Health Systems and Good, Integrated Health Services

1. What is a health system?

In Thailand the term "health system" refers to "a system of all relationships connected to health"[1], while, according to WHO, it is a system consisting of organizations, people and actions whose primary intent is to promote, restore or maintain health[2].

A health system is a bridge between life-saving and life-enhancing interventions on the one hand and people who need them on the other. If the health system is not strong enough, all the interventions will be powerless and unproductive. So, any effort to improve wellbeing or to use resources in a cost-effective manner will need to attach a primary importance to the health system.

2. Objectives and components/basic functions of the health system ("6 Building Blocks" of Health Systems)[2,3]
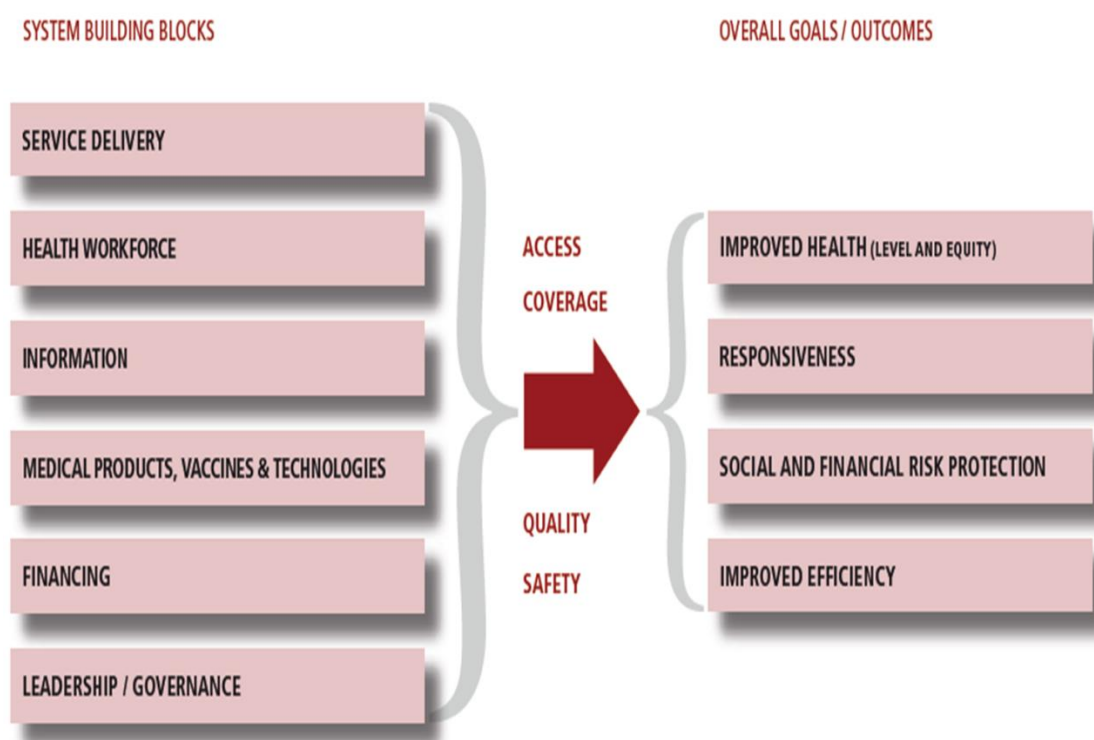
The major objectives of a health system are 1) to improve people's health, 2) to treat people with dignity, and 3) to protect people against the financial cost of illness.

For a health system to function successfully it requires the following six core components: 1) health service delivery, 2) health workforce, 3) health information systems, 4) essential medical products, vaccines and technologies, 5) health financing, and 6) leadership and governance. These are known as the "6 Building Blocks of Health Systems". They are inter-connected and are critical for achieving improved health status.

3. Conceptual framework and desirable characteristics of a health system[2]

In 2000 WHO came up with a framework of a health system as shown in Figure 1, explaining the six components or building blocks as input, with a process that monitors four aspects of health delivery – access, coverage, quality and safety – leading to three outputs together with improved efficiency of the system as follows:

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS

OVERALL GOALS / OUTCOMES

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

ACCESS

COVERAGE

QUALITY

SAFETY

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

3.1 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.

3.2 A well-performing workforce is one which works in ways that are responsive, fair and efficient to achieve the best health outcomes, given available resources and circumstances, i.e. there are sufficient numbers and mix of staff, fairly distributed; they are competent, responsive and productive.

3.3 A well-functioning health information system is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status.

3.4 A 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.

3.5. A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them.

3.6 Leadership and governance involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition building, the provision of appropriate regulations and incentives, attention to system-design, and accountability.

In this connection, on 20 October 2015 the Voice of America reported that Dr. Margaret Chan, Director-General of WHO, made an observation regarding "health systems" from the lessons learnt of the epidemic of the Ebola virus disease in West Africa in 2015. She said "In the past, when we talk about a health system, the tendency is to talk about clinical care, curative care. And now we should integrate the public health disease surveillance and laboratory testing as part of the health system capability.

As far as the desirable attributes of a health system are concerned, there are no fixed and rigid criteria. Rather, they depend on the ultimate system design after taking into account the local contexts and target populations. Some suggest that consideration be paid to such significant elements as primary care systems, relationship between health personnel and service recipients, integrated seamless referral and return systems, and no duplication of health services.

4. Health service and public health service

The term "health" has a different meaning from the term "public health". Public health is used when one wants to convey and communicate action designed to improve people's health at the mass (as opposed to individual) level or at social level.

So, when talking about services related to human health in general, covering both individual and mass levels, WHO will use the term "health services" and put them all as one of the six building blocks of the health system aforementioned.

In Thailand, however, the term "public health services" have always been used in the public health circle to cover a wider coverage in the same manner as the use of "health services" by WHO. Thai official definitions can be found in two laws as follows:

4.1 In the National Health Act BE 2550 (2007), Section 3, "public health services" refers to "any services related to health promotion, prevention and control of diseases and health hazards, diagnosis and treatment of illness and rehabilitation of persons, families and communities".

4.2 In the National Health Security Act BE 2545 (2002), Section 3, "public health services" refers to "any medical and public health services directly provided to a person aimed at health promotion, disease prevention and diagnosis, and curative and rehabilitative care, which are essential to health and livelihood, including the Thai traditional medicine and alternative medicine services pursuant to Medical Registration Law".

It can be seen that the term "public health services" used in these laws has different scopes, depending on the objectives and intents. Such differences can be extended to the term "heath services" which is one of the six building blocks of WHO health system framework. It all depends, therefore, on one's objective when to use the terms "health services" or "public health services".

5. Integrated health services[5]

In 2008 WHO proposed one working definition of "integrated service delivery" as the organization and management of health services so that people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results and provide value for money.

It is found that efforts to achieve an integrated service are usually about practical issues of how to deliver health services to those who need them.

The goal of an integrated service is to deliver a good health service that people can get access to easily, without any obstacle, whenever they need it. The service providers usually organize their services into various stages from primary to tertiary. The gist of integration is how to ensure their service delivery can be connected seamlessly with the service of the interconnected stage.

Integration may, to certain extent, save resources. However, to add an integrated service package to an existing health system for sustainable purposes, additional investments or some kind of investment adjustment may be required, taking into account the real needs that arise. So, whether or not a good, integrated health

service will become a reality will rely on the understanding and action of all parties concerned, be it political, administrative, or technical.

6. Environment of the health system

It is a fact that no system exists in the vacuum. Every system is linked with external factors or environments, with positive or negative impacts on other basic factors inherent in it.

An illustration of such a conceptual framework is shown as the relationship between factors surrounding health systems and the people's access to health care and good health (see Figure 2). It is taken from a research in another country that studies the influences of factors surrounding health systems. The research team wants to assess how access to health care and good health are affected by context (global and national), sector (public and private), and systems (health and non-health)[6].

Figure 2: Relationship between factors surrounding the health system and access to health care and good health
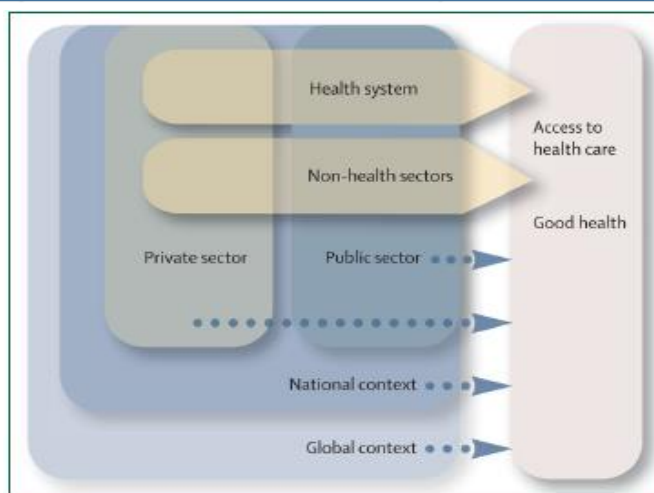
Thus, to understand any health system as a whole, it is necessary to also consider a large number of existing factors outside it. Those factors can affect, either supportively or obstructively, the functions of the health system concerned.

References

1. Section 3, National Health Act BE 2550 (2007).
2. Everybody's business: Strengthening health systems to improve health outcomes, WHO, Geneva 2007.
3. Health Systems: Improving Performance, World Health Report 2000, WHO, Geneva 2000.
4. Voice of America English News, 20 October 2015, Ebola Crisis Spurs New WHO Reform Program, accessed through http://www.voanews.com/content/ebolacrisisspursnewwhoreformprogram/3015141.html.
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6. Balabanova D, McKee M, Mills A. "Good health at low cost" 25 years on. London: London School of Hygiene and Tropical Medicine, 2011.