Sida

Health: Both a prerequisite and an outcome of sustainable development.

[BRIEF]
Health Systems Strengthening

A health system is the sum of all the organizations, institutions and resources whose primary purpose is to improve health. Sweden has a rights-based approach in its support to health systems. At country level, Sweden promotes broad health systems strengthening with special attention to equitable maternal- and child health services.

WHAT IS A HEALTH SYSTEM?

A health system (HS) can be described as the ensemble of all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health[1]. WHO describes health systems in terms of six components or "building blocks" (see box). A health system can be differently organised depending on context, resources and underlying values and principles. Regardless of organisation, all six building blocks are needed to improve outcome. Typically, the system is organised in primary, secondary and tertiary levels.

Over time there have been different opinions and debates about the most effective way to organise a health system. One view that emerged with the declaration of Alma Ata in 1978[2] spoke in favour of integrated health care systems as platforms for social change, with strong focus on equity, the rights perspective and need to address underlying social determinants of health. Others, such as UNICEF, have promoted a vertical approach with delivery of packages of effective interventions such as immunisation and integrated management of childhood illness.

WHO later came to emphasise the importance of good governance and leadership for health systems and the role of Governments. This involves overseeing and guiding the health system as a whole, both public and private, in order to protect public interests. Key functions include policy guidance, intelligence and oversight, collaboration and coalition building, regulation, system design and accountability.

Health systems building blocks (WHO)[3]

- Service delivery
- Health workforce
- Information
- Medical products, vaccines and technologies
- Financing
- Leadership and governance (stewardship)

CHALLENGES

Maternal mortality often serves as a litmus test of a healthy health system. High maternal mortality is a sign of a poorly functional system. Evidence shows that in order to address maternal mortality, a health system needs to provide effective services at different levels to manage common pregnancy related complications. This motivates broad health systems support including health promotion, prevention and treatment in contrast to disease specific vertical programmes.

1 Tallinn Charter: "Health Systems for Health and Wealth" WHO European Ministerial Conference on Health Systems: "Health Systems, Health and Wealth", Tallinn, Estonia, 27 June 2008

2 http://www.who.int/publications/almaata_declaration_en.pdf

3 http://www.wpro.who.int/health_services/health_systems_framework/en/

Low- and middle-income countries are also increasingly faced with a "double-disease burden" with high levels of infectious diseases, maternal and child mortality and rising rates of non-communicable diseases like diabetes and hypertension, placing additional burdens on the health system. Environment and climate change has great impact on health and health systems need to become more resilient to tackle this challenge as well.

HEALTH SYSTEMS STRENGTHENING IN FRAGILE CONTEXTS

In fragile settings the government often face challenges in upholding its stewardship role. The population will then have to rely on the humanitarian system for delivering life-saving but costly health care services or private health care providers that operate without oversight of safety and quality of services. Lessons from the recent Ebola outbreak in West Africa clearly demonstrated the need for health systems strengthening (HSS), particularly in fragile settings. One challenge is to design systems that respond to differing needs within countries in transition. South Sudan and Somalia are fragile countries where Sida supports large sector programs in health. Both have needs for humanitarian response in parallel to more long term investments in HSS.

FINANCING HEALTH SYSTEMS

Health systems are financed through the following sources:

- revenue collection (tax, out-of-pocket, aid, etc.)
- pooling of resources and financial risk protection (pooling of prepaid sources, voluntary insurance)

The Millennium Declaration had the positive effect of generating more external resources to health through global structures such as the Global Fund and GAVI. Yet, these initiatives were originally not designed to contribute to sustainable health systems at country level and sometimes led to consequences such as increased verticality. Therefore, they have now been redesigned to open for a larger share of funding allocated to health systems strengthening in addition to disease specific programmes. The new Development Agenda for 2030 and the SDGs has a more comprehensive understanding of development.

SIDA'S SUPPORT TO HEALTH SYSTEMS

Sida's point of departure in the health sector at country level is to support nationally owned plans, strategies and budgets aligned to the country system through mechanisms such as sector budget support or pooled funds managed by the government or an external agent (such as World Bank or a UN agency). General health systems support may also be combined with strategic support in a prioritized, but controversial area.

Sida's support to health and health systems is based on several principles. First, that health is a basic human right, and therefore services should be acceptable, accessible, available, affordable and of good quality for all. While many countries have managed to scale up the availability of services, poor quality health services remain a barrier to improved health and survival, especially for poor people. Further, if government services are not acceptable (culturally or socially) then even the poor may turn to more expensive, private solutions, or to traditional medicine, which could lead to high out-of-pocket payments.

Another key priority for Sida's engagement is aid effectiveness. Sida's support to HSS is guided by principles put forth in global compacts such as the Paris Agenda, the Busan principles, and International Health Partnership, IHP+.

Finally, the Swedish government prioritizes dialogue and follow-up on women's and children's health. Historically, Sweden has been a strong advocate for the role of midwives, midwifery and task shifting as an effective and cost-efficient way to reduce maternal mortality in poor resource settings.

Examples of Sida's cooperation in health systems strengthening

- **Zambia:** sector support to the government's health plan
- **Bangladesh:** sector support through pooled fund managed by the World Bank
- **Somalia:** financing to pooled fund managed by UNICEF, WHO & UNFPA
- **Zimbabwe:** financing to pooled fund managed by UNICEF
- **South Sudan:** financing to pooled fund managed by DFID/ Crown Agents

KEY READING

WHO Health Systems Strategy
http://www.who.int/healthsystems/strategy/en/

Everybody's business; Strengthening Health Systems to improve health outcomes. WHO's Framework for action 2007. http://www.who.int/healthsystems/strategy/everybodys_business.pdf

Tracking Universal Health Coverage. Joint WHO/World Bank Group Report, June 2015. http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/

Art.no.: sida61940en, urn:nbn:se:Sida-61940en Print: Edita 2016

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