

Introduction to Health care delivery systems and the Basic Healthcare package

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Objectives

- ▶ At the end of the lecture students should be able to:
- ▶ Define health systems
- ▶ Understand the history and organization of health services
- ▶ Understand the goals and functions of health services
- ▶ Understand the basic healthcare package

Definitions

- ▶ Health Systems are the vehicle through which health services are delivered.
- ▶ According to WHO:
Health System , “all actors, institutions and resources that undertake health actions – where a health action is one where the primary intent is to improve health”

A related definition of Health systems

- ▶ “the combination of resources, organization, and management that culminate in the delivery of health services to the population”

- ▶ Another way to put this is:
 - i. Agencies that plan, fund and regulate health care
 - ii. The money that finances health care
 - iii. Providers of preventive health services
 - iv. Providers of clinical services
 - v. Providers of specialized inputs into health care, e.g. education of healthcare professionals, production of drugs and medical devices

Composition of health system

- ▶ Health systems are composed of a set of interdependent parts. The organizations, money and people that comprise health systems may be public, private, for profit, or private, not for profit

A well functioning Health system

Responds in a balanced way to a population's needs and expectations by:

- improving the health status of individuals, families and communities
- defending the population against what threatens its health
- protecting people against the financial consequences of ill-health
- providing equitable access to people-centred care
- making it possible for people to participate in decisions affecting their health and health system.

Importance of health systems

- ▶ The health of individuals has an important relationship with the effectiveness of health systems
- ▶ Most countries spend a substantial share of national income on their health system, often with major gaps in effectiveness and efficiency

Importance of health systems

- ▶ Individuals spend family income on health
- ▶ Population aging exert pressure on cost of health systems
- ▶ Achieving best population health at the lowest possible cost is an important goal of individual countries
- ▶ Developing and sustaining an effective and efficient health system is a goal for every country, a challenging one for countries with low financial and human resources

Three goals for every health system

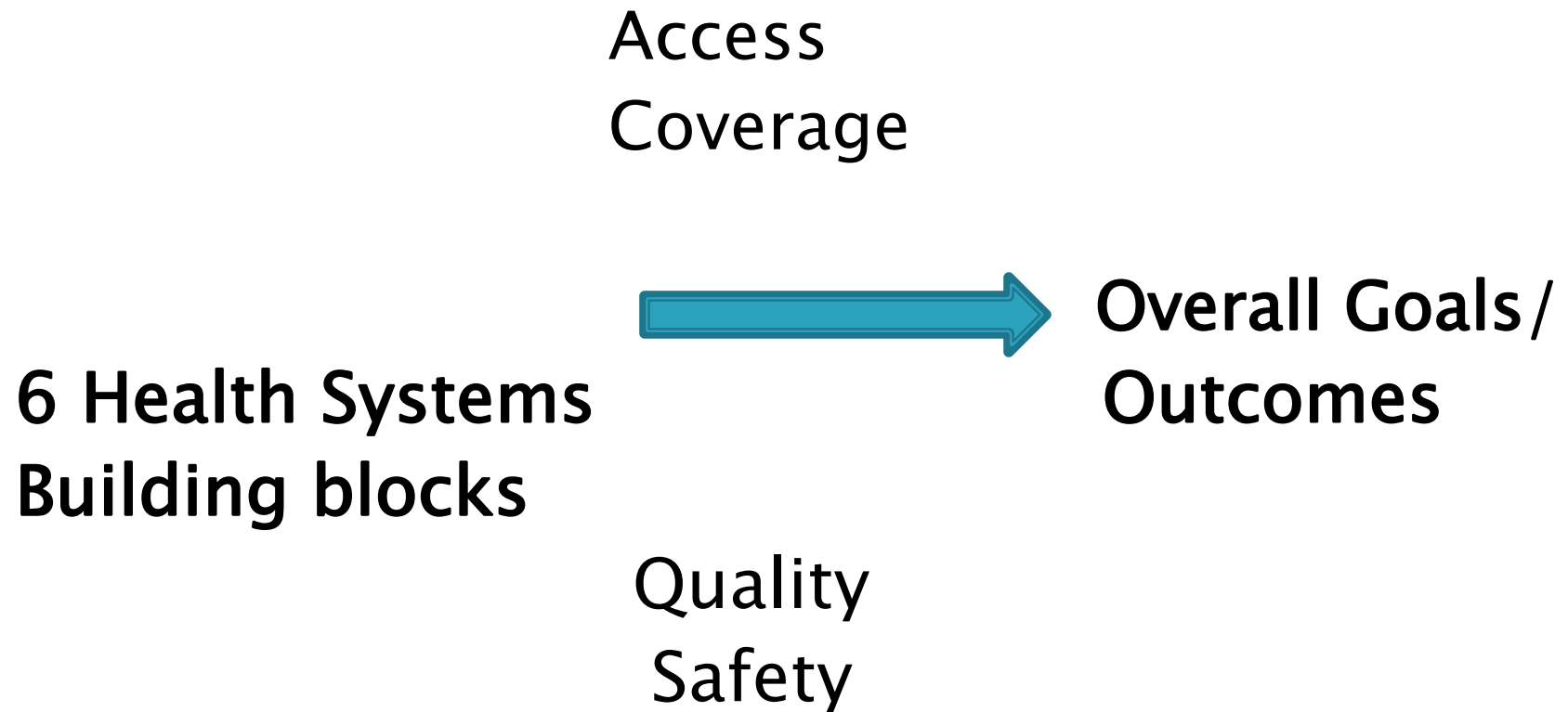
- ▶ Good health
- ▶ Responsiveness to the expectations of the population
- ▶ Fairness of financial contribution

Functions of health system

1. Provide health services
2. Raise money that can be spent on health (resource generation)
3. Pay for health services (Financing)
4. Govern and regulate the health system (stewardship)

According to WHO, there 6 Health Systems building blocks

Health systems building blocks (WHO)



1. Service delivery 2. Health Workforce 3. Information	Improved health (level and equity)
4. Medical products, Vaccines and technologies	Responsiveness
5. Financing	Social and financial Risk
6. Leadership/governance	Improved efficiency

Organization of health systems

- ▶ Manner in which health systems are organized has much to do with the history, politics and values of individual countries
- ▶ Countries spend more money on health as their income increase
- ▶ As countries become better off, they pay attention on universal access to a basic package of health services and universal coverage of health insurance
- ▶ As they develop economically more attention goes to effectiveness, efficiency, equity of health systems

example

- ▶ Cuba the public sector essentially finances and delivers all healthcare services
- ▶ LMIC – Private healthcare sector is not well developed, most formal healthcare services are provided by public sector.
- ▶ They are financed through a combination of public funds and private payments for some services

Levels of care

- ▶ Health systems are generally organized into three levels referred to as primary, secondary and tertiary

HIGH INCOME COUNTRIES

- ▶ In most high income countries, **primary care** is provided by a physician who is a first contact with the patient
- ▶ **Secondary care** is usually by specialist physicians and general hospitals
- ▶ **Tertiary care** in specialized hospitals

LMIC

- ▶ Primary, secondary and tertiary level facilities are established by geographic area, depending on size of population:

Example:

- Primary healthcare center for every 5,000 to 10,000 people
- Secondary hospital in each district
- Tertiary hospital in large cities
- In many LMICS medical assistants, nurses or nurse midwives staff the lowest levels of the

Typical Health System services in LMICs

- ▶ Primary level: Well baby care, sick baby diagnosis, maternal health care, family planning, diagnosis and treatment of TB
- ▶ Secondary level: As above, Tx sick children, emergency obstetrics, Dx and Tx of adults, basic surgery, some emergency
- ▶ Tertiary level: As above, Tx complicated pediatric cases and adult cases, specialist surgical, advanced emergency care

Better Health for Africa

- ▶ Achieving Better Health for Africa in the New Millennium was signed by all Member States of the African Region and the International Conference on PHC and Health Systems in Africa, in Ouagadougou, Burkina Faso, from 28 to 30 April 2008

Nine major priority areas:

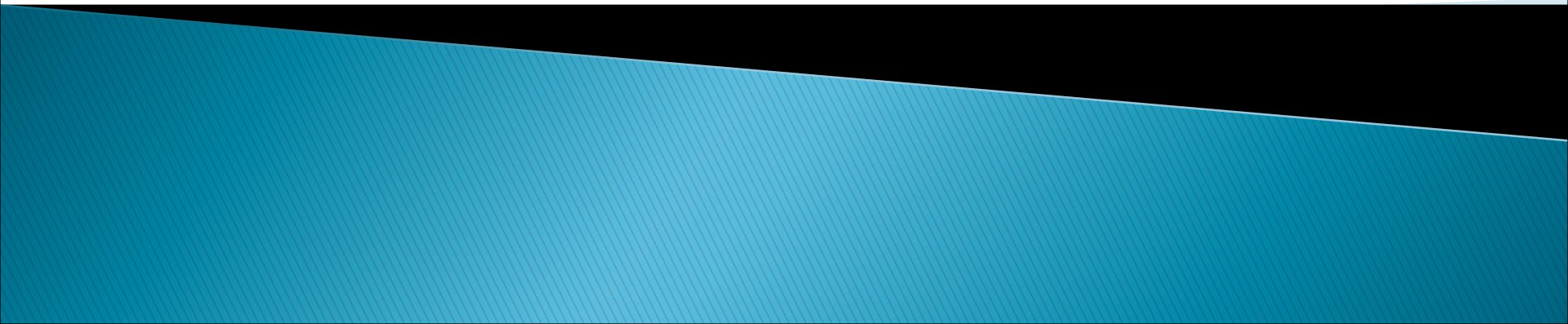
- ▶ The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa focuses on nine major priority areas:



Priority areas:

- 1) leadership and governance for health,
- 2) health services delivery,
- 3) human resources for health,
- 4) health financing,
- 5) health information systems,
- 6) health technologies,
- 7) community ownership & participation,
- 8) partnerships for health development,
- 9) research for health.

Essential Package of Health Services



Essential Package of Health Services (EPHS)

- ▶ An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner.

Basic Health Care Package

- ▶ Zambia defined a “Basic Health Care Package,” but this package currently appears to be a list of national health priorities, not services.
- ▶ The Basic Health Care Package does not appear to meet our definition of Zambia’s EPHS

Essential packages

- ▶ Essential packages are often expected to achieve multiple goals:
 - improved efficiency
 - equity
 - political empowerment
 - accountability
 - effective care.
- ▶ There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward the provision of that package.

Essential Package

- ▶ Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

BHCS

- ▶ Since the onset of the health reforms, the focus of the Government has been on Primary Health Care (PHC) which has been identified as the main vehicle for delivering health services.
- ▶ The reasoning behind the PHC approach is that most of the diseases in Zambia can be prevented or managed at primary health care level which in itself can lower the cost of referral curative care by reducing the number of people seeking services.

BHCP

- ▶ Currently, ten priority areas for health services have been identified for inclusion in the BHCP.
- ▶ Further work is needed to refine the packages and use them in the manner they were intended.

National Health Priorities:

- ▶ 1. Child health and nutrition –To reduce the mortality rate among children under five
- ▶ 2. Integrated reproductive health –To reduce the Maternal Mortality Ratio
- ▶ 3. HIV and AIDS, TB and STIs –To halt and begin to reduce the spread of HIV, TB and STIs through effective interventions
- ▶ 4. Malaria –To reduce incidence and mortality due to malaria

National Health Priorities

- ▶ 5. Epidemics – To improve public health surveillance and control of epidemics
- ▶ 6. Hygiene, sanitation and safer water – To promote and implement appropriate interventions aimed at improving hygiene and access to acceptable sanitation and safer water
- ▶ 7. Human resources – To train, recruit and retain appropriate and adequate staff at all levels

National Health priorities

- ▶ 8. Essential drugs and medical supplies – To ensure availability of essential drugs and medical supplies at all levels
- ▶ 9. Infrastructure and equipment – To ensure availability of appropriate infrastructure and equipment at all levels
- ▶ 10. Systems strengthening – To strengthen existing operational systems, financing mechanisms and governance arrangements for effective delivery of health services

Principles guiding Zambia's National Health Policy (2012)

- ▶ Equitable access to health care for all the people of Zambia, regardless of their geographical location, gender, age, race, or social, economic, cultural, or political status.
- ▶ The Policy includes specific strategies to improve health care service delivery for adolescents, women of childbearing age, mothers, newborns, children, those in need of mental health services, the poor, and rural residents.

Zambia's major challenge to providing health care

- ▶ A major challenge in the country is the inadequate and inequitable distribution of health infrastructure.
- ▶ In rural areas 46 percent of families live outside a radius of 5 km from a health facility.
- ▶ To work toward improved access, the National Health Policy sets specific target catchment populations.
- ▶ For example, a Health Post is to cater to populations of 500 households (3,500 people) in rural areas, and 1,000 households (7,000 people) in urban areas, or to be established within a 5 km radius in densely populated areas.

National Health Insurance

- ▶ The Zambia Universal Health Insurance is a new initiative that merges three compulsory schemes already in existence: a scheme for the formal sector, medical assistance for local populations, and mutual health organizations for the informal sector.
- ▶ However, the scheme will initially cover only the formal sector employees (public and private), which includes employees of the central government, local governments, and parastatal organizations, and private-sector employees (Center for Health Market Innovations 2015).
- ▶ This initiative is in its very preliminary stages, and coverage of other sectors does not appear imminent.

THE END

▶ ANY QUESTIONS