

Understanding Health Systems

To make them accountable and transform them

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“When I give food to the poor, they call me a saint.

When I ask why the poor have no food, they call me a communist.”

- Archbishop Camara, Brazil

Why understand Health systems?

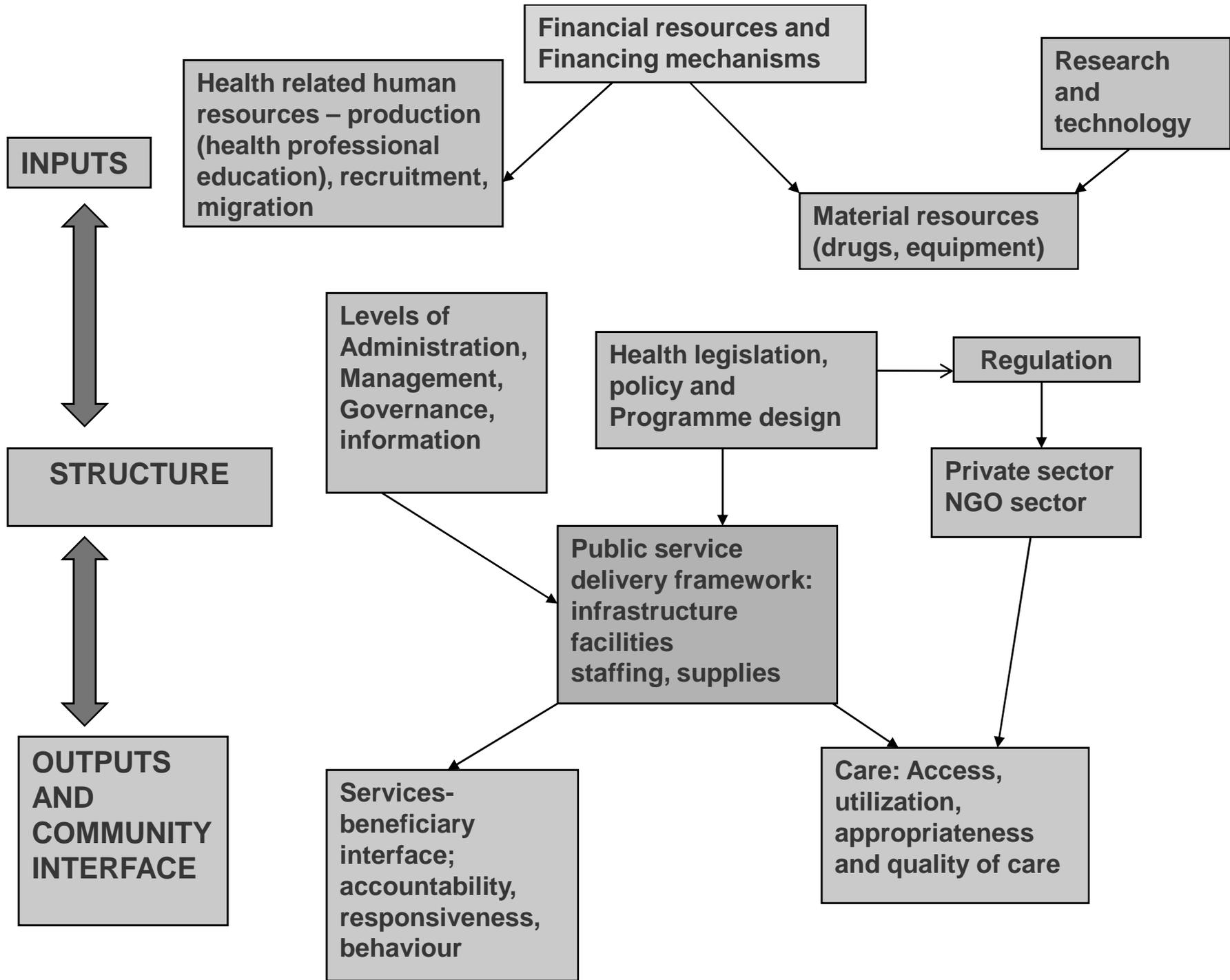
- To organise community accountability actions effectively, knowledge of health system is essential
- To ensure people's access to quality health services, changes in health system are required which need an understanding of the system

What is a health system?

- A health system is the sum total of all the organizations, institutions and resources whose primary purpose is to improve health.
- The combination of resources, organization, financing and management that are organised for delivery of health services to the population.

Major components

- Inputs – necessary for system to be organised
- Structure – organise and deliver services
- Outputs – result of service delivery



Main levels of Health system

- | | | |
|--|---|--|
| 1. Health care providers and facilities | ➔ | 1. Provision of services and regular activities |
| 2. Middle level administrators and officials | ➔ | 2. Routine supervision and administration |
| 3. State level administrators and officials | ➔ | 3. Decision making at more complex and higher levels |
| 4. State and national level policy makers | ➔ | 4. Policy making and programme design |

Segmentation related to Health system

- **Major division between Public health and primary level care vs. Medical services and hospitals in most Indian states**
- **Often separate Health department and Medical education department (dealing with medical colleges)**
- **Rural health services under State health dept. while urban public health often mainly managed by Municipal bodies**
- **Traditional vertical programmes (Family planning, TB, Malaria etc.) tend to operate separately in top down way**
- **Hardly any integration with health related depts. like ICDS and Water supply & sanitation**

Key Health system functions

- Provision of curative services
- Provision of routine preventive promotive services
- Referral and inter-facility coordination
- Surveillance and health information
- Record keeping and reporting
- Maintaining public health in various situations
- Non health care functions (medico-legal, post mortems)
- Administration, manpower and material management
- Inter-sectoral actions
- **Public communication, responsiveness, participation and grievance redressal mechanisms**

Levels of analysing a health system

Health policy

Health legislation

Health programmes

Health care delivery
structure

Implementation:
Health care access and quality

Health outcomes

How accountability process may develop

- Starts with people's experience of health service quality, accessibility, regularity, responsiveness
- May look at major negative health outcomes like infant or maternal deaths
- Needs to also look at design and adequacy of Health care delivery structure
- Further need to analyse, critique and advocate regarding Health programmes and policies

Various views of the Health system

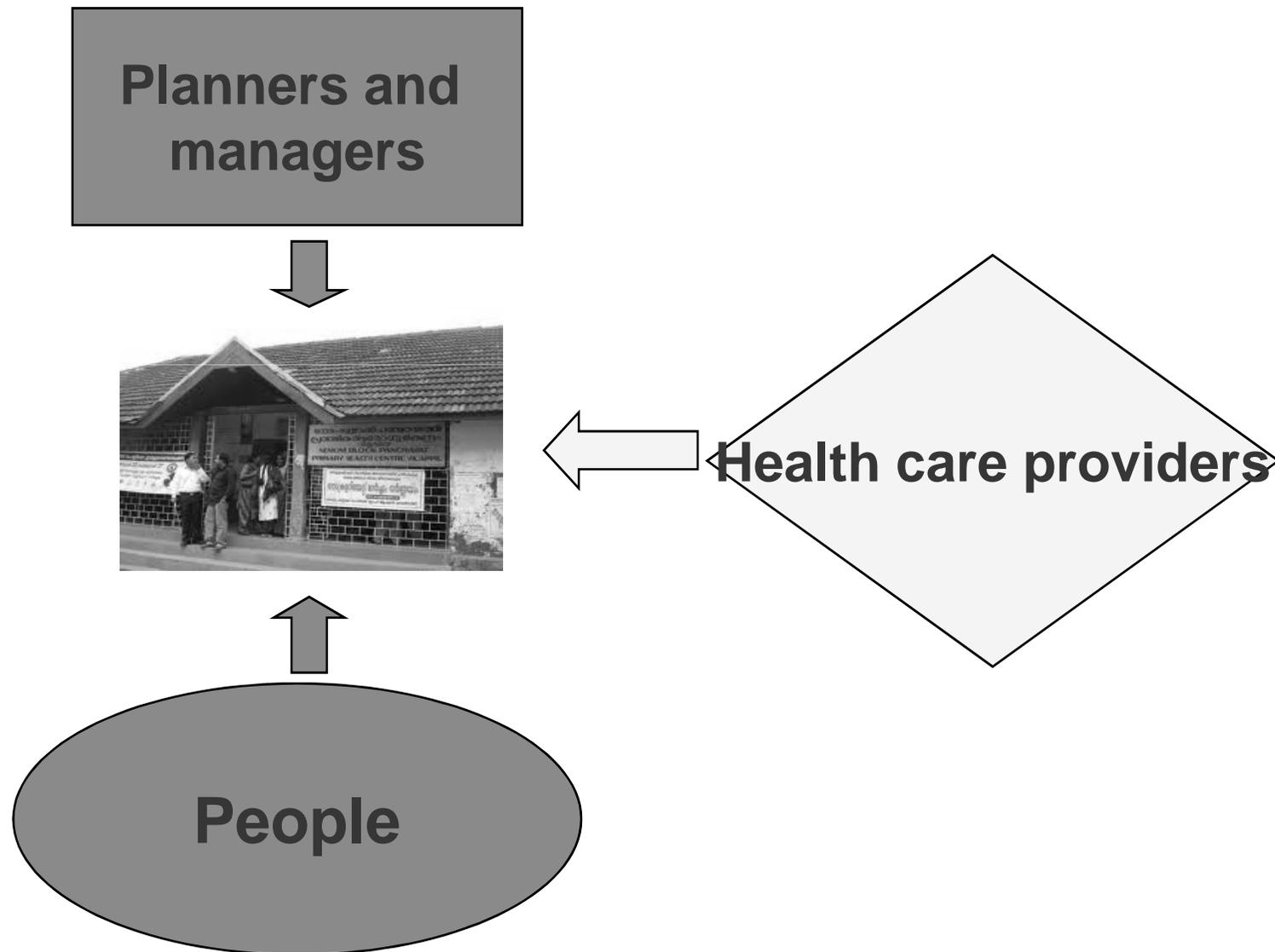


The view from above ...

... and the view from below



Different views of Health services



How people view health systems

- Usually low level of awareness about rights linked with lack of initiative by health system to declare entitlements
- Despite dissatisfaction, general lack of willingness to raise issues since low expectation of improvement
- Lack of public forums to express or communicate complaints or suggestions
- Informal or personal channels might be used to gain access to services

Types of Health system accountability failure: People's experience

- Lack of public information, inadequate communication
- Poor health worker presence and outreach
- Inadequate performance of care
- Rude or callous behaviour
- Lack of infrastructure and medicines
- Corruption and illegal charging
- Discrimination or inequity in care

How providers view Health systems

- Often limited morale, formalistic understanding of job responsibilities
- Linked with lack of accountability mechanisms, may not be much responsive to people's needs and expectations
- In traditional view of accountability, only accountability 'upward' to higher officials is considered important
- Frontline providers often lack incentive and power to effectively respond to people's demands

How political leaders and decision makers view health systems

- Low responsiveness to people's needs due to weak nature of representation; patron client relationships
- Health system may be viewed as arena of corruption and making money
- Limited or bureaucratic control over providers without collaborative dialogue
- Overall political leaders may have low priority for health system issues

Why should health officials and political leaders promote community action for accountability?

Because –

- People's active involvement increases their awareness and utilisation of services
- Community feedback and communication significantly helps to improve the delivery and quality of services
- Community action builds wider ownership and social momentum for improvement of public health services
- Participatory processes significantly improve local health planning

Differing views of quality of health care: Input and output focussed

- For planners, managers and experts – input based view (infrastructure, manpower, equipment, supplies)
- For people – output based view – actual availability of services and perceived quality of these services
- Two major indicators of output of common concern: declared availability of guaranteed health services and increase in utilisation

Differing views of quality of health care: ‘Hard and ‘soft’ aspects of care

- For planners, managers and experts – achievement of targets, reduction in mortality, focus on reporting
- For people – perceived quality of curative care, communication, behaviour and respect esp. in context of women and adivasi communities, direct and indirect costs, distance, timings, time spent, non-medical aspects of services (comfort, privacy, food, cleanliness, toilets etc.)

Question

In a remote, adivasi district a woman in labour has died while being transported from the sub-district hospital to the district hospital. Hardly any care was given at the PHC and sub-district hospital.

What would be your response about the main problem as:

- A local community activist
- District civil surgeon
- Overworked contractual doctor in sub-district hospital
- Local MLA
- State level researcher on women's health issues

Using knowledge of Health system to improve accountability work

- Building justification and arguments for framing demands
- Collecting information and organising participatory surveys
- Accountability is linked with responsibility; need to know responsibility of providers / officials at various levels to make specific demands
- Following up issues through various levels of the health system
- Developing more 'political' processes to tackle more systemic and structural issues

Creating grounds for productive dialogue with healthcare providers

- Need to focus on
 - issues of importance to people
 - using objective evidence
 - Dialogue in ways that will lead to concrete improvement at particular level of dialogue
- Need to ally with frontline providers and raise their issues also, recognise work of positive providers
- Fight for proper attention to problems yet collaborate for solution of problems

Some Health system features which may hamper accountability

- Large numbers of contractual staff with limited skills and motivation
- Targeting of health services by BPL / APL division
- Covert privatisation – lab tests, medicines to be procured by payment outside the facility
- Overt privatisation of public facilities
- Certain types of ‘Public private partnerships’ which force people to pay for services or weaken the public health system
- Narrowly targeted vertical programmes (e.g. Family planning and Pulse polio) which draw away major resources from people’s health needs and priorities

**SOME OVERARCHING ISSUES
RELATED TO HEALTH SYSTEM
DESIGN AND FUNCTION**

**Inadequate
funds, staff and
materials due to
structural
adjustment and
larger financial
policies**

**Health sector
reforms,
privatization,
commercialization,
segmentation of
health systems**

**Centralisation /
decentralization
of planning and
decision
making;
Donor influence
on policy and
programme
design**

**Corruption and
levels of
accountability,
Nature of
political
intervention at
various levels**

Private Sector Dominated Mixed Health Systems Syndrome

Unregulated proliferating private sector

**Underfunded,
poorly managed
Public sector**

**Absenteeism,
neglect**

**Weak referral
linkages within
public system**

**Lack of medicines
and diagnostics,
poor maintenance**

**Legal and illegal
private practice**

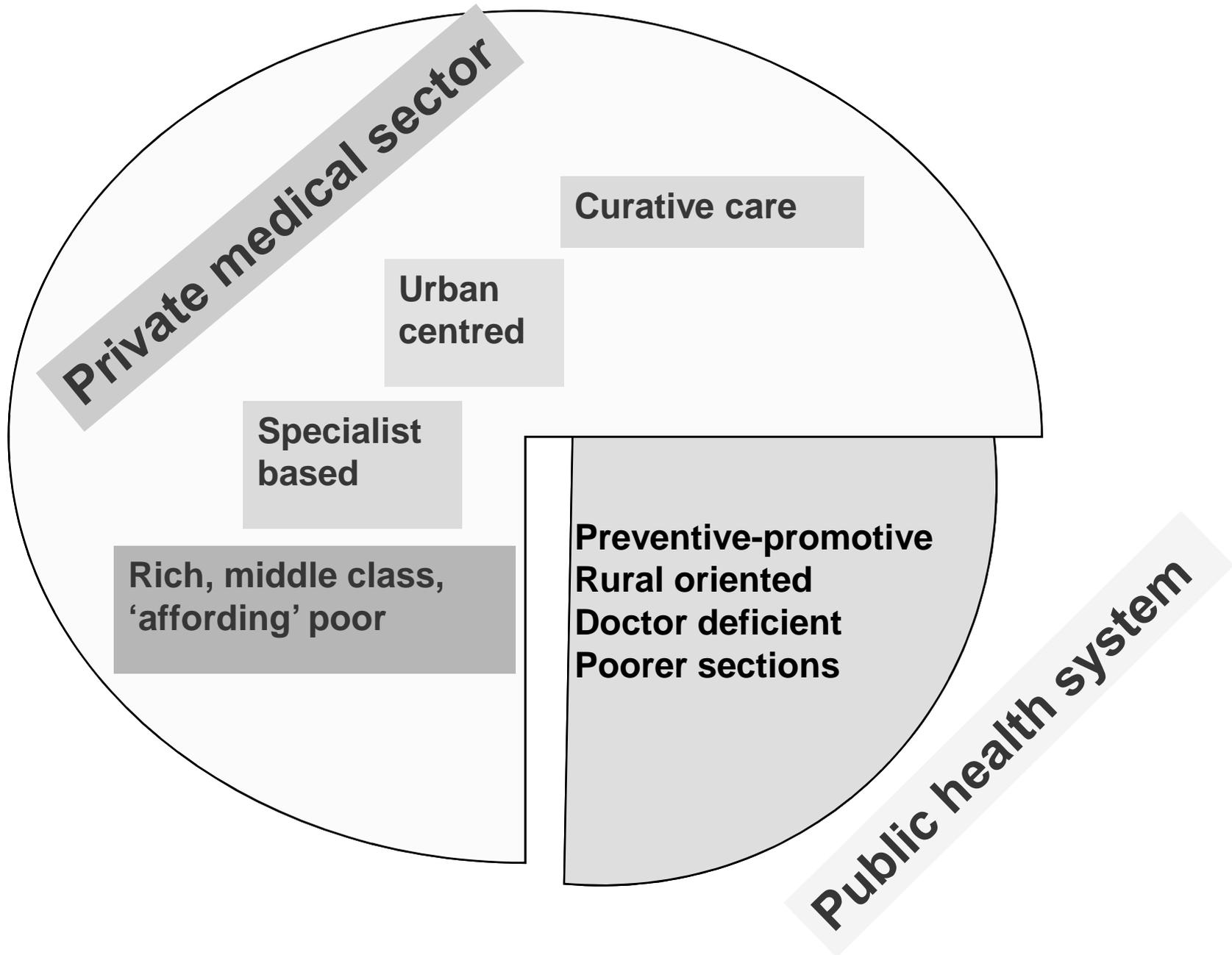
**Patients channelised to
private hospitals**

**Flourishing private
diagnostic centres
and medical stores**

**Poor quality of public
health services**

**High costs and irrationality
in private medical care**

'Sharing' of work between public and private?



Importance of Primary Health Care Approach in transforming health systems

The ‘Primary Health Care Approach’

enunciated at Alma Ata remains relevant even today –

- *Comprehensive and multi-sectoral* approach to health by emphasising preventive interventions; countering biomedical and curative bias
- *Integration* of different services within health facilities, of health programmes and of different levels of the health care system
- Emphasis on *equity* - aiming to correct the neglect of rural populations, as well as marginalised groups

Importance of Primary Health Care Approach in transforming health systems

- Use of '*appropriate*' health technology, and health care that is socially and culturally acceptable
- Emphasis on appropriate and effective *community involvement* in the health system
- Adopts a strong *human rights perspective* on health by affirming the fundamental human right to health

The demise of Primary Health Care

The principles of the PHC Approach have been **undermined by policies** :

- A. Inadequate funds for public health systems
- B. Health sector reform and commercialisation of health care
- C. 'Selective' health care and vertical programmes
- D. Public sector failures

Inadequate resources for public health systems

Low- and lower middle-income countries need to spend **at least US \$30-40 each year** per person for 'essential' health care

Average government health spending of the least developed countries is more than **five times lower than this**; government health spending of other low-income countries is about **three times lower** than this

Inadequate resources for public health systems

- Declines in public health expenditure and increasing donor dependency
- Deterioration of health facilities and equipment, shortages of drugs and other supplies
- Dwindling patient attendance at public facilities as the quality of care worsened
- A significant loss of morale and motivation of public health workers

Health sector reform and commercialization of health care

‘Health sector reform’ describes a set of policies since 1980s including

- Tight limits on public health care expenditure
- Promoting direct cost-recovery (user fees)
- Transferring or outsourcing functions to the private sector

The adverse impact of user fees

- User fees have reduced people's access to health care, resulting in untreated sickness and avoidable death
- Have discouraged people from taking full doses of their medication; they undermine adherence to treatment regimens
- Exemption schemes (based on 'targeting') are rarely effective and can encourage extortion and patronage

Segmentation of health care systems

Separate health care systems for richer and poorer people, as opposed to one universal health care system for all

World Bank advocates '**minimum**' package of services for the poor, withdrawing from the direct provision of other services; encouraging the better off sections of society to use the private sector

Increased inequality as middle-classes opt out of public sector provision, take their financial resources and voice, leaving the public service as a 'poor service for poor people'

Segmentation favours private investors in health care who profit by caring only for the privileged

The commercialization of health care

‘Passive privatization’: weakening of the public sector has led to the emergence of an unregulated provider market

Behaviour of private providers includes

- Pricing health care to maximise income rather than to maximise access and benefit
- ‘Over-servicing’ (unnecessary and inappropriate laboratory investigations, surgeries)
- Under-qualified, sub-optimal health care (‘quacks’) in unregulated environment
- Providing inappropriate and irrational care (for example, unnecessary injections)

Selective health care and verticalisation

A **limited focus** on certain health care interventions, tends to be associated with ‘vertical programmes’ – with **separate health structures**

Complex health problems with underlying socio-economic determinants (e.g. diarrhea, malnutrition) **recast as a problem of delivery** of technologies

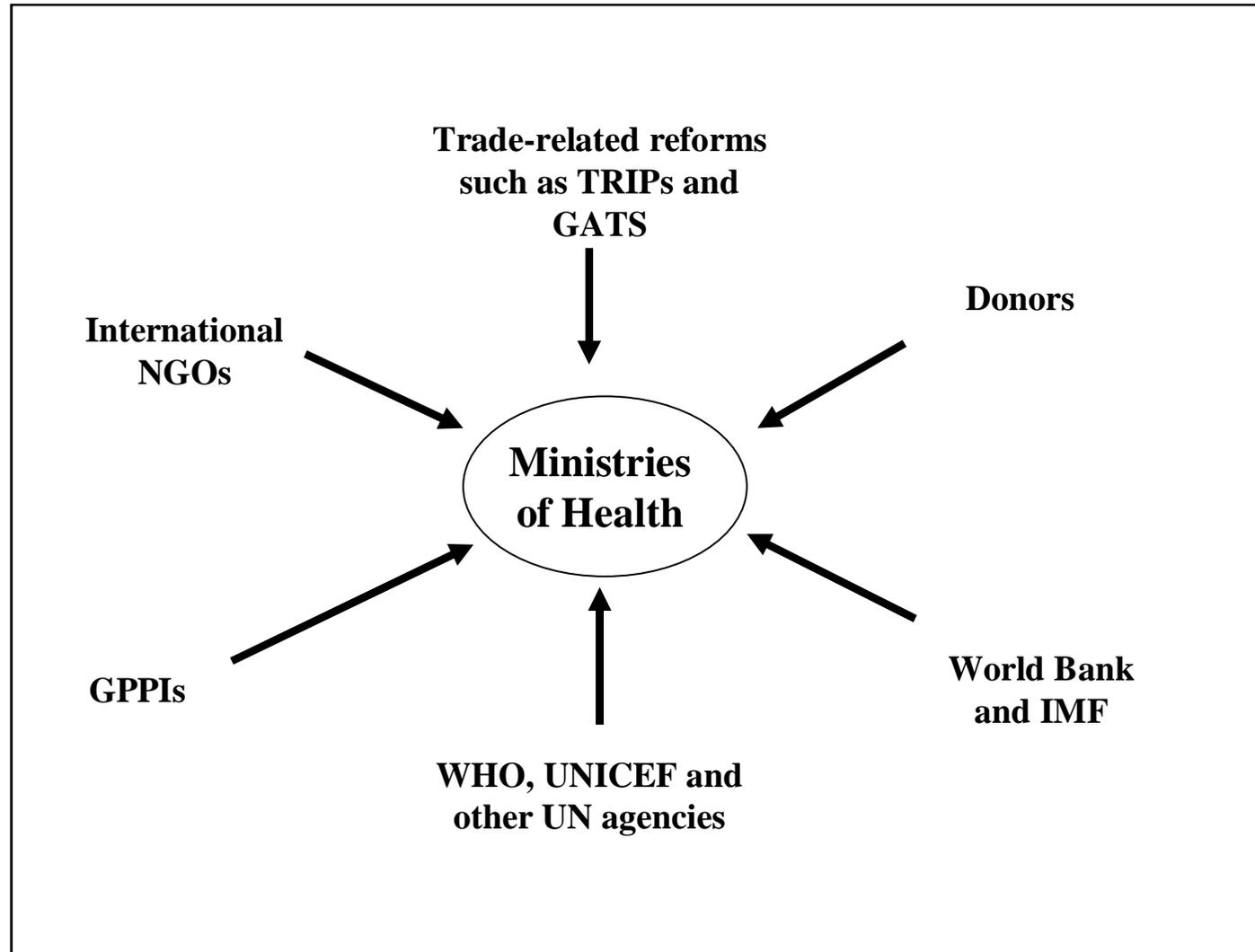
Multiple, parallel programmes in **fragmented ‘pipelines’**, disrupting the development of comprehensive health systems

De-skilling of primary health care workers focussed on achieving targets rather than addressing the needs of sick people

Public sector failure

- **Failures of governance** – corrupt and non-accountable governments, which allocate less resources to health
- **Bureaucratic failures** - Rigid civil service rules and regulations, poor management and leadership can impair innovation, motivation, community responsiveness. Civil servants serve their own personal needs rather than public need

The circus of external agencies and initiatives



Resurrecting the 'public', reviving Primary Health Care

Why should a reorganised, accountable and strengthened **public health system** take the central role?

- People have a **Right to health care** not linked to their ability to pay; Governments are central to ensuring that these rights are fulfilled.
- Equitable and efficient health care systems require **careful organization** – fragmented, market-driven health care systems are inefficient and inequitable
- Only adequately financed public service can **break the link between income of health care providers and the delivery of health care** – ensuring ethical and rational services

Elements of reviving Public health

- Revitalising the public sector health worker
- Resources to achieve health for all
- Regulating and shaping the private sector
- Making the public sector work – strengthening management
- Community involvement and Public mobilisation

Community involvement and Public mobilisation

- Vested interests can be overcome only by a political effort, presenting collective views at the national or international level; requires organization and civil society networking
- Community mobilization to assert rights, challenge policies and present alternatives; monitoring of services by communities; involvement in planning and decision-making; equitable involvement in local implementation

In summary ...

- Reverse the growth and negative effects of commercialisation of health care
- Reassert the role of government and non-market, trust-based relationships within health care systems
- Shift the focus from narrow and selective health programmes towards comprehensive health systems development
- Design health systems that promote a multi-sectoral agenda of health promotion rather a medicalised model of clinical care
- Move towards Universal health care systems with Primary Health Care approach at the centre

Community based accountability must be combined with efforts for Health system change

- Community accountability processes create 'political will from below' and generate social pressure for improved functioning of health system
- However major policy constraints may limit significant improvement despite community pressure
- Hence need to combine accountability with policy advocacy, social movements and action research towards pro-people health policy changes



***When people come to the centre
Public health services can be
transformed!***



Group exercise

Analyse possible health system issues at various levels, suggest points for community based action

- No supply of iron tablets to pregnant women since several months in villages where you work
- Very low immunisation coverage in a rural area, several measles cases in dalit hamlets
- Large number of malnutrition related deaths of children in an adivasi area
- Very adverse female to male child sex ratio in a 'developed' rural area
- Several children affected by diarrhea have died after being taken to the District hospital