

# Good health at low cost: health systems contribution to “25 x 25”

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*23 March 2014*

**World Heart Federation Emerging Leaders Think Tank  
Seminar**

# Why health systems? The Treatment Gap

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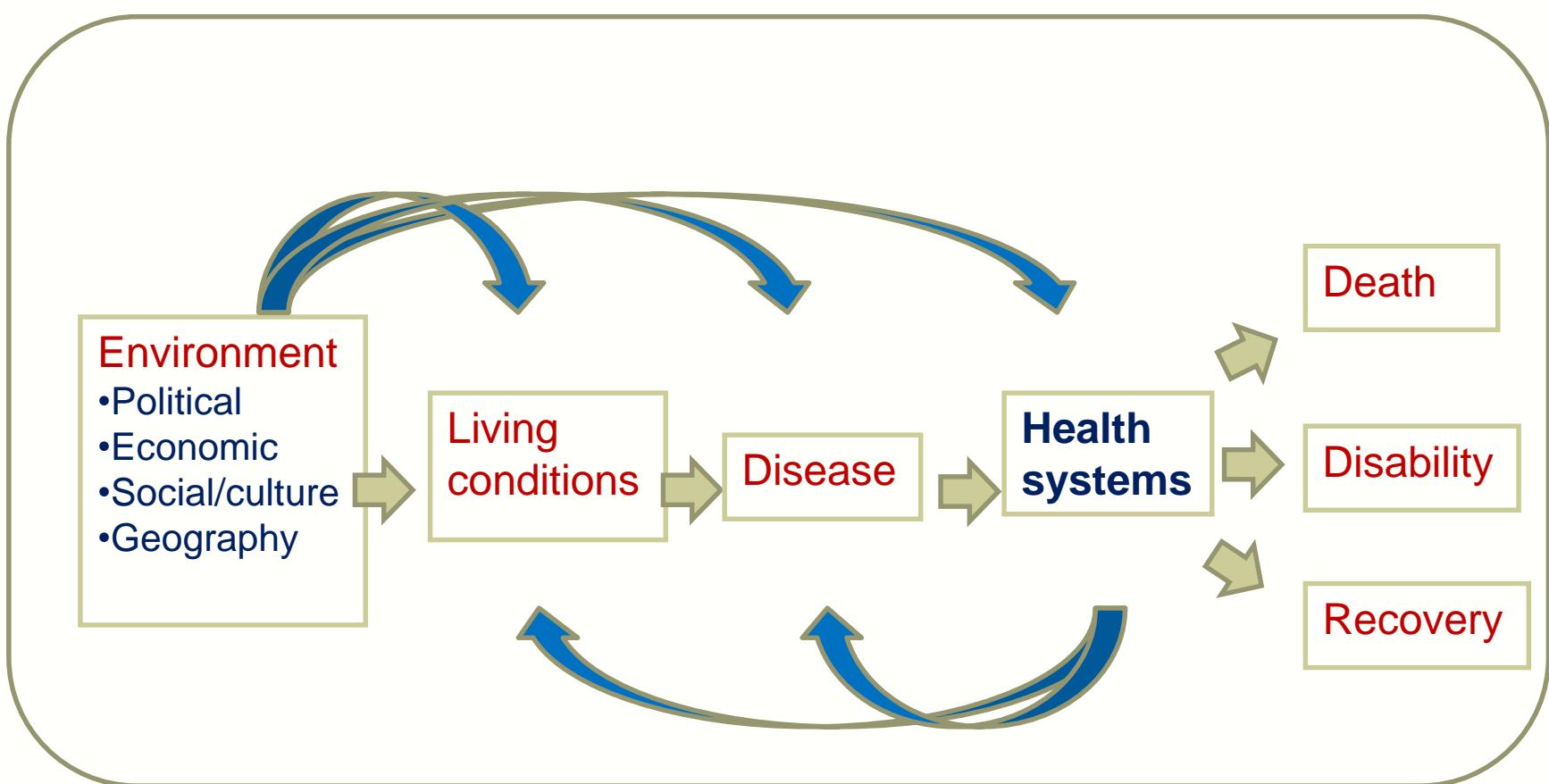
- >80% of CVD deaths occur in low and middle income countries (LMIC).
- **a paradox:** risk factors for CVD (such as smoking and lipid levels) are highest in HIC and lowest in LIC yet major CVD are growing faster in LMICs (PURE).
- mortality from CVD is 4.3 times higher in MIC than in HIC and 7.5 times higher in LIC (PURE).
- HICs have achieved falls of >50% in CVD mortality, 40-60% due to improved access to effective care

# Why health systems?

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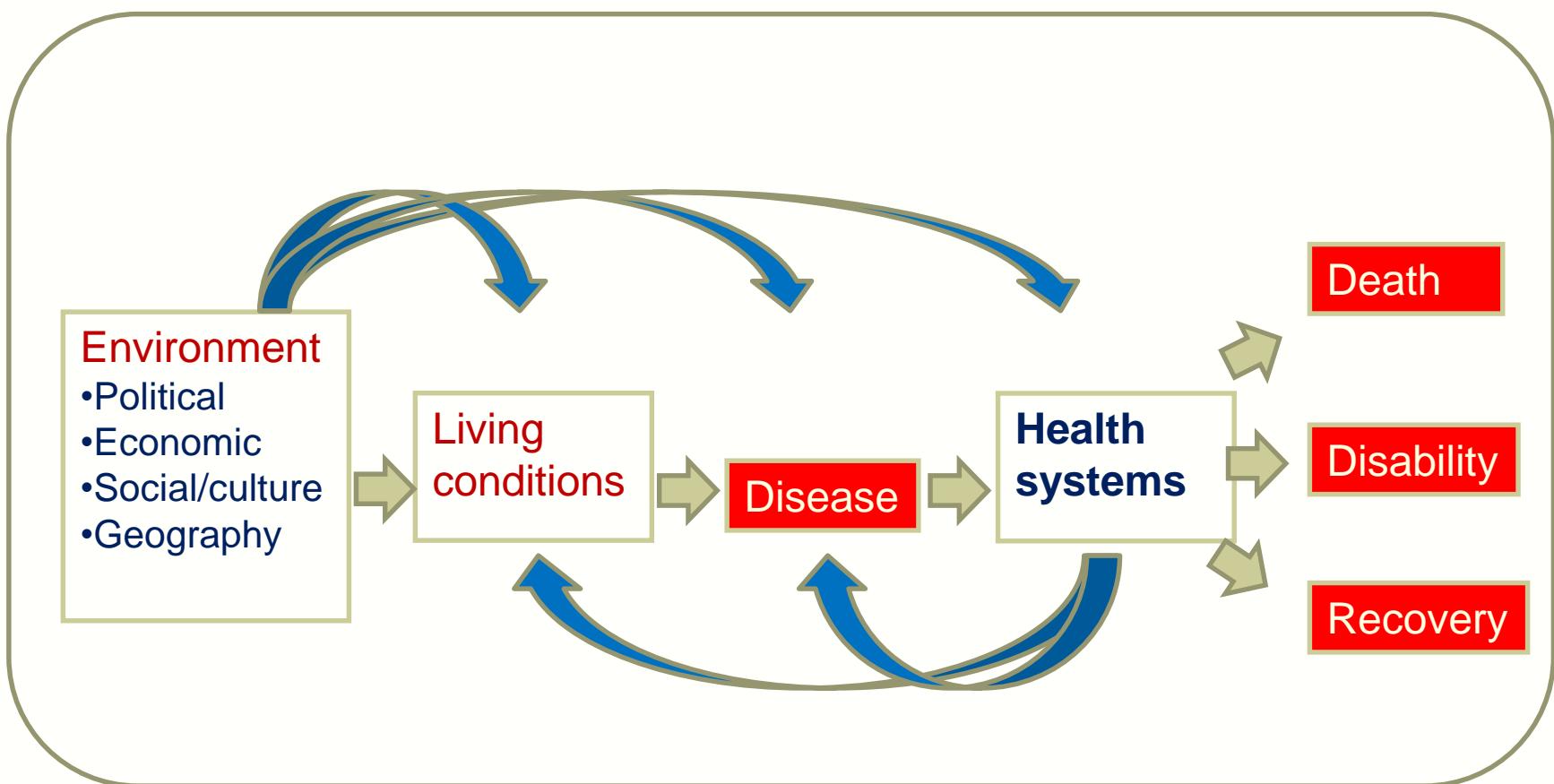
- Treatment gap – can be addressed through effective (system) interventions
- Political momentum
  - on NCD
  - health systems for UHC
- Recognition of the burden of NCD: health / economic/ social

# Model of determinants of health



Lalonde Report, 1974

# Model of determinants of health



Lalonde Report, 1974

# 25 x 25: emerging focus on the contribution of the health systems

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## Goals

- Improved blood pressure control
- Enhanced treatment for those at risk from the major NCDs

What is a health system?

# A health system?



Community mother-child clinic  
in Uganda



Patient consultation in India



Surgical team in UK operating theatre

# A health system?



Allopathic drug sellers in Peru

'Traditional' drug sellers in Myanmar



Chemist shop in India stocking allopathic, homeopathic & ayurvedic drugs



# Definitions of a health system (WHO)

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- 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.
- ‘... includes, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation, ... inter-sectoral activities, e.g. female education, a well known determinant of better health.’

**But boundary issues...**

## Selected analytical frameworks

# The WHO health system framework (2007)



THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

# ‘Systems thinking’ (de Savigny and Adam 2009 et al)



# Why is it complex? ‘Systems thinking’ et al.

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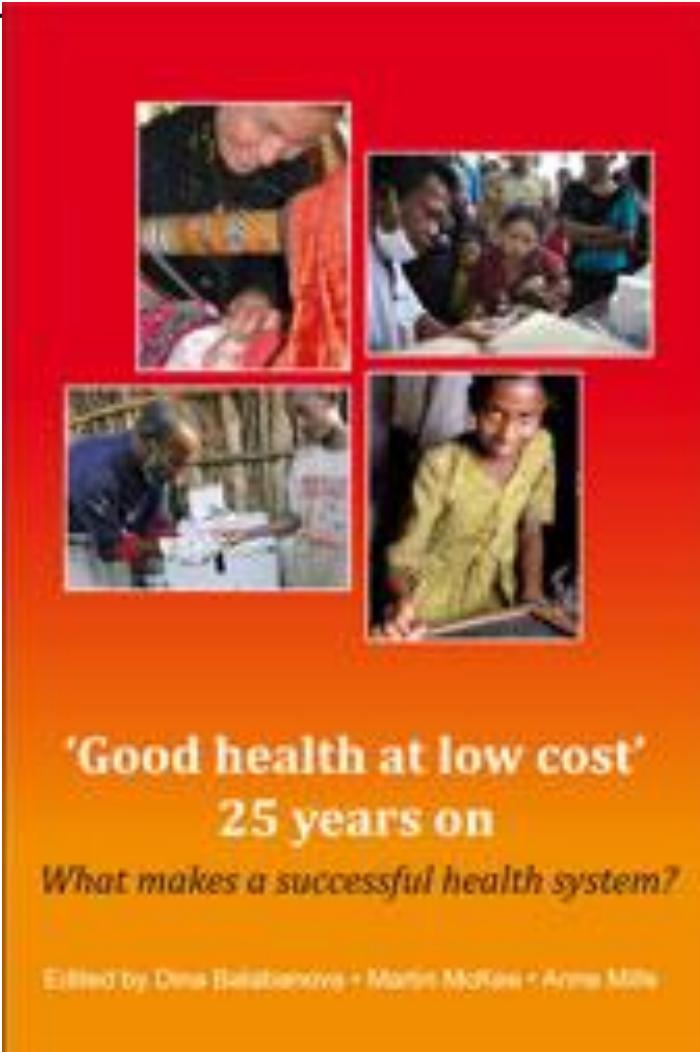
- Health systems are complex adaptive social systems - a change in one area often has unpredictable and unintended consequences in another
  - Complex interplay between determinants of health
  - Time lag between implementing policies and impact
  - Path dependency: institutional development over long period of time
  - But also: windows of opportunities allowing change of direction (e.g. political events)

# Responding to chronic disease: health system failures?

Treatments and models of care are often known and available, failures are often in broader health systems:

- Many health systems have been designed to respond to acute isolated episodes of illness or other one-off events.
- Specialists and hospitals have often had a lead role, with limited scope for patients to manage their condition.
- Complexity is a challenge:
  - E.g. difficulties in instituting integrated management and communication between providers and patients, and within teams, or providing care for co-morbidities
- Traditional disease-oriented treatment are still the norm
- Organisational and financial patterns failing to mitigate for individual circumstances of patients

# 'Good Health at Low Cost' 25 Years On. What makes a successful health system?



<http://ghlc.lshtm.ac.uk/>



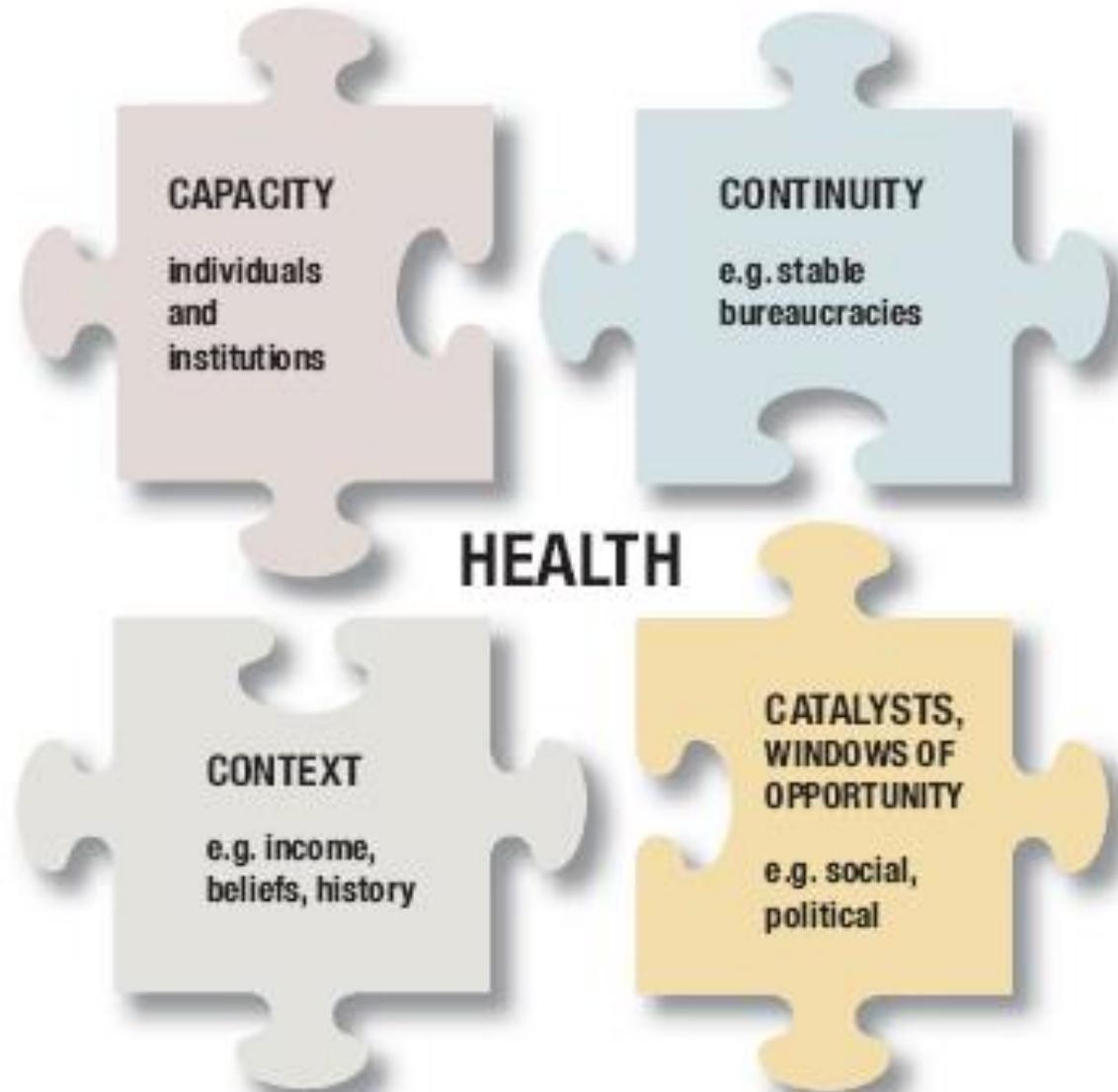
## Why some countries achieve health outcomes that are better than what could be expected at their income level?

Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu (India), Thailand

Factors related to:

- the health system
- broader determinants of health
- context: political, economic, social, geographical

# Key cross cutting themes



# Good governance: how does it help to achieve better health?

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- Vision and seizing windows of opportunity
- Ability to implement
- Accountability and transparency
- Responsiveness



# Capacity: individuals and governments

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- Leaders with vision and influence
- Comprehensive programme that has been operationalised , goals and deliverables
  - e.g. National plan, strategy
- Political elites and lobbies for health
- Political commitment to prioritize health, embed reform in systems
- Commitment by governments to more equitable and pro-poor policies (e.g. education for women)
- Supportive politicians in other sectors

# Capacity: bureaucracies and implementers

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- Effective street-level bureaucrats
  - National
  - District level: managers / planners
- Stability of bureaucracies/ institutional memory
- Regulatory and managerial capacity. Clear rules.
- Institutional autonomy and flexibility
- Multi-sectorality
- Ability to operate in pluralistic context: engagement with the voluntary sector incl. community organisations, media, and coordination.

# Human resource innovations

- Scaling up and deployment of health workers but taking a realistic approaches given the resource limitations



- Innovative use of health workers
- Supported by PHC infrastructure and low cost technologies

# Continuity

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- Within reform frameworks/ long term vision
- Within programme interventions
- Monitoring and evaluation informing policy cycles
- Coherence between elements of reform plans and strategies
- Careful sequencing of steps

# Catalysts

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- Political change
- Economic crises
- Natural disasters
- Geopolitical interests and aid flows
- Seizing ‘windows of opportunity’: situations that foster change

# Context

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- **Evidence-based policies** and interventions
- Locally adapted in managing, financing or delivery:
  - flexible use of health workers: health assistants/nurses in delivering home-based primary care (Bang/Eth/TN)
  - scale up of low-cost technologies (ORC/zinc/mats in Bangl)
  - system orientation towards essential care and prevention
- **Economic factors**, including strengthened infrastructure, increased external funding
- **Communication technology** and the ability to draw on resources beyond the public sector.

# Health financing

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- Advances are seen under very diverse models of financing; and cannot relate to increase in THE
- High out-of-pocket payments and use of the private sector in some of the study countries – **a paradox?**
- Move towards improved financial protection
- Efficiency improvements

# Health system resilience

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- Health systems being able to withstand shocks and emerging threats
- Innovative use of scarce resources
- The capacity to incorporate bottom-up innovation
- Lesson learning / feedback loops
- Preparedness ('addressing the low hanging fruit'?)
- System adaptability and internal impetus to change

# A successful health system...

- Has vision and long-term strategies;
- Takes into account path dependency;
- Builds consensus at societal level;
- Allows flexibility and autonomy in decision-making;
- Is resilient and learns from experiences, feedback to policy;
- Receives support from the broader governance and socioeconomic context, and is responsive ;
- Achieves synergies among sectors and actors; and
- Open to dialogue and collaboration between public and private sectors, with effective government oversight.

# Group work

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# Making progress towards 25x25

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- Strengthening systems beyond NCD
- Identify critical barriers to delivering effective care and contextually-appropriate solutions.
- Building momentum towards comprehensive approaches:
  - prevention and treatment;
  - across diseases
  - across sectors
- Address political issues (global and national level): advocate for integrated approaches

# Key words, health systems

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**Complexity**

**Capacity**

**Catalysts**

**Context**

