



# Health Systems Strengthening in the context of Universal Health Coverage

**Nhlanhla G Mafarafara**

President, SAAHIP

A health system, or healthcare system, is an organisation of people, institutions, and resources that delivers healthcare services to meet the health needs of target populations. Health system strengthening is defined as any combination of initiatives and strategies that leads to better health through improvements in one or more of the health system's functions, measured by increased access, coverage, quality, or efficiency. It is critical to sustaining improvements in health outcomes by reducing morbidities and mortalities. The South African (SA) Lancet National Commission defines a high-quality health system in the South African context as one that "achieves equitable health outcomes and long and healthy life for all."<sup>1</sup>

A well-functioning health system responds in a balanced way to a population's needs and expectations by doing the following (See Figure 1)<sup>1-5</sup> Improving the health status of individuals, families, and communities. South Africa is driving this with a vision of achieving long and healthy lives for all. Life expectancy in South Africa increased from 56.9 in the year 2000 to 65.1 in 2024.<sup>3</sup> Maternal mortality ratio reduced from 249 in 2010 to 86 deaths per 10 000 live births.<sup>4</sup>

- Defending the population against what threatens its health. According to the pharmacist and Minister of Health of Spain, José Manuel Minónes, "pharmacists support public health programs in many ways, including administration of vaccines, preventing non-communicable disease, reducing antimicrobial resistance and addressing unhealthy behavior and environmental issues, e.g. air pollution."
- Protecting people against the financial consequences of ill health or accessing healthcare. The concept of Universal Health Coverage (UHC) or National Health Insurance (NHI) and Central Chronic Medicines Dispensing and Distribution are also built around improving equity and access to healthcare without regard to economic status.
- Providing equitable access to people-centered care. In this case, the government and health establishments ensure an ongoing and long-term commitment to building relationships with healthcare system users, providers, and the system itself through collaborative decision-making.
- Making it possible for people to participate in decisions that affect their health and the health system. This collaboration rests on the ability of the health system to empower patients' self-care for health and well-being. Self-care is the ability of individuals, families, and communities to promote health, prevent diseases, maintain health, and cope with illness and disability with or without the support of a

health worker.<sup>5</sup>

- Building effective collaboration with various institutions and sectors as strategic partners to address social determinants of health.
- Adaptation to changes in health needs by collecting, analysing and using information to support ongoing evidence-based decision-making and implementation for systems quality improvement. Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes, which are consistent with current professional knowledge.<sup>6</sup>

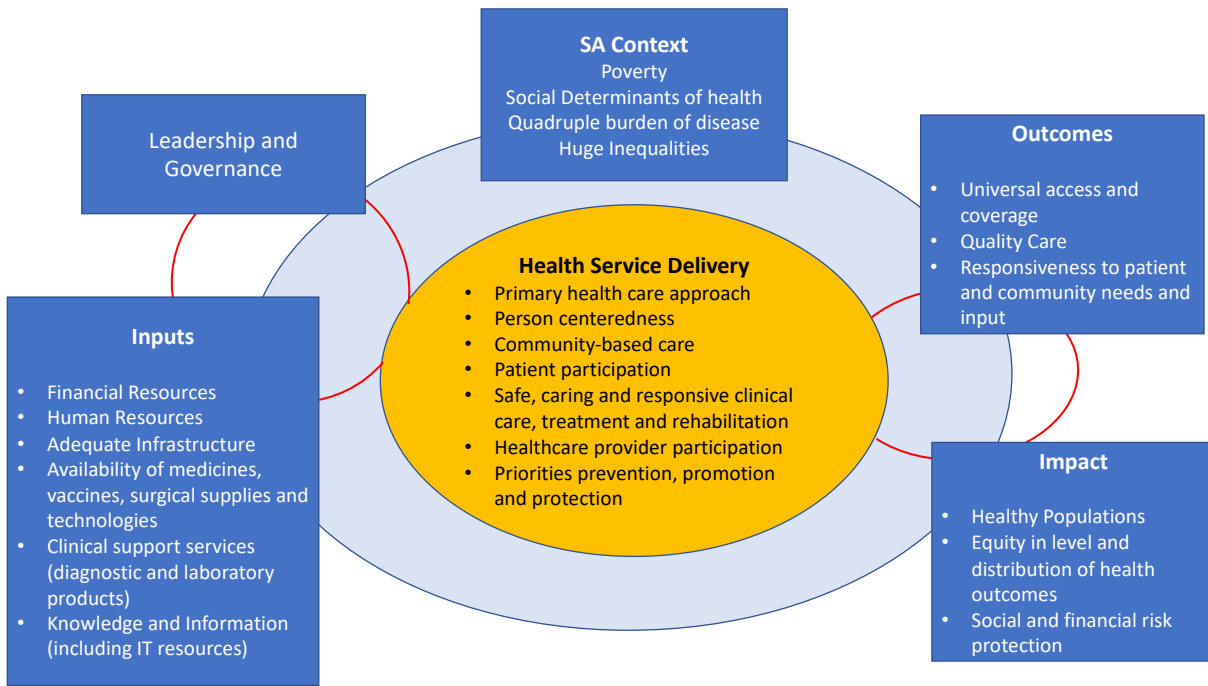


*Nhlanhla G Mafarafara*

## Responsiveness of the health system

Annually, health establishments conduct operational studies that allow patients to participate in on going patient satisfaction and waiting times surveys for the planning and improvement of healthcare. The surveys provide meaningful insights of identifying systems gaps and developing effecting action plans for quality improvements.<sup>7</sup> They also serve a means that healthcare managers use for incorporating patient-centred care.<sup>8</sup> The Office of Health Standards Compliance (OHSC) also conducts studies to ascertain that facilities meet the best standards to deliver healthcare. These studies provide internal system reflection of staff attitude, availability of systems for quality care, availability and accessibility of medicines, quality of care, including food, cleanliness, and clean water, system's ability to empower patients for self-care, and ability to prevent unwanted outcomes in the process of seeking healthcare.

Figure 1 summarises and highlights the different aspects that interface with the delivery of healthcare services in the form of a conceptual framework for high-quality healthcare in South Africa. At the core is a people-centric approach to healthcare instead of a provider-centred one. There is also an appreciation of the actual components that make up the health challenges in the South African context. A well-functioning healthcare system's pillars or building blocks are the main inputs that rest on good leadership and governance (see Table II). Without competent, committed, and vision-driven leadership, a country is unable to produce the actual outputs and achieve the necessary population impact, including achieving all the intrinsic goals, progressively (see Table I).



**Figure 1:** Conceptual framework for high quality in South African healthcare

There also has to be a balance drawn to achieve the health system’s intrinsic goals from a micro level (institutionally) and macro level (nationally). It is drawn by balancing quality and equity with efficiency. Murray and Frenk summarise the intrinsic goals of health systems in Table I below.<sup>9,10</sup>

The World Health Organization (WHO) identified the following four components as acceptable definitions of a functional health system in the context of UHC:<sup>11</sup>

- A strong, efficient, well-run health system that meets priority health needs through people-centred integrated care (including services for HIV, tuberculosis, malaria, non-communicable diseases, and maternal and child health). It strongly emphasises health promotion, disease prevention, capacity to treat diseases, and rehabilitation of patients.
- Affordable care for all.
- Access to essential medicines and technologies to diagnose and treat medical conditions.
- Availability of well-trained, motivated health workforce to provide exceptional healthcare services that meet the needs of the people using the best available evidence.

The above are derived from the core pillars of a well-functioning health system (Table II).

**What does it take**

Achieving this big dream of UHC is a mammoth task. In my previous forum insert titled “Where to from here?”<sup>12</sup> I reflected on conversations and calls to action from the FIP 2024 congress held in Cape Town and invited everyone to see the whole picture and collaborate in generating solutions for South Africa, together. I do not, however, want to turn a blind eye to the fact that progress requires acceptance that change has to happen. Leaders are inundated with the responsibility of managing change without causing casualties along the way as well as solving problems that occur on the way. The best leaders are those who will be able to inspire the confidence of the nation in a changing environment or during turbulence by learning about the future with their teams. Pharmacists today have to carry the key that unlocks the value of pharmacy today for current and future practice.

**Here are some proposals to consider.**

Lead and learn into the future using exploration, discovery, and action within the pharmacy.<sup>13</sup>

**Explore**

- Explore current realities with an honest eye and mind, e.g. in AMS, pharmacovigilance, inpatient services, procurement, etc.
- Identify problems/opportunities in each of the areas of your current

Table I: Health Systems intrinsic goals				
	Description	Level	Distribution	
Health	Improve and maintain the health of the population	√	√	Efficiency
Responsiveness	Ability to respond to the legitimate expectations of users about non-health enhancing aspects of care.	√	√	
Fairness in financing and financial risk protection	Protecting households from suffering financial harm or having a large portion of their income used in obtaining healthcare		√	
		Quality	Equity	

**Table II: Pillars of a well-functioning health system**

Service Delivery	Health system financing	Health workforce	Availability of medicines, vaccines and technologies	Health information systems
<ul style="list-style-type: none"> <li>- Delivery of effective, safe, quality health interventions to those that need them, when and where needed, with minimum waste of resources</li> <li>- Distribution of health facilities, inpatient beds per 10000 population</li> <li>- Number of OPD visits per 10000 population per year</li> </ul>	<ul style="list-style-type: none"> <li>- Health expenditure</li> <li>- Government expenditure on health</li> <li>- Ratio of household out of pocket expenditure for health</li> </ul>	<ul style="list-style-type: none"> <li>- Sufficient staff, distributed, competent and responsive</li> <li>- Number of HCW per 10000 population</li> <li>- Distribution of HCW by specialisation/ occupation.</li> <li>- Number of health graduates</li> </ul>	<ul style="list-style-type: none"> <li>- Equitable access to essential <b>medical products, vaccines and technologies</b> of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use</li> <li>- Efficient procurement and supply systems</li> <li>- Equitable access</li> <li>Quality assured products</li> <li>Cost-effective</li> </ul>	<ul style="list-style-type: none"> <li>- System is one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health system performance and health status</li> <li>- Generation of reliable information</li> <li>- Analysis of information</li> <li>- Use of timely and reliable information</li> </ul>
<b>Leadership and governance</b>				
The system should have strategic policy frameworks and are combined with effective oversight and attention to system-design and high level of accountability.				

or prospective function.

- Solicit feedback (patients, staff, other members, and other service recipients)
- Reveal hidden issues (pharmacy systems bottlenecks)
- Gather data (no thumb sucking). Collect, analyse, interpret, and convert data into action.
- Root Cause Analysis for all shortcomings.
- Rethink all issues and action steps. Determine what must be done to address them.

### Discover

- As you deepen your understanding through data collection, you will begin to see with new eyes, understand your environment in a different way, and ultimately, develop better solutions for the systems.
- Identify possible solutions in each functional or service area.
- Develop a plan with action steps and focused M&E. Decide what needs to be done, when, by whom, with what resources, and how it will be monitored.
- Anticipate problems and mitigate them beforehand. Identify potential hindrances and develop a strategy against them.

### Act

- Test the solutions. Once they work, scale them up. Share the winning solutions as a tool for best practice benchmarking
- Implement the scalable plan
- Monitor and evaluate the results

### Conclusion

Wherever you see progress in healthcare, there is a leader who envisioned a better system, developed a model, and actioned it. Health systems are built by humans; they can also be destroyed by humans.

The entire healthcare system is built on the needs of the population. The extent of the responsiveness requires intentional introspection by both the users and providers. Healthcare leaders already have a tool to

use to monitor, measure, and report on the performance of health by taking a look into the building blocks, measured against both political and administrative will, to deliver what it is meant to deliver. Managers across all levels of care also need to have clarity on their role and how it impacts the system's deliverables. The convergence point is clear:

- Adequate financing and allocation of human resources as a primary tool for equitable healthcare;
- Strengthening service delivery by improving access and systems of care;
- Continuous quality improvement as a tool for ongoing performance monitoring and reporting on service delivery outcomes and impact.

### References

1. South African Lancet National Commission. Confronting the right to ethical and accountable quality health care in South Africa: a consensus report. Pretoria: NDoH. 2019
2. South African Government: Strengthening the South African Health System towards an integrated and unified health system, Presidential Health Summit Compact. 25 July 2019
3. <https://www.macrotrends.net/global-metrics/countries/zaf/south-africa/life-expectancy#:~:text=The%20current%20life%20expectancy%20for,a%200.39%25%20increase%20from%202021>
4. Statistics South Africa. Sustainable Development Goals: Country report, 2023. StatsSA. (Accessible from [https://www.statssa.gov.za/MDG/SDG\\_Country\\_report.pdf](https://www.statssa.gov.za/MDG/SDG_Country_report.pdf))
5. World Health Organization. 2024. Self-care for health and well-being. WHO. Accessed from [https://www.who.int/health-topics/self-care#tab=tab\\_1](https://www.who.int/health-topics/self-care#tab=tab_1)
6. Institute of Medicine Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, D.C: National Academy Press; 2001.
7. Al-Abri R, Al-Balushi A. Patient satisfaction survey as a tool towards quality improvement. Oman Med J. 2014 Jan;29(1):3-7. doi: 10.5001/omj.2014.02. PMID: 24501659; PMCID: PMC3910415.
8. Aerlyn GD, Paul P. L. (2003). Patient Satisfaction Instruments used at Academic Medical Centers: Results of a Survey. American Journal of Quality, Vol: 18, NO. 6 [online], available at: <http://ajm.sagepub.com/content/18/6/265> [Accessed in December 2024.
9. Murray, C.J.L. and Frenk, J. A WHO framework for health system performance assessment. Geneva, Switzerland. World Health Organization, 1999 (Global Programme on Evidence for Health Policy Discussion Paper No.6.)
10. Derby C., Valentine N., Murray C.J.L. & de Silva A. World Health Organization: Strategy on Measuring Responsiveness. A GPE Discussion Paper Series No.23. World Health Organization. 2003. Accessed from <https://www.google.com/search?client=safari&rls=en&q=health+system+intrinsic+goals&ie=UTF-8&oe=UTF-8>
11. <https://hsf.org.za/publications/hsf-briefs/universal-health-coverage-i-the-world-health-organization-on-uhc-and-south-africa>
12. Mafarafa N.G. Where to from here? S Afr Pharm J. 2024. (91):5 53-54 (accessed from: <https://ojs.sabinet.co.za/index.php/sapij/article/view/1093>)
13. G. Binney & C. Williams. Leaning into the future: Changing the way people change organizations. 1997. Nicholas Brealey Publishing Ltd.