

## WHY IS IT AN EMERGING ISSUE?

A range of major health initiatives in recent years have been hobbled by under-performing national and local health systems in low-, middle- and high-income countries alike. Consequently, researchers, implementers, policy-makers and other stakeholders are coming together in new ways to explore how national and local health systems can be re-engineered to deliver better health outcomes. This work has implications for how medical and public health professionals approach many types of health challenges worldwide.

# IMPROVING HEALTH SYSTEMS

Efforts to deliver better health outcomes are everybody's business

*By Jeffrey V. Lazarus*

## MILESTONES

The [Third Global Symposium on Health Systems Research](#), which took place in Cape Town, South Africa in late 2014, was widely recognised as a watershed event in the coalescence of the health systems field. The World Health Organization (WHO) drew attention to the role of health systems more than a decade ago with the 2000 World Health Report, [Health Systems: Improving Performance](#). It has taken some time since then for momentum to build, but people with health systems-related interests are increasingly finding more opportunities to come together in broad-based knowledge-sharing communities.

Recent milestones in the development of the health systems field have included the [First Global Symposium on Health Systems Research](#) in 2010 and the launch of the [Health](#)

Jeffrey V. Lazarus is the Secretariat Director of Health Systems Global and a Senior Researcher at CHIP, the Centre for Health and Infectious Disease Research, University of Copenhagen. Follow him on Twitter: @JVLazarus.

Systems Global membership society at the Second Global Symposium on Health Systems Research in 2012. The Second Global Symposium also saw the launch of WHO's groundbreaking Changing Mindsets: Strategy on Health Policy and Systems Research.

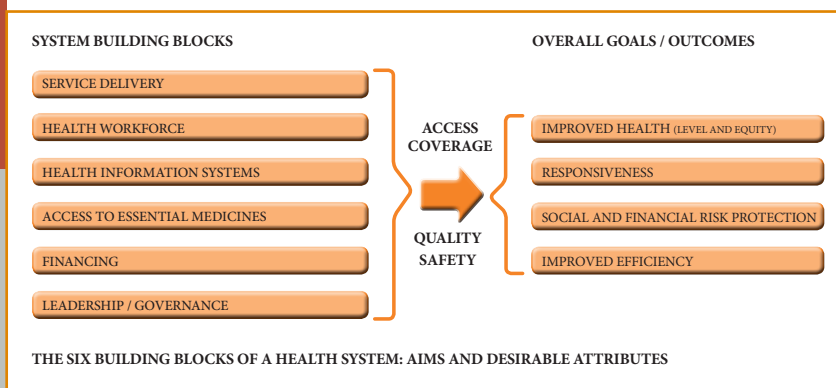
Growing interest in health systems issues is evidenced by a dramatic increase in the publication of health systems-related research articles in recent years. (1) Research and policy insights discussed at the Third Global Symposium, which brought together 1,700 people from 92 countries, reflected the increasingly prominent place of health systems issues in efforts to achieve key global health and development goals.

## BACKGROUND: HEALTH SYSTEMS BASICS

The World Health Organization's conceptual work on health systems, while not the only way of formulating the central issues, articulates ideas that many people have found to be useful for shaping research and policy questions. According to WHO, "A health system consists of all organisations, people and actions whose primary intent is to promote, restore or maintain health."

The WHO Health System Framework is comprised of six "building blocks" that are all deemed essential health systems functions. Intermediate health system goals are to increase health service access and coverage while also ensuring quality

and safety. The overall goals, as described by WHO, are "improving health and health equity, in ways that are responsive, financially fair, and make the best, or most efficient, use of available resources."



The WHO Health System Framework  
Source: WHO, [www.who.int/healthsystems/strategy/en/](http://www.who.int/healthsystems/strategy/en/)

## IMPROVING HEALTH SYSTEMS: A TRULY COLLABORATIVE UNDERTAKING

In one way or another, virtually everyone can be considered a health system actor – and collaboration among diverse types of actors is essential for achieving better outcomes.

Researchers, implementers and policy-makers need to be responsive to each other's needs and priorities. Health system discussions must draw on the perspectives of patients, communities and civil society. Health system efforts based in the public sector should recognise the potential contributions of the private sector. Ministries of health need to skilfully engage other government ministries such as finance, education, trade and labour, to name only a few.

Perhaps most importantly, the health systems realm should not be seen as the exclusive domain of health systems "experts". The World Health Organization recognised this when it titled its 2007 health systems guidance document *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes*.

People working in specific disease-oriented or health condition-oriented fields are essential partners in strengthening health systems. Those addressing broad health systems issues such as the health workforce, financing or governance should recognise this and should consider it imperative to make their work accessible and meaningful to the experts on diseases and health conditions. At the same time, fields devoted to highly prevalent diseases and health conditions would be wise to integrate a health systems perspective.

## KEY AREAS OF INTEREST FOR HEALTH SYSTEMS PEOPLE

Given the complex nature of health systems, many different issues may draw the attention of researchers, implementers, policy-makers and other stakeholders. The key areas of interest described below are not intended to provide a comprehensive overview of the health systems field; they

merely reflect prominent current discussions. The *Cape Town Statement from the Third Global Symposium on Health Systems Research* also provides a useful perspective on central issues in this field.

**Universal health coverage.** Universal health coverage has become widely regarded as a goal that all governments should embrace. While this term has multiple definitions, the general concept is “*ensuring that all people can use the health care they need without the risk of financial hardship.*” Those whose work is intended to help propel governments toward universal health coverage focus on issues such as defining which health services are needed in specific settings, determining service costs and instituting mechanisms to reduce financial barriers to care.

**People-centred health systems.** The relatively new concept of people-centred health systems was prominently highlighted at the Third Global Symposium on Health Systems Research in 2014, with the conference programme organised around the theme of “the science and practice of people-centred health systems”.

The journal *Health Policy and Planning* published a supplement in conjunction with the symposium, and supplement editors observed that this collection of articles underscored four central themes associated with people-centred health systems:

1. The need for spaces in which people’s voices have influence in shaping the health system that seeks to serve their interests;
2. Putting people first in terms of how services are designed and delivered, and not merely orienting services on the basis of diseases, or for the convenience of clinicians;
3. Recognising that health systems are social institutions, in which different health systems actors – including administrators, health care providers, service users and researchers – are linked to each other in chains of relationships; and
4. Consideration of what values should drive decision-making in a people-centred health system.

**Human resources for health.** Many of those who are studying and discussing human resources for health are concerned about how to address severe health worker shortages in low- and middle-income countries, particularly in African and Asian countries. There is strong interest in exploring how community health workers might contribute to overcoming this problem. Human resources for health also encompasses issues relating to health workers' rights and well-being.

**Infectious diseases.** The global community's response to infectious diseases in recent years presents important lessons relating to health systems dynamics, and it is clear that the relationship between infectious disease programmes and health systems warrants further attention.

During the first decade of the twenty-first century, the channelling of resources into disease-specific programmes, particularly HIV programmes, often resulted in the development of parallel non-integrated activities in relation to service delivery, health information management and other core health system functions. While this approach brought about notable progress on some infectious diseases, others have remained relatively neglected. A prominent example is Ebola, with underperforming health systems hampering the response to the outbreak that began in western Africa in late 2013, leading WHO to declare an international public health emergency eight months later. (2,3)

The fragmented response to infectious diseases needs to be transformed into a health system-based effort to address these health threats collectively, with due attention to how this work relates to other aspects of population health such as noncommunicable diseases and reproductive health.

**Noncommunicable diseases.** Many resource-limited countries that have made progress against infectious diseases are now confronted with new kinds of challenges as noncommunicable diseases such as diabetes and cancer contribute increasingly to ill health. Those with an

awareness of health systems dynamics recognise that all components of health systems need to be strategically reoriented to better reflect the changing disease burden and the chronic nature of many noncommunicable diseases. An important health system task is to identify the highest-priority prevention and treatment interventions for non-communicable diseases and to facilitate the scale-up of these interventions in a unified way, rather than allowing competing disease-specific responses to emerge.

**Health financing.** Health financing can be thought of in terms of three interrelated functions: the collection of revenues, the pooling of pre-paid revenues, and purchasing. Those with an interest in improving health financing note that it is not sufficient to merely seek larger budgets for various health system components: effectiveness, efficiency and equity are also central considerations. While public-sector health financing issues tend to dominate the news, health systems in many countries also incorporate the private and informal sectors, and it is the interplay between all three sectors that often determines the extent to which people are able to use services.

**Health systems research methods.** There is growing recognition of the challenges of developing and applying research methods that sufficiently account for the complexity of health systems. One important strand of discussion relates to how to measure health system improvements. Researchers also have expressed strong interest in using qualitative approaches and social science approaches to better understand health systems, including approaches that illuminate political and social dimensions of health system functioning.

**Knowledge translation.** In the health systems field, knowledge translation refers to a broad array of efforts that collectively seek to explore how research and theory can better inform real-world health system performance. Knowledge translation encompasses implementation science and operational research. Those with an interest in knowledge translation often call attention to the relationships

between producers and consumers of health systems evidence by advocating for communication and collaboration among researchers, implementers, policy-makers and other stakeholders. Many of the central issues in knowledge translation are captured in the *Statement on Advancing Implementation Research and Delivery Science*, which was issued at the Third Global Symposium on Health Systems Research in 2014.

## FUTURE DIRECTIONS

As the health systems field continues to mature, new areas of interest and new research and policy paradigms can be

expected to come to the forefront. The fluidity of health systems themselves calls for a fluid response from health system actors, and this field is likely to reconfigure itself in significant ways over time.

Discussions at the Third Global Symposium on Health Systems Research in 2014 indicated that the following are among the issues that

people with an interest in health systems are eager to address in the near future:

- Fostering broader geographical representation in the global health systems community, with particular attention to health systems stakeholders in Latin America, the Middle East, and Eastern Europe including the former Soviet Union.
- Encouraging the greater involvement of patient groups, community groups and civil society representatives in major global health systems fora, as well as in national and local research and policy initiatives.
- Exploring how to contextualise health systems research and policy discussions within a broader geopolitical and economic landscape that greatly affects how health systems function.
- Encouraging suitable international funding models to support health systems research and the development of



Poster viewing at the Third Global Symposium on Health Systems Research, Cape Town, 2014.

close long-term collaborations between health systems researchers, implementers and policy-makers.

## RECOMMENDED RESOURCES

### Key World Health Organization resources:

World Health Report 2000: Health Systems: Improving Performance (World Health Organization, 2000).

Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action (World Health Organization, 2007).

World Health Report 2010: Health Systems Financing - the Path to Universal Coverage (World Health Organization, 2010).

Changing Mindsets: Strategy on Health Policy and Systems Research (World Health Organization, 2012).

World Health Report 2013: Research for Universal Health Coverage (World Health Organization, 2013).

### People-centred health systems:

"People-centredness in Complex Health Systems" - plenary [webcast](#) and [written summary](#) (Third Global Symposium on Health Systems Research, 2014).

### Health systems research methods:

"Recognising Research Paradigms, Methods and Impact for People-centred Health Systems" - plenary [webcast](#), [written summary part 1](#) and [written summary part 2](#) (Third Global Symposium on Health Systems Research, 2014).

Gilson L (ed). Health Policy and Systems Research: A Methodology Reader.

### Other resources:

Health for All: Universal Health Coverage Day (<http://universalhealthcoverageday.org/welcome/>).

## REFERENCES

1. Yao et al. Health Research Policy and Systems, 2014;12:26.
2. Kieny MP, Evans DB, Schmets G, Kadandale S. Health-system resilience: reflections on the Ebola crisis in western Africa. Bulletin of the World Health Organization 2014;92:850.
3. Chan M. Opening remarks at a High-level meeting on building resilient health systems in Ebola-affected countries. Geneva, Switzerland, 10-11 December 2014. (<http://who.int/dg/speeches/2014/health-systems-ebola/en/>).