the building blocks as hospital managers, clinical specialists, CEO/COO, policy makers, etc.



# *The dynamic architecture and interconnectedness of the health system building blocks*

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*The health system building blocks are sub-systems of the health system that function together in a dynamic architecture of interactions and synergies.*

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# Transforming Health Systems: COVID-19 and Later

*Using health systems building blocks*

# Service delivery

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- ❑ Integrated systems of primary-secondary and tertiary care institutions. Readiness and response capacities at all levels –national/ state/ district.
- ❑ Increase the capacity to test, trace, and treatment for COVID-19.
- ❑ Enhancing the capacity of local organizations, strengthening the interactions between them, and improving institutions that underpin these interaction are critically important in order to build strong health systems.

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- Multiple organizations interact to influence health systems service delivery, including ministry of health, public and private sector players, non-governmental organizations, professional associations. Private sector influence strongly affect the service delivery of health systems.
  - There is no one-size-fits-all way of maximizing synergies between various actors to strengthen health systems because local contexts vary significantly.
  - Models of hospital-based services as well as community-based services need to be balanced as per the context.

# Health Workforce

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- ❑ Increase trained and skilled workforce in contract tracing, case management
- ❑ Use of tele-medicine and e-health for enhancing the accessibility and availability of various treatments/interventions and advises to population at large.
- ❑ Develop DH as the center of excellence for providing training, technical and professional support to public and private sector institutions.
- ❑ Building consensus at societal level
- ❑ Allowing flexibility and autonomy in decision making

# Information

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- Generate population and facility-based data (from censuses, household surveys, civil registration data, public health surveillance, medical records, data on health services and health system resources (e.g. human resources, health infrastructure and financing));
- Have the capacity to synthesize information and promote the availability and application of this knowledge.
- Strengthening health surveillance information system for diseases of public health importance.

# Medical products and technologies

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- ❑ Revisit various standards, guidelines and regulations in response to COVID-19
- ❑ Revisit procurement, supply, storage and distribution systems policies and guidelines
- ❑ Support for rational use of essential medicines, commodities and equipment, through guidelines, strategies to assure adherence, reduce resistance, maximize patient safety and training.

# Financing

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- ❑ Health financing policies should focus on strengthening health system resilience, health security, and UHC
- ❑ Increasing Public Health Spending: Currently public health spending is only 1.3% of GDP - a underfunded health systems - leaving primary health care weak. NHP 2017 intends to increase it by 2.5% of GDP by 2025. Also, increase state share as >8% of their budget.
- ❑ Policy for private sector engagement (PSE): select a fit-for-purpose and fit-for-context strategy to engage private sector as part of their response to COVID-19.
- ❑ Private sector engagement in terms of space, staff, stuff, and systems.
- ❑ Leveraging CSR funding.



# Leadership and governance

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- Articulation of a vision and long-term strategic approach
- Developing resilience health systems – learning from experiences, feeding back into policy cycle, support from governance and socioeconomic context in the country, achieving synergies among sectors and actors, demonstrating openness to dialogue and collaboration between public and private sectors, with effective government oversight (stewardship).

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# *Discussion*