

Health systems are foundational to people's health and well-being. They are crucial for ensuring universal access to quality healthcare, promoting health and well-being, and responding effectively to health challenges. The goal of a well-functioning health system is to improve health outcomes and ensure financial protection in an equitable and efficient way, in particular for vulnerable and disadvantaged groups.

This brief provides an overview of health systems strengthening (HSS) from Sida's perspective. The intended audiences are Sida staff and partners.

Sida applies the WHO definition of health systems. In line with this, a health system refers to *"the resources, actors and institutions related to the financing, regulation and provision of health actions, where health actions are any set of activities whose primary intent is to improve or maintain health."*¹ This means that a health system extends beyond health care and considers, for example, elderly care, public health and health promotion. However, by this definition a health system does not include other social, economic or environmental determinants of health such as education, income or social norms, which are all important determinants of health.

A well-functioning health system is a prerequisite for achieving the highest attainable standard of health as a fundamental human right and the Sustainable Development Goals (SDGs). In particular, health related SDG targets such as reducing maternal and childhood mortality, advancing universal health coverage and ensuring access to sexual and reproductive health services.²

Swedish support to health systems strengthening has commonly focused on strengthening the health care system, for example through broad health sector programs in countries like Zambia, Uganda and Bangladesh.

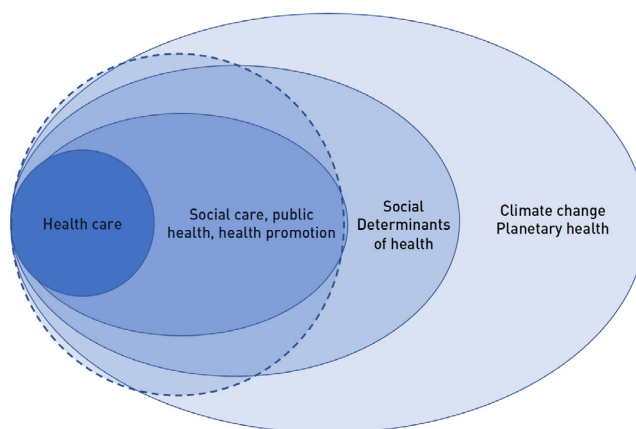


Figure 1: Conceptual model of the health system

HEALTH SYSTEM FUNCTIONS AND GOALS

A common model to understand the different parts of a health system is through its four functions; *Creating resources, stewardship, financing and delivering services*, six building blocks³ and three objectives (Figure 2). The building blocks are part of the functions, and this view on health system highlights how the functions work together to achieve the objectives of the system. The resource creation function refers to the processes and strategies for generating and allocating the necessary resources to support the delivery of healthcare services. Stewardship describes the establishment of policies, regulations, and frameworks that guide the overall operation of the health system. Financing unpacks the sources of, and resources, the health system. Finally, delivering services focuses on the provision of healthcare services to individuals and communities.⁴ This includes providing services that are accessible, available, acceptable and of good quality. The functions of the health system are closely linked and interdependent. And recognizing this complexity and connectivity is important to be able to effectively strengthen health systems.

1 Murray, C. J. & Frenk, J. (2000). A framework for assessing the performance of health systems.. Bulletin of the World Health Organization, 78 (6), 717–731. World Health Organization.

2 United Nations. [Sustainable Development Goal 3](#). Accessed 21 June 2023

3 The building blocks are 1. Leadership and governance, 2. Health financing, 3. Health workforce, 4. Medical Technologies, 5. Service provision, 6. Health technologies.

4 Papanicolas I, Rajan D, Karanikolos M, Soucat A, Figueras J, editors. Health system performance assessment: a framework for policy analysis. Geneva: World Health Organization; 2022 (Health Policy Series, No. 57).

Health system building blocks and functions

Objectives of the system

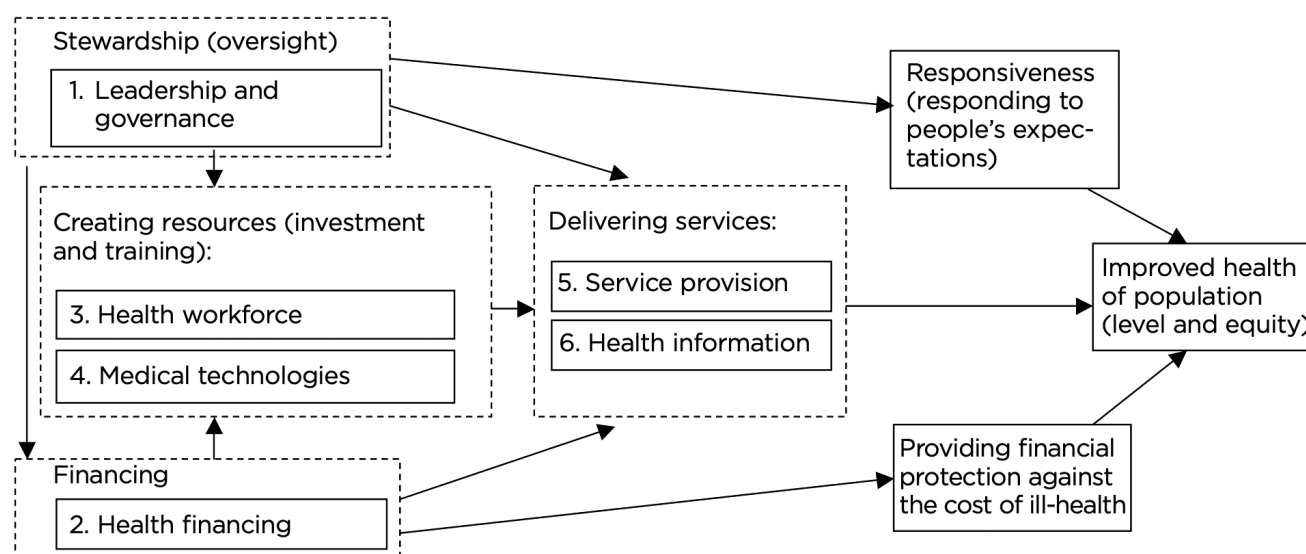


Figure 2: Building blocks, functions and objectives of a health system. [Source⁵]

While understanding the functions of the health system is important to identify challenges and bottlenecks, it is equally important to remember that the health system is there to deliver improved outcomes. These are commonly described as health systems objectives and encompass *improved health of the population, providing financial protection and responsiveness*. Health systems are therefore an important vehicle for addressing inequities in health, including improved access to health services for population groups that are currently underserved or disadvantaged in terms of access to health services.

HEALTH SYSTEMS AND UNIVERSAL HEALTH COVERAGE

Universal health coverage (UHC) means that all people have access to quality preventive, promotive and curative health services when and where they need them, without risk of financial hardship.⁶ UHC should follow a life-course approach to health, ensuring people's well-being at all ages and safeguarding the human right to health throughout a person's life.

Strong and resilient health systems are an integral component of UHC. In low-income countries, UHC is commonly defined through a package of essential services within a primary health care model. This means that, to the extent possible, services should be provided through health care providers and community health workers as close to the client as possible,

emphasizing the importance of preventive and promotive health services. This approach is particularly important for vulnerable and disadvantaged groups, including women living in poverty, young people, indigenous populations, and people living with disabilities.

HEALTH SYSTEMS AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Sexual and reproductive health and rights (SRHR)⁷ play an essential role in health systems and moving towards universal health coverage. Comprehensive SRHR includes essential SRHR interventions, delivered with a life course approach and on the principles of equity, quality and accountability.⁸ In a resource constrained setting, the number of health services which can be provided in an essential package of health services is limited. However, many critical SRHR interventions, for example providing contraceptives, antenatal and maternal care and testing and treatment of sexually transmitted infections are cheap, life-saving and cost effective. SRHR interventions also respond to some of the greatest health needs and inequities and contribute to large health, gender equality and socio-economic gains. Consequently, an essential health care package, based on principles of health needs and cost effectiveness, will include many critical SRHR services. Advancing UHC can therefore be leveraged as a means for achieving SRHR.⁹

⁵ Probandari, A. 2010. Revisiting the choice to involve hospitals in the partnership for tuberculosis control in Indonesia. Umeå University

⁶ World Health Organization. [Universal Health Coverage \(UHC\)](#). 12 December 2022

⁷ Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction. [Starrs et.al. 2018. The Lancet](#)

⁸ UNFPA. [Sexual and reproductive health and rights: An essential element of UHC](#). 2019.

⁹ See also [Sida's thematic brief on SRHR](#)

FINANCING HEALTH SYSTEMS

Health systems in low-income countries are chronically underfunded (Figure 3). Most countries that Sida support do not reach levels of minimum health spending in order to be able to deliver good quality essential primary health care services.

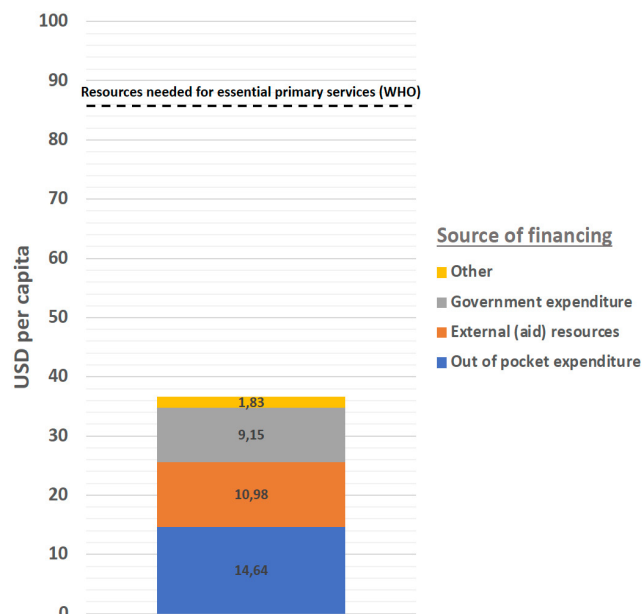


Figure 3: Average expenditure on health per capita in low-income countries (2020, Current USD), by source and compared to estimated minimum level as recommended by WHO. (Data from [World Bank](#))

Health systems are essentially funded from three sources; private, public and external sources. Private sources refer to individuals' contributions to the health system either through user fees upon using health services (so called out-of pocket spending, OOP) or through private insurance. While private sources are generally the least preferred source of financing, pooled models, through insurances, are better than OOP. High OOP means spending a large share of one's disposable income on health care which risks driving people into poverty due to ill health. There is emerging evidence that women as well as female headed households, are particularly at risk for high OOP.¹⁰ Decreasing OOP is therefore particularly important to reduce inequities in the health system and promote gender equality.

Public sources refer to contributions through government, either through taxes or mandatory public insurance systems. Finally, external funding describes

development assistance or aid (ODA). While public funding through taxes or insurance is the most preferred option, external aid remains an important source of health financing in low-income countries and will continue to do so for the foreseeable future. It is important to continue to work for low-income countries to increase the level of public funding to health. A common benchmark for how countries perform in this regard is the targets from the Abuja Declaration,¹¹ which argues that countries should spend at least 15% of the national budget on health. Very few countries currently reach this target.

HEALTH SYSTEMS STRENGTHENING

Ultimately, health systems strengthening relies on understanding the relationship between health systems functions and goals. For example, how does pooling of financial resources influence access and financial protection? Or how does governance of the system influence quality and equity of services? Health system strengthening thereby needs to be distinguished from supporting health systems. Health system strengthening is about **permanently making the system function better**, not just filling gaps or supporting the system to produce better short-term outcomes.

The Covid-19 pandemic of 2020-23 but also the Ebola outbreak in West Africa in 2013, highlighted the need for strong and resilient health systems. During both these pandemics, health systems in many low-income countries were struggling to adapt to meet rapidly changing health needs. Resilient health systems are systems that are able to adapt to changing health needs as well as to external shocks.¹² This include both changing how health services are delivered and for whom, but also be able to better detect, and plan for, future disease outbreaks. It also covers the system's ability to respond to effects of climate change and events such as floods, droughts and heat waves and other extreme weather.¹³

HEALTH SYSTEMS STRENGTHENING IN HUMANITARIAN AND CONFLICT SETTINGS

Health system strengthening in a humanitarian or conflict setting is particularly challenging. Systems are often fragmented, poorly functioning or almost

10 Global monitoring report on financial protection in health 2019. Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2020

11 [Abuja declaration on HIV/AIDS, Tuberculosis and other related infectious diseases](#), 2001

12 Steve Thomas et.al. [Strengthening health systems resilience: key concepts and strategies](#). Policy Brief 36, 2020. World Health Organization

13 See [Sida's technical note on Health, SRHR, Environment, Climate change and Biodiversity](#)

non-existent. Governance of the system is often weak and service delivery conducted through a mix of public, private and non-governmental service providers. In such settings, there is a need to find a balance between providing health services responding to acute humanitarian needs and at the same time strengthening the system for the future. Thus health systems strengthening in humanitarian context build on a triple nexus approach¹⁴ considering interlinkages between acute humanitarian health needs, development of sustainable health system as well as peace building.

HOW DOES SIDA WORK WITH HEALTH SYSTEMS STRENGTHENING?

Sida's support to health systems is based on the premise of health as human right, and therefore preventive, promotive and curative health services should be acceptable, accessible, available, and of good quality for all. Sida's work is also guided by the principles of partnership and recipient country ownership. Furthermore, programmes and strategies should be aligned with national contexts and priorities.¹⁵ Finally Sida emphasizes the need for integration of services, and that health systems are people-centred, green, resilient and gender-responsive.

Sida supports health systems strengthening through partners at the global, regional and country level. The global level is important for developing normative guidance on health system strengthening, mobilizing resources for health systems as well as tackling health systems challenges that extend beyond country borders such as pandemic preparedness and antimicrobial resistance.¹⁶ At regional level, health system strengthening is addressed through regional cooperation, advocacy for stronger health system and cross-country learning and sharing of best practices. At country level, specific health system performance challenges are addressed by e.g. strengthening maternal health care to decrease maternal morbidity and mortality.

¹⁴ Gloria Nguya. [The Triple Nexus \(H-D-P\) and Implications for Durable Solutions to Internal Displacement](#). Research Briefing Paper. August 2020.

¹⁵ Sida. [Health is wealth: policy for health and development](#). 2002.

¹⁶ Sida. [Addressing antimicrobial resistance to support sustainable development](#). 2022. Sida technical note.

ADDITIONAL RECOMMENDED READING:

[Health Systems Strengthening \(who.int\)](#)

Tracking Universal Health Coverage: 2021 Monitoring Report (WHO): [Tracking Universal Health Coverage: 2021 Global monitoring report \(who.int\)](#)

[Systems for health: everyone has a role: flagship report of the Alliance for Health Policy and Systems Research \(who.int\)](#)

WHO. [Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach](#). 2022. World Health Organization

United Nations. [Political declaration of the high-level meeting on Universal Health Coverage](#). 2019