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

Dina Balabanova
Department of Global Health and Development
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Why health systems? The Treatment Gap
>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?

- 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

- Environment
  - Political
  - Economic
  - Social/culture
  - Geography

- Living conditions

- Disease

- Health systems

- Death
- Disability
- Recovery
Model of determinants of health

Environment
- Political
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Living conditions

Disease

Health systems

Death
Disability
Recovery

Lalonde Report, 1974
25 x 25: emerging focus on the contribution of the health systems

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

With permission from K.Kielmann
A health system?

‘Traditional’ drug sellers in Myanmar

Chemist shop in India stocking allopathic, homeopathic & ayurvedic drugs

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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.’
Selected analytical frameworks
The WHO health system framework (2007)

SYSTEM BUILDING BLOCKS

- Service Delivery
- Health Workforce
- Information
- Medical Products, Vaccines & Technologies
- Financing
- Leadership / Governance

OVERALL GOALS / OUTCOMES

- Improved Health (Level and Equity)
- Responsiveness
- Social and Financial Risk Protection
- Improved Efficiency

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.

- 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

CAPACITY
individuals and institutions

CONTINUITY
e.g. stable bureaucracies

CONTEXT
e.g. income, beliefs, history

CATALYSTS, WINDOWS OF OPPORTUNITY
e.g. social, political
Good governance: how does it help to achieve better health?

- Vision and seizing windows of opportunity
- Ability to implement
- Accountability and transparency
- Responsiveness
Capacity: individuals and governments

- 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

- Effective street-level bureaucrats
  - National
  - District level: managers / planners

- Stability of bureaucracies/ institutional memory


- 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

- 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

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

- 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

- 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

- 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
Making progress towards 25x25

- 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

Complexity
Capacity
Catalysts
Context