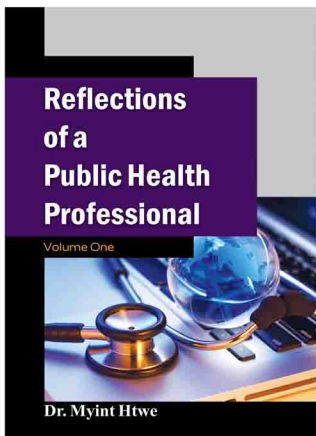


Are We Ready for Health Care Reform?



Dr Myint Htwe

6. Are we ready for health care reform?

Health care reform is embedded within an extremely vast area of work and is a complex process. The objectives of initiating health care reform are to *increase effectiveness, efficiency, accessibility, and responsiveness of the health system in order to improve health equity*. There are several definitions of health care reform. The World Health Report 2008 emphasized four sets of reforms aiming to refocus health systems in light of renewal of primary health care:

- (i) *Universal coverage reforms to improve health equity (financing reform);*
- (ii) *Service delivery reforms to make health systems people-centered;*
- (iii) *Leadership reforms to make health authorities more reliable; and*
- (iv) *Public policy reforms to promote and protect the health of the communities.*

When initiating health care reform, one needs to *view it from a very broad perspective (a holistic view)* taking into consideration not only issues and influencing factors in the domain of health but also allied and relevant ministries apart from the political and economic system of the country. All these factors need to be considered in the context of national health policy and strategies and overall policy of the government. *National health policy and its strategies are critically important for the country*. National health policy and its strategies are generally formulated based on:

- (i) *A solid foundation of science;*
- (ii) *Reliable data and information arising out of the robust health and hospital information system;*
- (iii) *Ethical principles especially public health ethics; and*
- (iv) *Health rights of the population with an overall aim of achieving social and economic well-being.*

One should also be aware that *reform is a continuous process* and not a one-time affair. Several course adjustments or direction changes are needed depending on the contemporary epidemiological situation and factors which are sometimes beyond the control of the health sector.

Before we consider initiating health care reform process, we should seriously ask:

- (i) *“Is it really necessary to undertake health care reform?”*
- (ii) *“What is the quantum and area of reform that we would like to do?”*
- (iii) *“Can we just improve and streamline the internal management system procedures, instead of doing full-fledged reform?”*

Some examples are: providing regular platforms for sharing practical experience and other key information to adjust or improve a scenario; further enhancing built-in monitoring systems for different health programmes; and taking additional care with regard to social welfare of the staff. Health care reform, by nature, is not simple and straightforward. It requires several preliminary information or documentation or evidence-based facts and figures.

The issue here is, *“To what extent are available data/information valid and reliable for use in the reform process?”*. The background information must be made available through several plausible means and the data/information must be valid and obtained from reliable sources. It is not advisable to make a quick decision or superficial speculation, based on weak data and information. It should be emphasized that speculation should not be made unless it is extremely necessary. *Conducting health care reform without concrete, reliable and valid data/information is doomed to fail.* It will not only defeat its own purpose but also further complicate matters. We need to invest several types of resources including *“precious time of staff”* in the reform process.

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It is also *not appropriate to do health care reform just for the sake of doing reform*. The reason being that all issues or factors involved in health care are interrelated and closely intertwined. Therefore, a systems approach or systems perspectives must be applied together with epidemiological thinking.³

The professionals from different disciplines under the rubric of social science must be involved when one is considering implementing some health care reform initiatives. Experienced professionals from public health including those who are working in preventive and social medicine departments of Universities of Medicine, University of Community Health, University of public Health, health economists, epidemiologists, statisticians, medical record professionals, policy makers, health programme managers, health staff working at township level and below, sociologists, medical specialists, medical educationists, medical superintendents, hospital administrators, research scientists, systems analysts, officials of local governing bodies, etc. should be involved.

We should not forget involving representatives of civil society, community-based organizations, and communities, especially from remote and underserved areas. It may be mentioned that the People's Health Assembly, as is usually done in Thailand, can be considered as one of the options to further substantiate the ground realities in health care services before we formally start discussing the reform process. The process of health care reform can be equated to some extent to formulating national health plans.

One caveat is that whatever road map or approaches are identified or agreed upon, it is preferable to implement it in a *phase-wise and step-wise manner* supported by a dynamic yet simple monitoring and evaluation system. This is essential because we may have to change the course or direction of reform depending on the ground realities that will be exposed in the reform process.

Currently, many countries are pursuing universal health coverage (UHC). Some degree of health care reform may be necessary to ensure UHC with the aim of achieving:

- (i) *Better equity and social justice in health,*
- (ii) *Unlimited accessibility to health services by people from all walks of life and especially those in remote and underserved areas.*

In the process of reform, we should try to strategize or develop avenues or mechanisms for obtaining multi-sectoral and multi-disciplinary involvement as well as community participation. In fact, the crux of the matter is that *health care delivery system must be more responsive, dynamic and robust after undergoing reform, besides achieving sustainability.*

Whatever approaches or strategies and objectives are selected in the reform process, the cornerstone for reorientation of the health care delivery system needs to be considered focusing on “Primary Health Care” principles and also recognize the central place of health in development. *“Political will and commitment” should be the driving force behind the reform process.*

Some of the factors (not exhaustive) that should be taken into account in the reform process are (not in order of priority):

- (i) *Role of local governments and civil society;*
- (ii) *Role of community-based health workforce and community-based organizations;*
- (iii) *Extent of decentralization to be allowed;*
- (iv) *Selection of cost-effective and cost-efficient health interventions;*
- (v) *Ways of achieving optimal mix of human resources;*
- (vi) *Defining and applying cost-effective innovative strategies to reach hard-to-reach areas or to reach the unreached population, i.e., poor, underprivileged, vulnerable and marginalized;*
- (vii) *Consideration of sociocultural, economic and environmental determinants of health prevailing in different geographical areas;*
- (viii) *Defining practical strategies to close the gap in morbidity and mortality rates of communicable and noncommunicable diseases in different geographical areas;*

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- (ix) Balancing between curative and preventive care;*
- (x) Ensuring equitable distribution of human resources for public health and clinical domain;*
- (xi) Rational budgetary allocation depending on the need of different geographical areas - this depends on several factors;*
- (xii) Ensuring to achieve healthy public policies over the years through other development sectors;*
- (xiii) Promoting public-private partnership on several aspects;*
- (xiv) Noting the changing demographic profile;*
- (xv) Emerging and reemerging diseases scenario;*
- (xvi) Adequate provision for tackling unexpected outbreak of new diseases;*
- (xvii) Judicious consideration on various dimensions of health care;*
- (xviii) Applying strategies to promote people-centered care;*
- (xix) Procedures to contain cost;*
- (xx) Multidisciplinary health team at township level with task shifting;*
- (xxi) Establishment of community health clinics versus sub-rural health centres versus integrated community health services;*
- (xxii) Strategies for intensifying community health education programmes;*
- (xxiii) Changing role of research institutions and role of them in promoting efficiency and performance of health care system;*
- (xxiv) Intensifying the role of implementation research to improve access, effectiveness, efficiency, equity and sustainability of services;*
- (xxv) Innovative strategies for use of Information Communication Technology (ICT) in curative as well as preventive services.*

The above-mentioned issues are just the tip of an iceberg that need to be considered in the reform process. Those activities which are currently performing at a good pace, in a reasonable and favorable environment, must be reinforced with a view to sustaining them.

WHO had organized a regional meeting titled “*Health Care Reform for the Twenty-first Century in the South-East Asia Region*”, from 20 - 22 October 2009, in Bangkok, Thailand. The author made a key presentation on “*The Strategic Framework for Health Care Reform for the Twenty-first century*”. The meeting agreed on the draft strategic framework. It was based on public health perspective and also on recommendations of WHO South-East Asia regional consultations and conferences and the challenges facing the Region.

The framework identified four major challenges for the health care delivery system, i.e.,

- (i) *High disease burden;*
- (ii) *Low health expenditure;*
- (iii) *Weak health system; and*
- (iv) *Inefficiency.*

In the reform process, we need to consider how to overcome these four challenges. The meeting also agreed on the four proposed reform areas such as:

- (i) *Governance (health policy, healthy public policies, decentralization, public-private partnership);*
- (ii) *Health workforce management (community-based health workforce, education, training, and multidisciplinary health teams);*
- (iii) *Community empowerment (education, volunteers as change agents, linking to income generation); and*
- (iv) *Public health institutions and networks (innovative education, information communication technology in education and training).*

These are four major areas on which the reform process should focus. It is desirable that these should be considered in the context of improving public health by way of strengthening the health care delivery system.

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While the reform process is going on, it would be advisable that the government further reinforces the momentum of implementing the ongoing national poverty reduction strategies. This can greatly facilitate achieving the desirable outcome of the reform process. We may further emphasize on people-centered care which is characterized by:

- (i) *Equitable care - there must be no boundaries in getting care;*
- (ii) *Engagement of all stakeholders;*
- (iii) *Community empowerment;*
- (iv) *Giving effective care, i.e., interventions should lead to better health outcomes, both quantitatively and qualitatively;*
- (v) *Evidence-based preventive or curative care;*
- (vi) *Efficient care; and*
- (vii) *Ethical - where respect for human right is grounded.*

Conclusion

The reform process will be successful if all those involved are fully committed and have a sense of ownership for achieving good population health, especially in remote and underserved areas. *If there is a will, there must definitely be a way to attain our common objectives* of improving the efficiency and performance of the health care delivery system in the country. Lastly, but not the least, it should be pointed out that the article deals only with certain aspects of the reform process.

(NB. Reform is interchangeably used for health care reform.)

Further reading

1. *Report of the Regional Meeting on Health Care Reform for the Twenty-first Century in the South-East Region, Bangkok, Thailand, 20-22 October 2009.*

2. *“The Strategic Framework for Health Care Reform for the Twenty-first century”*, key presentation by Dr. Myint Htwe at the Regional Meeting on Health Care Reform for the Twenty-first Century in the South-East Asia Region, Bangkok, Thailand, 20-22 October 2009.
3. *Public Health Approaches and Epidemiologic Thinking* by Dr. Myint Htwe, Vol 1 Number 1, 10 September 2014, e-Bulletin of Preventive and Social Medicine Society, MMA.

(NB. This is the updated version of the article, which appeared in the Bulletin of Preventive and Social Medicine Society, Volume 1, Number 3, June 2015.)