

[MUSIC PLAYING]

GORAN TOMSON: Health systems, that's everybody's business. I will talk about definition, goals, and functions, framework systems, thinking in health care, financing, and finally, health systems performance.

Definition-- all activities, and organizations, people, and actions whose primary intent is to promote, restore, and maintain health.

Goals-- obviously to improve the health status of the population. The responsiveness to the non-medical expectations of the population. That is, the interaction between the providers and clients, patients, community. Remember the problem with mistrust of the communities in Western Africa in relation to the Ebola crisis.

Fairness of financing. It's expected that about 150 million individuals are driven into extreme poverty due to healthcare costs every year, if there are no protection mechanisms in place.

Health systems functions. Financing, there is a need for pooling of funds, revenue collection through taxes, and insurance mechanisms in order to be able to distribute to those in need.

Resource generation, human resources, doctors, nurses et cetera, technologies, and facilities. Delivery or personnel and population-based health services, both curative and preventive. And finally, someone needs to steer the system. Stewardship and governance with policies, regulations, and intelligence.

WHO has used and created this framework with the building blocks of the system. Each building block interacts and is interrelated with the other building blocks, the systems thinking. Now, let's start with medicines. Medicines, that's what people request anywhere, irrespective of context. So it's a very important cornerstone of any health system. An essential medicines program, that's the program which selects the most cost effective and safe drugs of all those existing on the market.

Human resources-- doctors, nurses, community health workers, and evenly-distributed or unevenly-distributed throughout the system geographically. Information systems-- there's a need for data, intelligence, for leaders to be able to govern and plan and act for the betterment of the system.

Financing-- long neglected part of the system. Taxes, not that common in many low income countries. Given in some high income countries. Insurance mechanisms, private or social, and out of pocket spending. And in addition to that, in some resource-poor settings, donor rate.

Now, all this would result in the delivery of the service itself. Now, how is healthcare organized? Well, one of the most important aspects of this is the balance between primary care where a majority of the conditions can be taken care of and tertiary care. Hospitals that are costly often get much more of the resources, but buyer access is less, not least for individuals living in rural areas.

Financing of the health system-- the sources of financing, I've been touching upon this before. It's public and private and external aid. And then the mechanisms of financing. General revenue, or earmarked taxes, social insurance, private insurance, community financing. If you think about the private insurance in the United States, it's a good example of that. If you think about taxes, the Scandinavian countries. If you think about social insurance, Germany.

If we look at many low income countries, the challenge is that relatively little of the overall costs for healthcare are being from taxes, insurances, and quite a lot-- in some cases as much as 80%-- comes from out of pocket, with the obvious risk that healthcare results in poverty, which is obviously not acceptable.

Now, we have this diversity of context. Some countries having like \$30 US per capita an year to invest in health, others \$3000. There are different types of expectations of the performance of the system. Now, there are still criteria that can be applied if you want to assess performance across different contexts. If you look at governance, for example, is there an equity policy in place in the country? If you look at financing, is there a protection mechanism in place for fairness of financial contributions?

When it comes to workforce, is there a healthcare personnel policy, in place and does that include distribution of the workforce according to needs? As well as other aspects in relation to performance. Leadership, is intersectoral leadership that governs and steers the system? Are their institutions in place, for example, when it comes to educating health professions?

And are there designs that handle balances between primary care and hospital care? And finally technologies. Are there institutions handling essential medicines programs? All in all, each and every country needs to design its own health system according to needs and

resources available. But every country should apply both systems thinking and use of explicit policies. Thank you.