Resilient and Responsive Health Systems for a Changing World

Rajeev B. R*

A health system should be responsive, resilient, self-regulating. It should be able to respond to health emergencies and changing development scenarios. Governments all over the world should see to it that there is participation of various stakeholders in the health system.

*Community Health Fellow, SOCHARA, Bangalore. E-mail: rajeevbasapathy@gmail.com

The world is witnessing an unprecedented change in this century, more than any other time in the recorded history of humankind. While the cost of living has become more affordable for people with middle and lower incomes, we are also confronted with challenges such as climate change, wars, pandemics, and, more importantly, a gap between rich and poor that is growing unabatedly. Despite these serious threats to human life, the human development index has increased globally from 0.597 to 0.711 from 1990 to 2014. Indicators of development depend on many determinants such as economic, environmental, cultural, social, and political factors. Development and health status are not mutually exclusive; each has a complementary role in the process of human development.

Understanding health as a synergistic relationship between the physical, social, psychological, and spiritual elements that contribute to the well-being of individuals and/or groups in their physical and social environments and applying this into building health system is necessary. The role of responsive health systems is imperative in this phenomenon. In recent times, events which have drawn international concern such as the Zika virus pandemic; Ebola crisis; cyclones in Chennai and Western Pacific; Earthquakes in Nepal, Indonesia, and elsewhere; and many other emergencies have rallied the world behind a new global thinking and sense of solidarity. At the outset of all these calamities lies a health system, because of which some of the events have been either successfully managed or the reasons why it occurred at the first place have been analysed and suitable solutions are explored.

Two aspects of a health system that contribute fundamentally to its effectiveness include resilience and responsiveness. Responsiveness is the ability of a health system to be inclusive, whereas, resilience in the ability to withstand a shock. Resilience is a strong element of the health system, while responsiveness is more to do with ethos and values of the larger society. It is widely recognised that a country's health status is a direct result of the extent to which its health system addresses a range of diseases and serves all sections of society, with equitable distribution of services and social justice as underlying core principles. Weak health systems are characterised by lacking core capacity in governance, financing, health workforce, or information systems. Some of the key features of a resilient and responsive health system are discussed here.

Any health system should have a sound information system. They are regularly updated about demographic, social, geographic, and meteorological indicators. A strong epidemiological surveillance system can itself predict impending threats. Systems thinking in public health

will help predict such emergencies. It will prepare to quickly identify a medical emergency, try to isolate it locally, and coordinate with other sectors to direct resources of all kinds towards it. Natural disasters and wars offer salient examples of this need for responsiveness. The war in Syria and terrorism in parts of Africa, for example, have caused millions of people to migrate, a large number of whom require supportive health services. In addition to exacerbating fragile health conditions, this exodus has resulted in many deaths, especially among children. Such emergencies inflict catastrophic damage on both people and the environment and frequently result in disease epidemics. Being prepared for such untoward consequences makes a robust and resilient system, where there is little or no disruption of other essential services and investments in the social sector.

Health systems should be diverse and multifunctional in operations. The variety of diseases which often present in a community requires a platform, where a multitude of workers and facilities alike offer the first point of contact to provide primary health care. This system must be optimally functional at all times, having constant interaction with, as well as winning trust and confidence from, the community it serves. Such a health system also provides care related to all diseases ranging from oral health to mental health.

A responsive, self-regulating health system must also be able to respond to health emergencies as well as continue providing services undisturbed in affected areas. Response to a crisis, be it a disease outbreak or other disruption resulting in a surge of demand for health care, requires both a vigorous public health mobilisation and a highly proactive and functioning health-care delivery system. The recent union budget in India is a bitter example of how political priorities are often made at the expense of such social investments, including education, health, water, and sanitation. India is one of the countries that spend the least on the healthcare sector, with public spending on health care at around 1% of GDP as compared to 3% in China and 8% in the UK. This reflects a low prioritisation of health by the government, as well as the potential for inadequate responsiveness of the national health system.

Human rights are also an important consideration in responsive and resilient health systems. Corruption, discrimination, and abuse of various forms by the staff of a health care system are the most commonly cited reasons for why people chose private over public services. Better governance which provides for a voice for all people, inclusive decision-making processes and accountability are essential for people-centred systems. Political action is needed to ensure the above and a strong countervailing civil society is equally important.

A functional and responsive health system are driven by an integrated network of actors and institutions in various sectors, including policy-makers, activists, community representatives, administrators, researchers, and educators, all of whom must be brought together in a collaborative effort to construct and maintain such a system. Enabling an eco-structure containing a triumvirate of technocrats, politicians, and civic leaders will help to come up with solutions that are locally relevant and which also will be resilient. Eco structure is the set of expectations and norms about what everybody thinks policymakers are doing. Eco structure determines how policymakers, citizens, and technocrats view themselves. Technocrats who become engaged in model building are building more than models – they are building shared expectations and a new eco-structure that fosters new engagement between politicians and civic leaders. Social mobilisation and inter-sectoral actions are essential for re-orienting health systems to be more people-centred.

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Communitisation, a strategy used in National Health Mission in India, is an effort to 'scale up' simple community health strategies of having community health workers, health activists, and village health committees to the entire rural population of 750 million in 2005. These strategies worked very well at a micro level through non-governmental organisations, where there was a strong presence of committed leadership and support systems. The scale-up process was needed as all citizens have a right to better health and access to health care and therefore mechanisms were created to enable this. By contrast, indigenous people are a resilient community. They have a lot of sharing and caring exhibited by community bonding. These inherent features are often overseen. Particularly, their traditional healing is dependent on herbs which are easily available and locally relevant. Failure to recognise the local traditional health systems is not only unfortunate but also irresponsive and selective.

Research can evaluate and suggest new ways in which health systems and inter-sectoral collaborations can better respond to people's emerging health needs, be directly accountable to communities, and ensure the rights and dignity of all people who use and provide health care services. Participatory action research, in particular, can directly enable people to voice their concerns and provide ideas for better health systems. In the case of the Zika crisis and the many uncertainties we are facing related to this emergency, we need collaborative research to understand disease transmission and thereby to find effective solutions. This situation so far has no clear solution besides increased mosquito control and advice women not to become pregnant in the next two years – hardly a solution to a challenge with such serious effects.

These crises also shed light on holes in our international health system. For example, one of the reasons why the Ebola crisis became a catastrophe was the lack of responsiveness of the global health system, supported by inadequate local and regional systems. The Ebola epidemic has illustrated that several preconditions for resilience were lacking. The first of these preconditions is recognition of the global nature of severe health crises and clarity about the roles of actors at all levels of the global health system. An important point here is that some of these disasters showed us shortcomings in the system and thus demonstrated the importance of more resilient and responsive systems worldwide.

Health-care systems are complex adaptive systems that must be able to respond to unexpected developments and demonstrate the capacity to adapt in normal times. A resilient and responsive health system should have a strong information system and at its foundation be diverse, self-regulating, integrated, and adaptive. Applying systems thinking to public health can help predict and respond effectively to unseen developments and strengthen a system's resilience to emergencies and unexpected strain. The importance of resilience and responsiveness to the challenges one open's the piece with, and how in order to meet these challenges, we must all work collaboratively toward systems that have these qualities.

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