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KWAZULU-NATAL™
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HEALTH SYSTEM

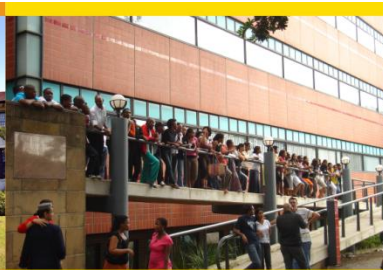
ASS PROF OZAYR MAHOMED



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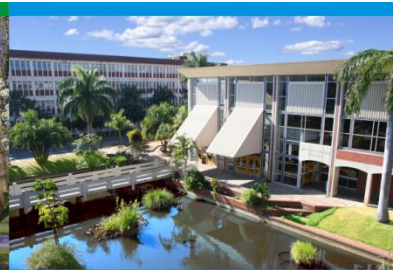
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NELSON R MANDELA SCHOOL OF MEDICINE



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UKZN INSPIRING GREATNESS

Objectives

- What is a system?
- System thinking
- Define Health system
- Health system building blocks
- Health system strengthening
- Link with Universal Health coverage
- Health System Performance

What is a System?

- Series of interconnected parts that function as a whole
- System changes if you take away pieces
- Parts are connected to each other and work together
- Behaviour of system depends on overall structure

What is a Health system?

- Health systems have been dissected, analyzed, evaluated and compared
- There is no common and consistent answer to the question
- The term 'health system' has been defined differently for different purposes.
- Health systems have been conceptualized and defined in various ways

Health system

- A health system has many parts.
 - Patients, families, and communities,
 - Ministries of Health,
 - Health providers, health services organizations, pharmaceutical companies,
 - Health financing bodies,
 - Other organizations play important roles

Definition of Health system

Traditional	described in terms of capacity indicators and activities (e.g. number of hospital beds, physicians and nurses, government programs.)
Roemer (1991)	“the combination of resources, organization, financing and management that culminate in the delivery of health services to the population.”
Hurst	A series of fund flows and payment methods between population groups and institutions
Londono and Frenk	system consists of four functions: financing, delivery, modulation and articulation
Anne Mills	as loose framework of actors and functions- financing, regulation, resource allocation, and service provision

Health Economist definition

- Macro-level: *overall dimensions* of the health sector: size, shape, function
- micro-level explores behavior and dynamics of individual firms and households
- A set of relationships in which the means (i.e. structural components) are causally connected to the ends (i.e. goals.)

WHO Definition (2000)

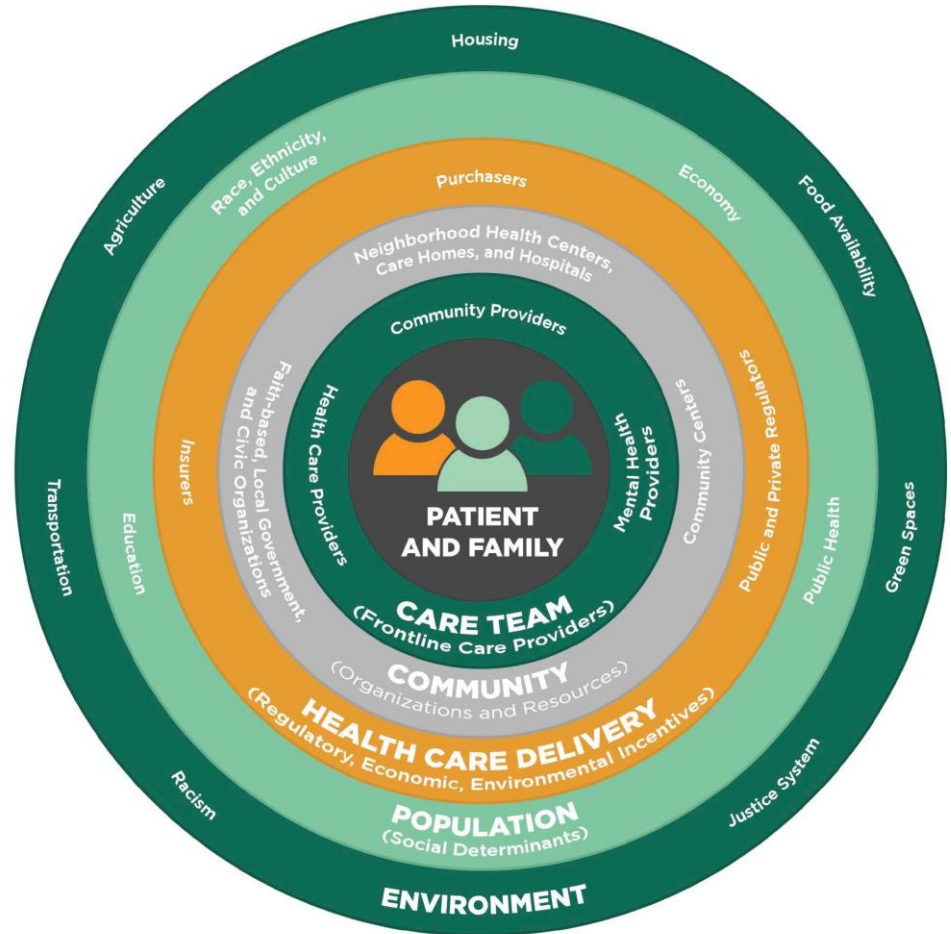
- All activities whose primary purpose is to promote, restore, and maintain health.”
- In recent years, the definition of “purpose” has been further extended to include the prevention of household poverty due to illness.

WHO- 2000

- A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health .
- This includes efforts to influence determinants of health as well as more direct health-improving activities
 - A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services

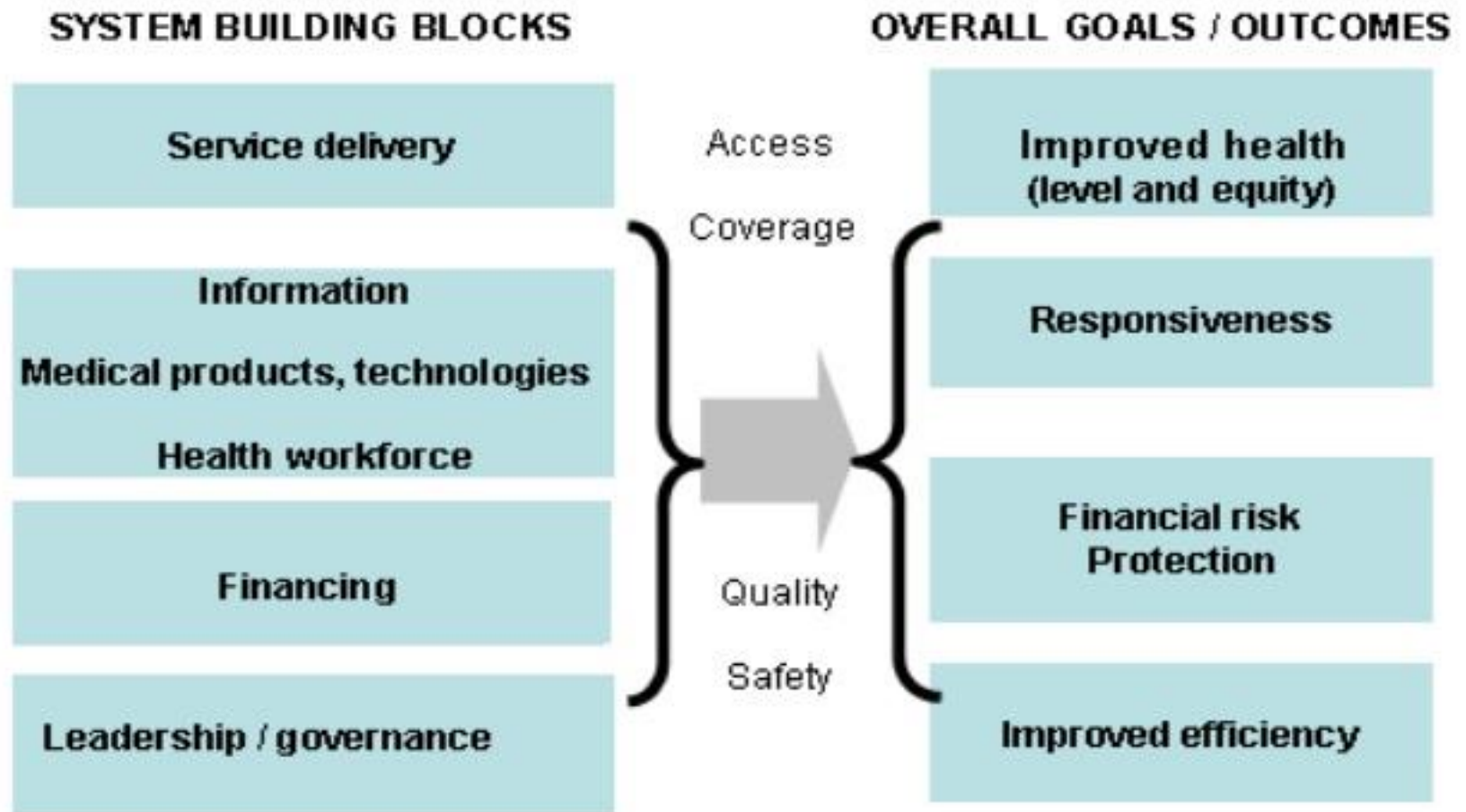
Health System

everything that influences the health and care of people in the community, including the environment, social determinants of health, the government and its policies, the culture, educational systems, the organizations and resources in the community, and; yes, the providers and insurers.



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Building blocks combine to meet health system goals



Health System Building Blocks



Leadership/Governance

- the context and policy framework for the overall health system.
- a governmental responsibility- overseeing and guiding the whole health system, private as well as public, in order to protect the public interest.
- It requires both political and technical action,
- involves reconciling competing demands for limited resources, in changing circumstances

Key Functions-Stewardship

- **Policy guidance**
- **Intelligence and oversight**
- **Collaboration and coalition building**
- **Regulation.**
- **System design**
- **Accountability**

Tools and instruments

- **Develop health sector policies and frameworks**
- Medium-term expenditure frameworks;
- Standardised benefit packages;
- Resource allocation formulae;
- Performance based contracts;
- Patient's Charters;

Service Delivery

- Delivering health services is thus an essential part of what the system *does*—but it is not what the system *is*“
- Good **health services** are those which **deliver** effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources.”

Service delivery

- The service delivery building block is concerned with:
 - how inputs and services are organized and managed,
 - to ensure access, quality, safety and continuity of care across health conditions, across different locations and over time

Service Delivery

- **Demand for services-** requires understanding the user's perspective, raising public knowledge and reducing barriers to care
- **Package of integrated services-** based on population health needs
- **Organization of the provider network-** ensure close-to-client care as far as possible and to avoid unnecessary duplication and fragmentation of services

Service Delivery

- **Management-** maximize service coverage, quality and safety, and minimize waste
- **Infrastructure and logistics-**

Health Service Delivery



□ Key Elements:

- Organizing health services as networks of primary care backed up by hospitals and specialized care
- Providing a package of health benefits with clinical and public health interventions
- Ensuring access and quality of services
- Holding providers accountable for access and quality and ensuring consumer voice

Health Service Delivery

- Health services – most visible functions of any health system
 - ▣ Service provision: the way inputs (money, staff, equipment, drugs, etc.) are combined for the delivery of health interventions
 - ▣ Ensured availability of key resources as well as good service management and organization result in:
 - Improved coverage
 - Better quality of health services
- Ultimate aim:
 - ▣ Equity in health outcomes



Health Workforce

- consists broadly of health service providers and health management and support workers
- a “well-performing” health workforce is one which is available, competent, responsive and productive

Human Resources for Health

- To achieve the best health outcomes possible:
 - ▣ Sufficient numbers
 - ▣ Right mix of staff
 - ▣ System-wide deployment and distribution (equitable)
 - ▣ Established job-related norms
 - ▣ Enabling work environments
 - ▣ Just compensation/payment systems – right kind of incentives

Population needs determine the development and sustaining of health workforce

- ▣ Education, training and continuing competence
- ▣ Utilization, management and retention
- ▣ Strategic response to evolving and unmet health service needs
- ▣ Governance, leadership and partnerships for sustained HRH contributions to improved population outcomes
 - Regulation
 - Deployment
 - Compensation
 - Continuing career enhancement and development

Health Information

- The generation and strategic use of information, intelligence and research on health and health systems is an integral part of the leadership and governance function

Health Information

- “A well-functioning **health information system** is one that ensures the:
- production, analysis, dissemination and use of reliable and timely health information by decision-makers at different levels of the health system, both on a regular basis and in emergencies
- Three domains-
 - health determinants;
 - health systems performance;
 - health status

Health Information

- **Generate population and facility based data:**
- Have the capacity to detect, investigate, communicate and contain events that threaten public health security at the place they occur, and as soon as they occur;
- Have the capacity to synthesize information and promote the availability and application of this knowledge.

Health Information and Research



- Health information is a national asset and used by many:
 - ▣ Policy-makers
 - ▣ Planners
 - ▣ Health care providers
 - ▣ Development partners
 - ▣ The general public
- Uses:
 - ▣ Track health system performance
 - ▣ Support better health policies
 - ▣ Make effective health-related decisions

Medical products, vaccines and technologies

- well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use

Medical products, vaccines and technologies

- National policies, standards, guidelines and regulations that support policy;
- Information on prices, international trade agreements and capacity to set and negotiate prices;
- Reliable manufacturing practices and quality assessment of priority products;
- Procurement, supply, storage and distribution systems that minimize leakage and other waste;

Medical products, vaccines and technologies

- Support for rational use of essential medicines, commodities and equipment, through guidelines, strategies to assure adherence, reduce resistance, maximize patient safety and training.

Access to medicines and technology

- Ensured equitable access to:
 - Essential medical products
 - Effective, Safe, Cheap Medicines
 - Vaccines
 - Affordable and readily available Medical Technologies
- Governing Principles of:
 - Quality
 - Safety
 - Efficacy
 - Cost-effectiveness
 - Scientifically sound

Essential medicines and technologies save lives, reduce suffering and improve health

- Available
- Affordable
- Assured quality (evidence-based, GMPs, etc)
- Used properly by both provider and patient
- Price can be afforded by individuals and the system

Equity in access is crucial

Sustainable Financing and Social Protection

- A good **health financing** system
 - Raises adequate funds for health,
 - Ensure people can use needed services,
 - Protected from financial catastrophe or impoverishment associated with having to pay for them
 - Encourage the provision and use of an effective and efficient mix of personal and non-personal services

Healthcare Financing

- Collection of revenues from households, companies or external agencies;
- Pooling of pre-paid revenues in ways that allow risks to be shared – including decisions on benefit coverage and entitlement;
- Purchasing, or the process by which interventions are selected and services are paid for or providers are paid.
- The interaction between all three functions determines the effectiveness, efficiency and equity of

Healthcare Financing

Health/Health Care Financing

□ Good Health Financing:

▣ Two Main Characteristics:

- Raises adequate funds for health to ensure that people get to use needed services
- People who use health services are shielded from financial catastrophe or impoverishment associated with having to pay for them

▣ Health and Health Care are major political and economic issues

▣ Health financing impacts the analysis of:

- Health policies
- Fund sources
- Effectiveness and efficiency of health services for populations

▣ Health Financing Goals:

- ▣ Raising sufficient funds for health
- ▣ Ensure adequate spending on health
- ▣ Effective allocation of finite financial resources to different types of public and personal health services
- ▣ Pooling financial resources across population groups and sharing financial risks
- ▣ Using funds for health efficiently and equitably

What is Good Health system performance?

- A well-performing health system is one that achieves
 - Sustained population health improvement by carrying out the inter-related health system functions of
 - human resources for health;
 - health finance;
 - health governance;
 - health information;
 - medical products, vaccines, and technologies;
 - and service delivery.

Good Health system performance

- Decisions are made at the optimum level of government – national, provincial, district, or community to maximize efficient delivery of services
- People have financial protection and access to essential high-quality prevention, promotion, treatment, and care services
- Reaches underserved, vulnerable, marginalized, and high-priority groups, ensuring equity, dignity, choice, and protection from stigma for all.
- Demand-side accountability mechanisms (clients, legislatures, enforcement bodies, and watchdog groups

Health system strengthening

- *Health Systems Strengthening: strategies, responses, and activities designed to sustainably improve country health system performance*

Strengthening vs. supporting health systems

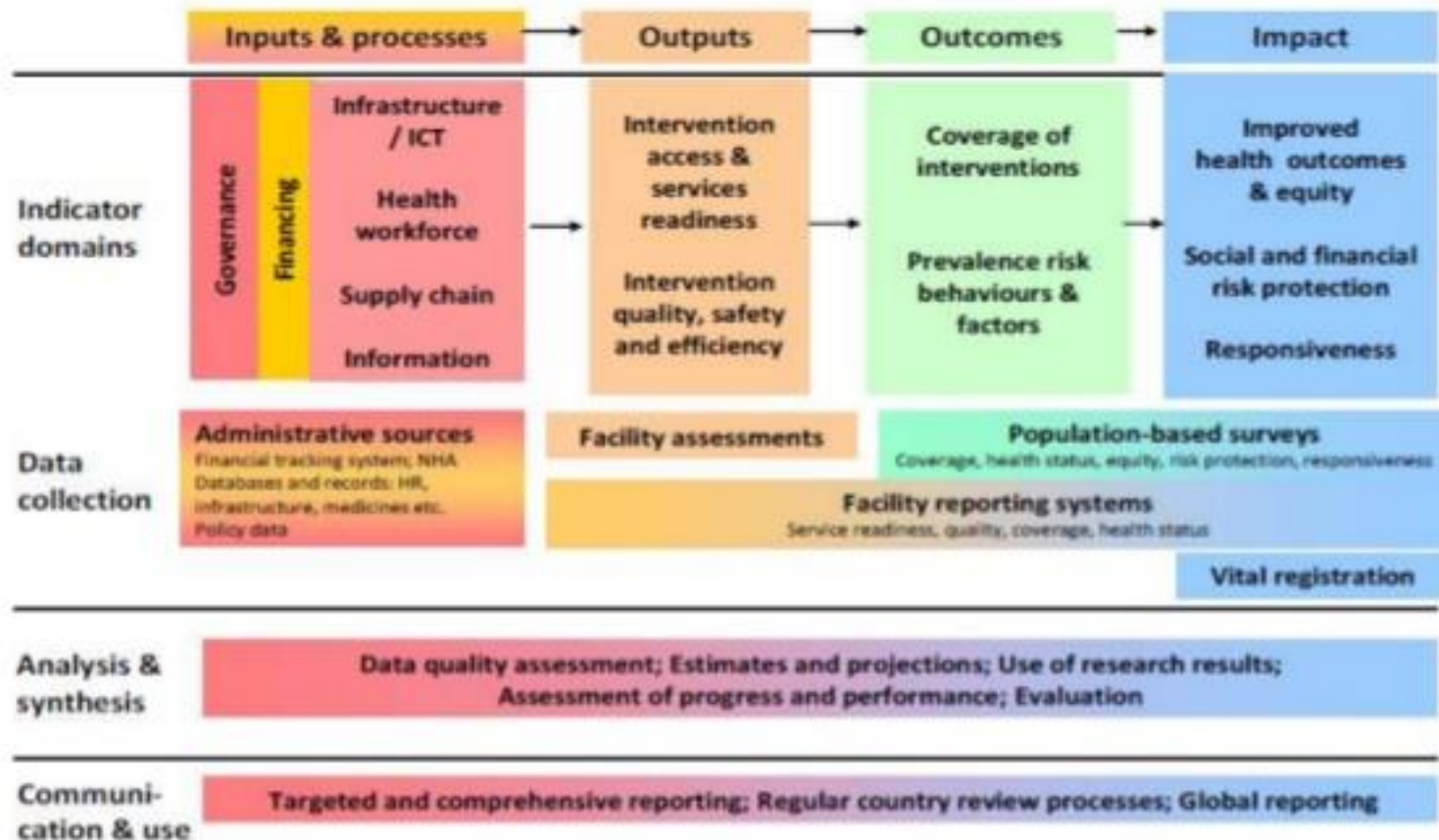
Parameter	Health System <u>Support</u>	Health System <u>Strengthening</u>
Scope	May be focused on a single disease or intervention	Activities have impact across health services and outcomes
Longevity	Effects limited to period of activity	Effects will continue after activities end
Approach	Provide inputs to address identified system gaps	Revise policies and institutional relationships to change behaviors and resource use to address identified constraints

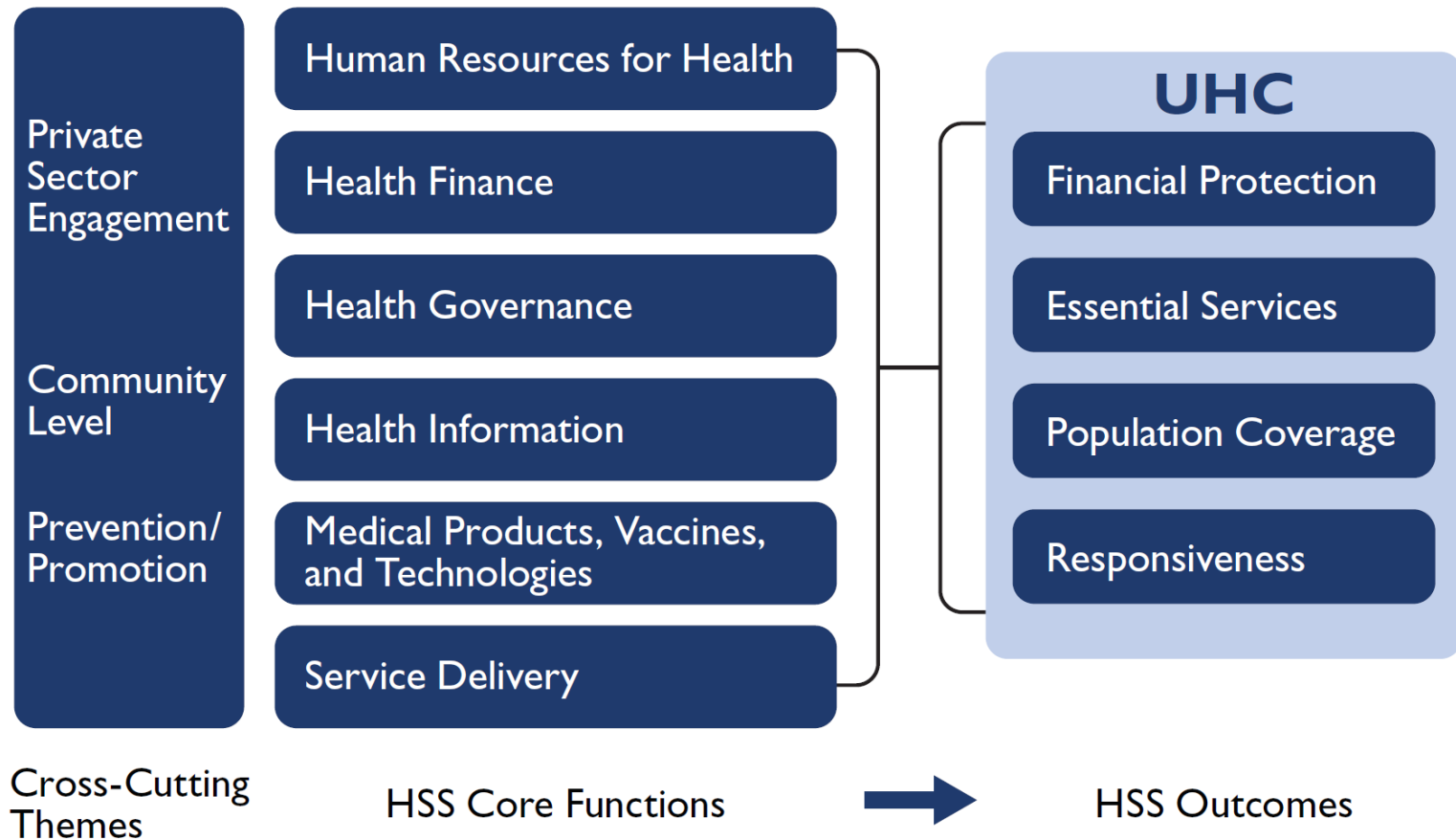
Vertical, Horizontal and Diagonal approaches

- Vertical programs: focus on delivery of intervention targeting specific disease or condition (eg immunisation)
- Horizontal program: focus on health system components with relatively less attention on delivery outcomes
- Diagonal approach: Addressing health systems bottlenecks to specific vertical programs while achieving system-wide benefits

WHO Everybody's business 2009

Monitoring & Evaluation of health systems reform /strengthening





Universal Health Coverage

- All people obtain the health services they need (i.e. equity in service use relative to need) and that these services are of sufficient quality to be effective.

Universal health coverage (UHC)

The goal of universal health coverage is to ensure that all people obtain the health services they need without suffering financial hardship when paying for them.

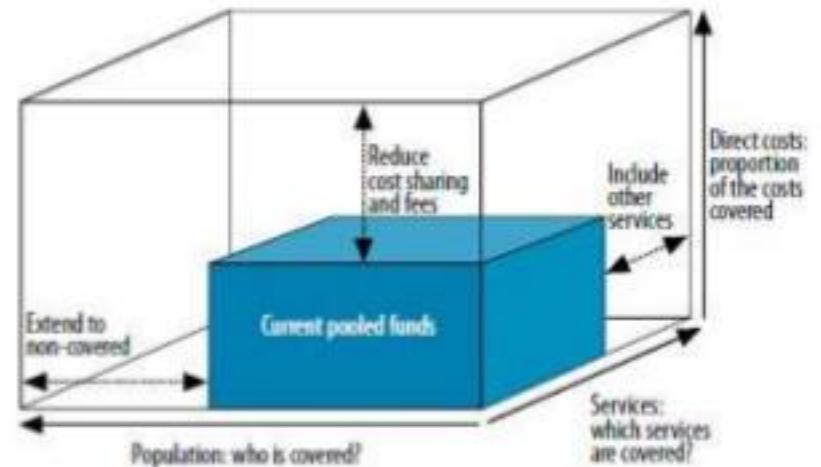
- A strong, efficient, well-run health system that meets priority health needs
 - Affordability – a financing system to avoid financial hardship
 - Access to essential medicines and other health technologies
 - Sufficient capacity of well-trained, motivated health workers to provide the services needed
- Resources are scarce in all settings and forms of priority setting are inevitable

UHC is multidimensional & aspirational

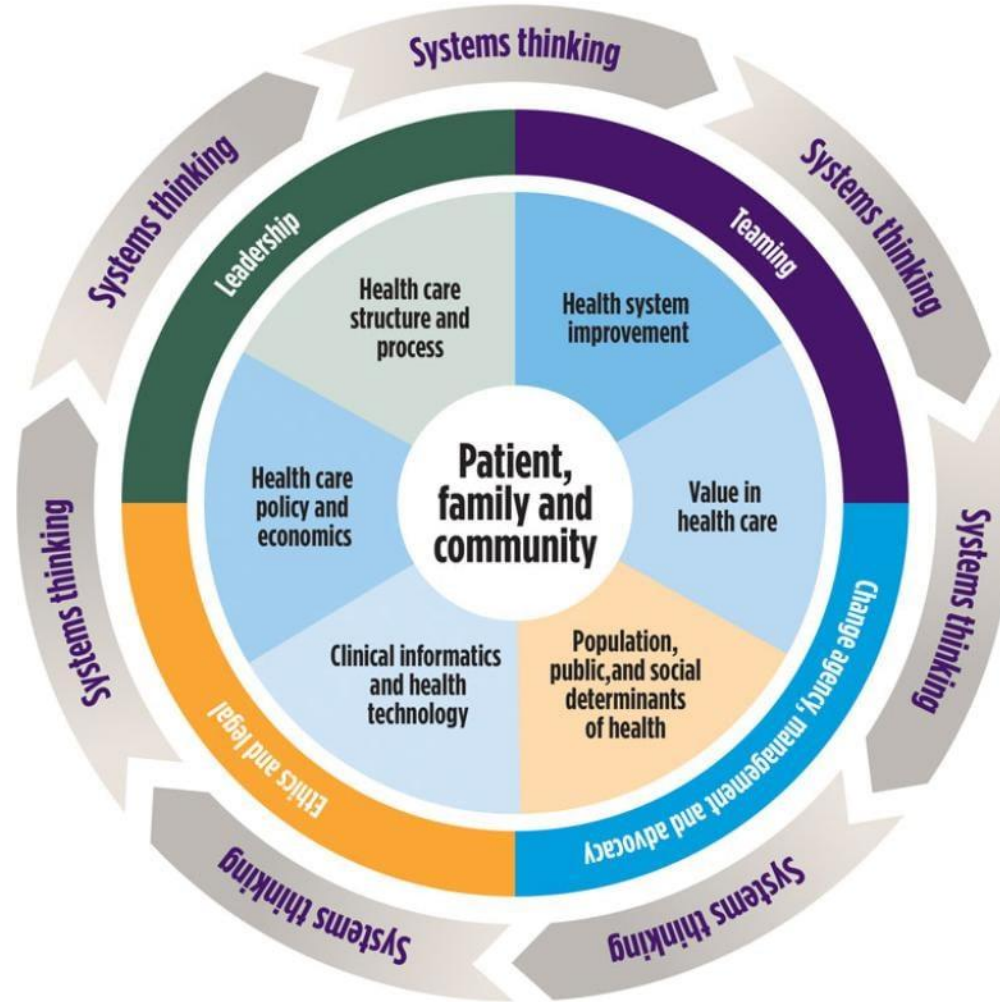
Access: Expand coverage to wider population

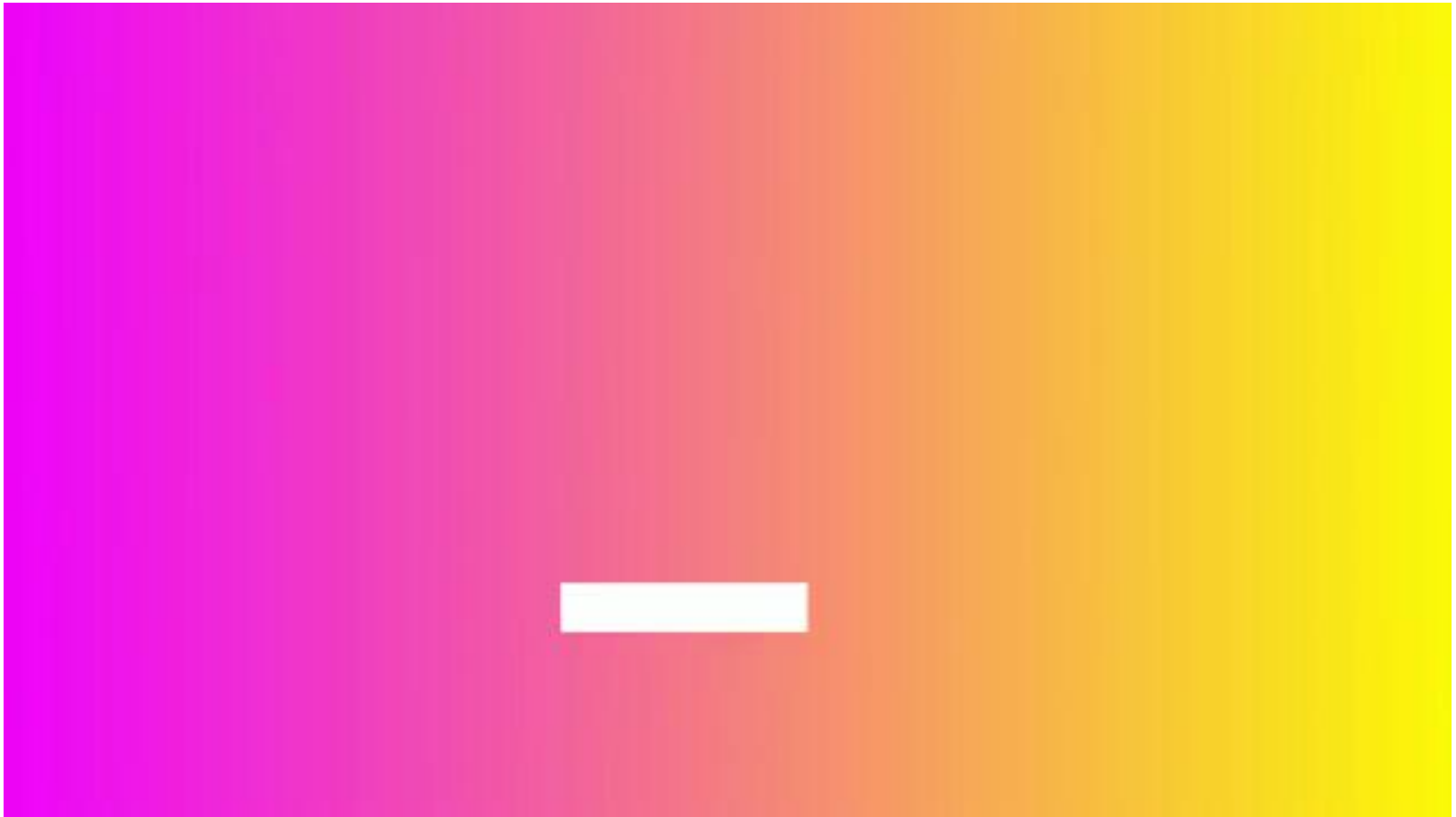
Scope: Improve quality & quantity of health services offered

Financial protection: Improve size of subsidies or reduce informal charges

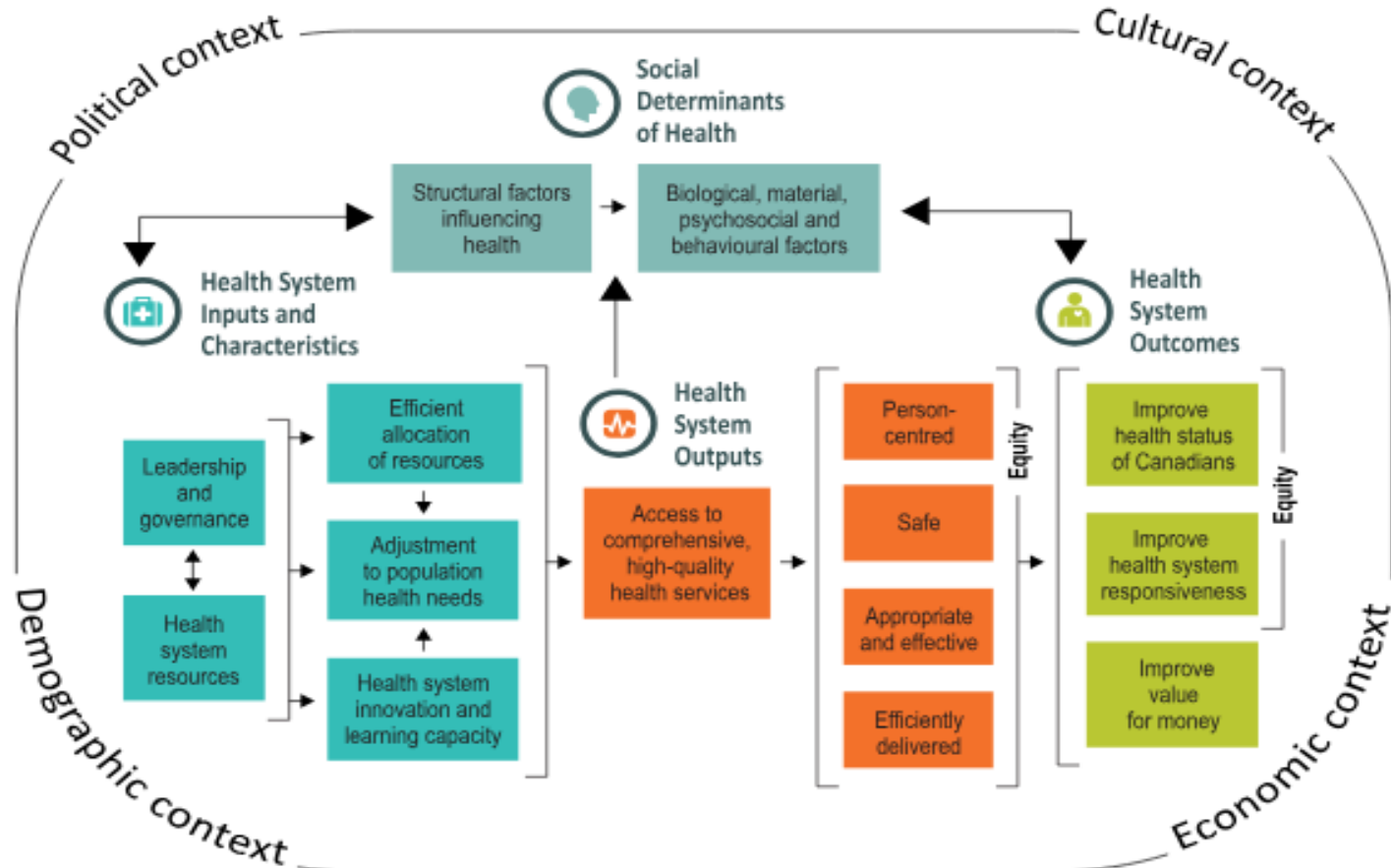


Health System science

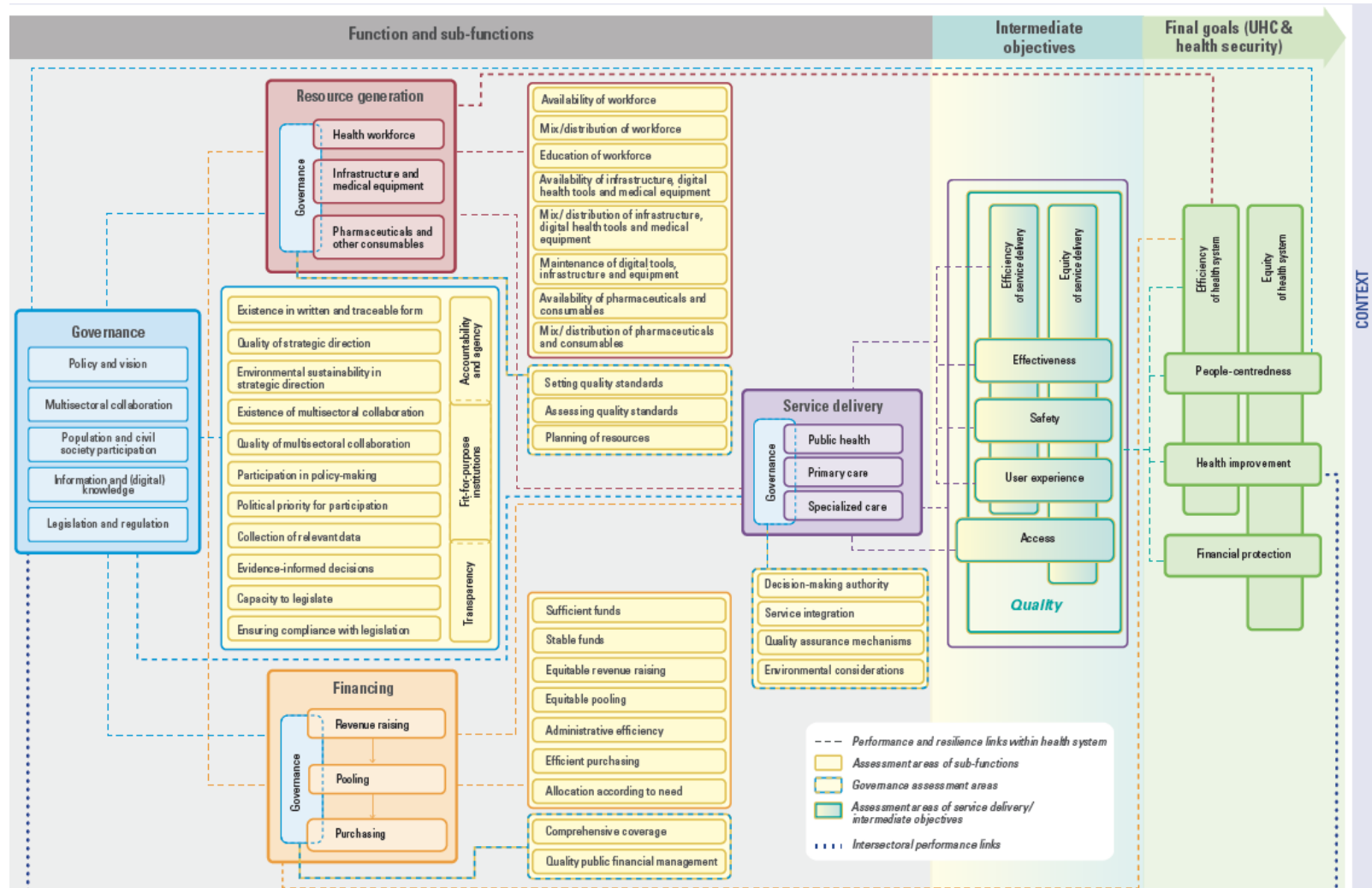




Health System Performance Framework



Health System Performance Framework



Performance indicators

Measurement area	Description	Motivation for inclusion	Examples of measures
<i>Population health</i>	Measures of aggregated data on the health of the population	<ul style="list-style-type: none">• Facilitates population health comparisons within and across countries from broad aggregated perspective• May allow for comparative assessment of the contribution of health systems to population health	<ul style="list-style-type: none">• Life expectancy• Age- and cause specific mortality• Morbidity• Avoidable mortality• Health risk factors as predictors of future population health
<i>Health service outcomes</i>	Measures of the services and care patients receive to achieve desired outcomes	<ul style="list-style-type: none">• Facilitates comparative assessment of how health services assist individuals in realising their health potential	<ul style="list-style-type: none">• Health service outcomes• Health service processes
<i>Responsiveness</i>	Measures of the way individuals are treated and the environment in which they are treated during interactions with the health system	<ul style="list-style-type: none">• Facilitates comparative assessment of how satisfied health systems leave the patients with whom they come into contact	<ul style="list-style-type: none">• Patient satisfaction• Patient choice• Respect of patients' dignity• Prompt attention to medical needs

Performance indicators

Measurement area	Description	Motivation for inclusion	Examples of measures
Equity	Measures of the extent to which there is equity in health, access to health care, responsiveness and financing	<ul style="list-style-type: none"> • Allows assessment of inequalities in health among different population/ demographic/social groups within and between countries • Allows of inequalities in access and/or utilisation of services among different population/ demographic/ social groups within and between countries • Allows assessment of inequalities in responsiveness of health services among different population/ demographic/social groups within and between countries 	<ul style="list-style-type: none"> • Distribution of health status by population/demographic/social groups • Distribution of access/utilisation of health services by population/demographic/social groups • Progressivity of financing system • Distribution of responsiveness of health services by population/demographic/social groups
Financial protection	Measures of the extent to which citizens are financially protected from the consequences of ill health	<ul style="list-style-type: none"> • Enables comparative assessment of how the health system protects citizens from the financial consequences of ill health 	<ul style="list-style-type: none"> • Out-of-pocket spending • Catastrophic expenditures on health care • Impoverishing expenditures on health care • Fairness of financing
Efficiency	Measures of the extent to which health services are delivered efficiently	<ul style="list-style-type: none"> • Facilitates comparative assessment that allows policymakers to pinpoint which parts of the health system are not performing as well as they should, based on the experience of other health systems 	<ul style="list-style-type: none"> • Value for money of services • Waste of resources • Effective coverage • Disease costs

Health System Resilience

- The ability of a health system to mitigate, adapt to and recover from shocks and stresses.
- A resilient health system can ensure the continuity of existing health care and has the capacity to scale up or adapt services to address the shock and stresses.

Road map to Health resilience

