Health System

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Objective

By the end of the session, learners will be able to-

- ✓ define health system
- ✓ enlist health system frameworks
- ✓ enumerate health system assessment tools
- ✓ describe WHO 'Building Blocks' framework
- ✓ explain the historical background of health system of Bangladesh
- ✓ define universal health coverage and social protection
- ✓ describe UHC progress in Bangladesh

What is health system?

- Health systems are understood in line with the **World Health Report 2000** as combining three elements:
  a. the **delivery of health services** (both personal and population based);
  b. activities to enable the delivery of health services (specifically finance, resource generation and governance); and
  c. governance activities that aim to influence other sectors where they affect health.

Definition of health system

- **Health Systems Performance Framework defines health system as-**

  "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."

- **Control Knobs Framework defines health system as-**

  "A set of relationships where the structural components (means) and their interactions are associated and connected to the goals the system desires to achieve (ends)."

Definition of health system

- **WHO Building Blocks Framework defines health system as-**

"A health system consists of all the organizations, institutions, resources and people whose primary purpose is to improve health. This includes efforts to influence determinants of health as well as more direct health-improvement activities. "

Health system goals

Improvement of health	Citizen or customer satisfaction	Social and financial risk protection	Economic benefit
Responsiveness	Improved efficiency	Equity and quality of care	Transparency and accountability

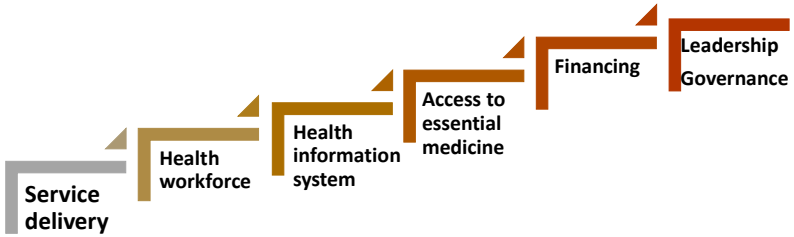
Key health system frameworks

- **Health Systems Performance Framework**
  - Murray & Frenk, 2000
- **WHO Building Blocks Framework**
  - WHO, 2007
- **Control Knobs Framework**
  - Roberts et al. 2008
- **OECD Health Care Quality Indicators Framework**
  - Arah et al., 2006
- **HQSS High-Quality Health System Framework**
  - Kruk et al., 2018

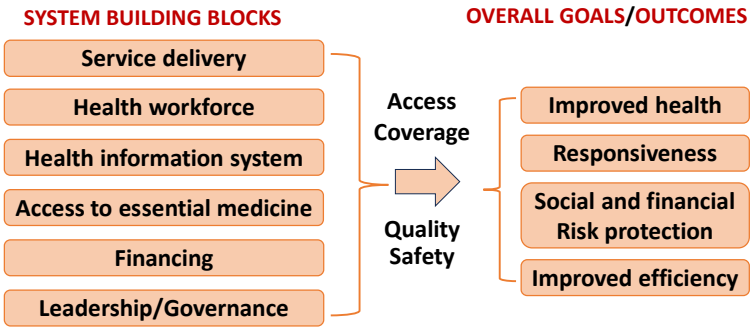
Key health system assessment tools

- **Health Systems in Transition (HiT**
- **Health System Assessment Approach: A How-To Manual**
- **Health System Performance Assessment**
- **Health System Analysis for better health system strengthening**
- **Monitoring the building blocks of health systems**
- **Situation analysis of the Health Sector**
- **Health System Rapid Diagnostic Tool**

WHO 'Building Blocks' Framework



'Building Blocks' Framework: Goals



WHO 'Building Blocks' Framework

For easy remember-

Building Blocks

SWIM FinaLe

Service delivery
Health **W**orkforce
Health **I**nformation System
Access to Essential **M**edicine
Financing
Leadership/ Governance

WHO 'Building Blocks': Priority Action

- **Service delivery**
  - Integrated service delivery package
  - Service delivery models
  - Leadership and management
  - Patient safety and quality of care
  - Infrastructure and logistics
  - Influencing demand for care

WHO 'Building Blocks': Priority Action

- **Health workforce**
  - International norms, standards and databases
  - Realistic strategies
  - Crisis countries
  - Training
  - Evidence
  - Working with international health professional group

WHO 'Building Blocks': Priority Action

- **Health Information System**
  - National information system & Reporting
  - Stronger national surveillance and response capacity
  - Tracking performance
  - Standard methods and tools
  - Synthesis and analysis of national, regional and national data

WHO 'Building Blocks': Priority Action

- **Access to essential medicine**
  - Establish norms, standards and policy options
  - Procurement
  - Access and use
  - Quality and safety
  - New products

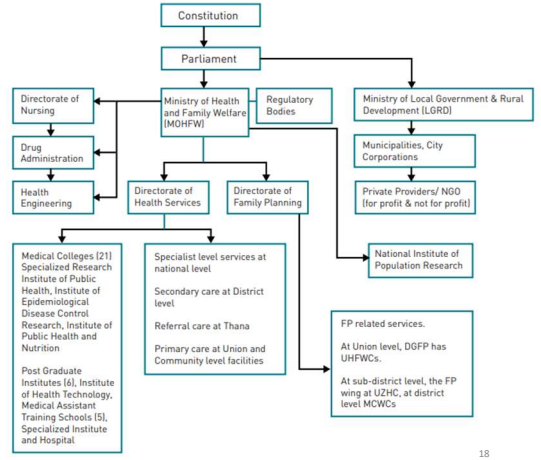
WHO 'Building Blocks': Priority Action

- **Sustainable financing and social protection**
  - Health financing policy option
  - Improve or develop pre-payment, risk pooling
  - Ensure adequate funding from domestic source
  - Used funds
  - Promote international dialogues
  - Increase availability of key information

WHO 'Building Blocks': Priority Action

- **Leadership and governance**
  - Develop health sector policies and frameworks
  - Regulatory framework
  - Accountability
  - Generate and interpret intelligence
  - Build coalitions
  - Work with external partners

Organization of the health system in Bangladesh



Historical Background of Health System of Bangladesh

- As a part of British colony Bangladesh **inherited a highly centralized** health care system.
- In **1946** a health survey and development committee was formed named **"Bhore Committee".**
- During **early 1960**, several initiatives were undertaken to **strengthen health systems** including Rural Health Systems- **1 rural health centre and 3 sub-centres for every 50000 people, Malaria eradication program and family planning program.**

Historical Background of Health System of Bangladesh

- In **1975**, the **Ministry of Health was bifurcated** into two wings and population control received new impetus in health sector planning.
- The **First Five Year Plan (1972–1978 and then extended to 1980)** emphasized **primary health care (PHC)** as the key to improving health care, as stated in the Alma-Ata Declaration of 1978.
- During the third and fourth planning periods (1986–1998), the Government implemented a number of child health programmes including the Expanded Programme on Immunization **(EPI)**, Control of Diarrhoeal Diseases **(CDD)**, the Acute Respiratory Infection **(ARI)** Control Project and the **Night Blindness** Prevention Programme.

Historical Background of Health System of Bangladesh

- From **1975 to 1998** health system was run under **population project**.
- During those periods, **4 population projects** were undertaken.
- The Health and Population Sector Strategy **(HPSS) of 1997**, prepared jointly by the Government of Bangladesh (**GOB**) and development partners (**DPs**) starting in late 1995, marked the decision to move away from a **project-based modality to** a sector-wide approach **(SWAp)**.
- Under the HPSS, the GOB agreed to implement the health programme through **operational plans (OP), each led by a Line Director (LD)**.

Population projects of Bangladesh

- Bangladesh **First Population Project** — **1975–80**
- Bangladesh **Second Population and Family Health Project** — **1980–86**
- Bangladesh **Third Population and Family Welfare Project** — **1986–91**
- Bangladesh **Fourth Population and Health Project** — **1992–98**

Sector-wide programs (SWAp) of Bangladesh

- **Health and Population Sector Program (HPSP)** — **1998–2003**
- **Health, Nutrition and Population Sector Program (HNPSP)** — **2003–2011**
- **Health, Population and Nutrition Sector Development Program (HPNSDP)** — **2011–2016**
- **Health, Population and Nutrition Sector Program (HPNSP)** — **2017–2025**

Universal Health Coverage

- **Universal health coverage (UHC)** means that all people have access to the full range of quality health services they need, when and where they need them, without **financial hardship**.
- It covers the **full continuum of essential health services**, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.
- UHC is based on the **principles of equity, non-discrimination & the right to health**, ensuring that also the most marginalized populations are reached and covered, and no-one is left behind.

Universal Health Coverage: Background

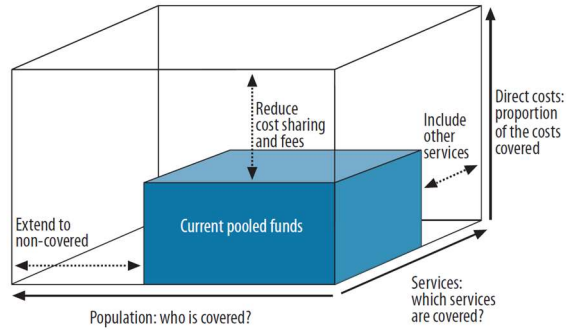
- On **12 December 2012**, the United Nations General Assembly endorsed a resolution urging countries to accelerate progress toward **universal health coverage (UHC)** – the idea that everyone, everywhere should have access to quality, affordable health care.
- Achieving UHC is one of the targets of the **2030 Sustainable Development Goals (SDGs)** adopted in 2015.
- **SDG target 3.8** focuses on achieving universal health coverage, including **financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines** for all.

Universal Health Coverage: Dimension

Universal health coverage has **3 key dimensions**:

- **Equitable access to health services** ensures all individuals can access the full spectrum of services.
- **Quality healthcare** refers to the quality of services provided with consideration to patient satisfaction.
- **Financial risk protection** allows individuals to access quality healthcare without incurring financial debt or facing financial barriers.

Universal Health Coverage: Dimension



Social Protection

- Social protection is a portfolio of policies and programmes aimed at **reducing poverty, inequality and vulnerability**.
- Social health protection **provides a rights-based approach** to reaching the objective of universal health coverage that ensures **financial protection and effective access to health care services**.
- Social health protection is **central to reaching** the objective of universal health coverage.
- The **SDG targets** on universal health coverage (**SDG 3.8**) and universal social protection systems, including floors (**SDG 1.3**) are two complementary and closely linked priority measures.

Social Protection

- Social health protection designates a series of public or publicly organized and mandated private measures to achieve:
  - ✓**effective access** to health care without hardship; and
  - ✓**income security** to compensate for lost earnings in case of sickness
- The lack of affordable quality health care and income security in case of sickness for the majority of the world's population creates a **risk of impoverishment**, with greater impact on the most vulnerable.
- Each year, **100 million people** are pushed into **poverty** because of expenses for medical care, while **800 million people** spend at least **10 per cent of their household budgets** on health care.

Social Protection

- Social health protection is firmly grounded in the **international rights framework**: The Universal Declaration of Human Rights, the International Covenant on Economic, Social, and Cultural Rights, the Social Security (Minimum Standards) Convention (No. 102), and the Social Protection Floors Recommendation (No. 202).
- There is no one-size-fits-all approach for Governments to guarantee health protection to all.
- International standards provide **guiding principles to ensure universal protection** in a way that reflects risk-sharing, equity and solidarity – between income groups, men and women, generations - in a fiscally, economically and socially sustainable fashion.

International social health protection principles

- **Principle 1:** Universality of protection
- **Principle 2:** Diversity of approaches and progressive realization
- **Principle 3:** Risk-sharing and solidarity in financing
- **Principle 4:** Overall and primary responsibility of the State
- **Principle 5:** Adequacy of benefits
- **Principle 6:** Predictability of benefits

International social health protection principles

- **Principle 7:** Non-discrimination, gender equality and social inclusion
- **Principle 8:** Fiscal and economic sustainability with regards to social justice and equity
- **Principle 9:** Participation, social dialogue and accountability
- **Principle 10:** Integration within comprehensive social protection systems

UHC & Social Protection

- The objectives of UHC are aligned with the aims of social protection, as social protection works to provide individuals with financial protection from vulnerabilities throughout their life.
- UHC complements social protection via the **following pathways**:
  a. **Financial protection and poverty reduction** by improving health outcomes, improving productivity due to a healthier population, and increasing economic opportunities in the healthcare sector. This, in turn, can increase households' saving capacity and the reduction of catastrophic financial expenses.

UHC & Social Protection

  b. **Promotes gender equality and women's empowerment** by ensuring access to quality essential healthcare services, including maternity care, for women and girls.
  c. **Strengthens the State's capacity** to respond to health crises such as epidemics and pandemics.

UHC in Bangladesh

- Following the historic youth-led uprising of 2024, the country is **embracing democracy, transparency and inclusive development** with renewed determination.
- The **interim government** is committed to co-creating solutions with **civil society, youth, academia and local communities**, signaling a bold shift toward a whole-of-society approach to sustainable development.
- In particular, Bangladesh is taking action to **achieve universal health coverage through its 4th Health, Population and Nutrition Sector Programme**, and expanding the **SSK** (a pilot non-contributory health protection scheme) to increase access for people living in poverty.

UHC in Bangladesh

- But still Bangladesh is now in following conditions:
  - **Out-of-pocket health costs** account for a staggering **73%** of total health spending, forcing many to risk poverty
  - **Health spending** remains **under 1% of GDP**
  - **Essential service coverage** remains stagnant at **52%** (the same as in 2016)
  - **30% of youth report limited access to healthcare**, particularly in rural areas, with mental and reproductive health services remaining largely neglected

UHC in Bangladesh

- To address these gaps, the newly formed Health Sector Reform Commission is pushing reforms to:
  - **Expand primary health care** access
  - **Launch health insurance** for informal workers
  - **Scale up public health financing**

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