Health Systems

Background and problem statement

Background
Health systems are the foundation to achieve and ensure health for all, the 3rd Sustainable Development Goal. Adjusted and balanced to meet the needs of various populations, they aim to:

- promote and improve health for individuals and groups
- avert dangers to health
- protect people against financial disasters as consequences of ill health
- provide equitable access to health care
- enable people to participate in decisions affecting their health

A health system comprises all organizations, institutions and resources (elements) that are devoted to producing health actions. The intrinsic goal of a health system is to protect and improve the health of the people, that is it is concerned with people’s health. In addition to patients, families, and communities, Ministries of Health, health providers, health services organizations, pharmaceutical companies, health financing bodies, and other organizations play important roles, such as oversight, health service provision, financing and managing resources.

The World Health Organization (2000) redefined the main purpose in its definition of a health system as “all activities whose primary purpose is to promote, restore, and maintain health.” In recent years, the definition of “purpose” has been further extended to include the prevention of household poverty due to illness. Health systems are known as open systems because they are open to influence from external factors such as poverty, education, infrastructure, and the broader social and political environment. A health system’s many parts operate at many levels to provide coherence at community or national level.

The compelling case for universal health coverage derives principally from the values of fairness and equity, and these values are also critical on the path to that goal. If universal coverage cannot be attained immediately, making progress fairly and equitably should be the main concern. Health care often includes inequities in accessibility or quality of health services. Coverage of health care is often now provided or of a good quality with universal health coverage still not available in many countries worldwide.

**Problem Statement**

Many health systems in countries across the world, often do not meet the service requirements of their populations, failure can be caused by various factors. At the same time, medical students lack knowledge and awareness about topics preventing them to act in their societies, as future leaders and deliverers of health care in their communities and nations. They should be aware of local, national and international implications that affect health systems, understand them, and take part in the solution linked to the 3rd Sustainable Development Goal, achieving health for all.

**Target group and beneficiaries**

**Target group**
- Medical Students: Identification of issues, Empowerment, Capacity Building
- Global Public Health Institutions, NGOs (Local, National and International): Support to students, To include health systems in Medical curricula
- Authorities (Local, National and International)
- Industries: Advocacy campaigns to take health impacts into account

**Beneficiaries**
- Patients: to enjoy adequate health services advocated by medical students
- Medical Students: via the different opportunities offered to them.
- Communities: Improved health outcomes, equality, accessibility, quality, safety, people-centered care, effective use of resources

**Logical framework of interventions**

**End-goal and assumptions**

**End goal**
1. Healthcare systems that ensure accessible, affordable, high quality and safe health services and a network of health facilities that are widespread regardless of geographical and socioeconomic background. Medical students must play an active and significant role in the creation and implementation of solutions. To achieve this goal, collaboration with external partners must be encouraged.
2. The establishment of Universal Health Coverage where decisions are made taking into account major concerns that include accessible essential medicines and surgical procedures as well as trade-related effects on healthcare systems.

**Assumptions**

**Status quo:**
- Medical Students are not aware of health systems functioning at national and international levels and not able to tackle these issues
- Medical Students cannot easily be involved in the shaping and reforming of their health systems
- Health Systems are too complicated to be understood and tackled by medical students
- Decisions about issues related to health cannot be discussed or include medical students participation at the national and international level
- Medical students’ concerns related to health systems are being taken into consideration insufficiently
- Inequity in opportunities for different demographic groups to have a say in political decisions that have the potential to affect their health

Assumptions:
- To reach the end-goal (healthcare for all), decisions need to be made through actively involving various stakeholders and demographic groups.
- Medical students have a potential interest to influence the directions their health systems take
- International institutions/Governments/health care sector/the public see the benefits of involving medical students and future healthcare workers in the decision process.
- There are efficient methods to make medical students understand the basics of health systems, how decision processes, laws, trade agreements work and their potential to affect accessible, affordable, high quality, safe and equitable healthcare.
- Impact of students’ involvement are somewhat measurable

Preconditions and backwards mapping

To reach the end-goal, following objectives and preconditions must be fulfilled:
(subpoints of special interest for students’ advocacy campaigns are pointed out in the following list)

● Effective and sustainable implementation of the six building blocks of a health system
  ○ leadership/governance
    ■ steer the entire health sector, deal with future challenges
    ■ demand transparency and inclusiveness
  ○ health workforce
  ○ information
    ■ information on the progress of addressing health challenges and the use of financial resources and supplies/technologies
      • monitoring and evaluation
  ○ financing
    ■ to raise sufficient funds, pool financial resources and ensure a rational and effective use of these funds
      • Taxes, public or private insurance, philanthropy
  ○ medical supplies/technologies
    ■ affordable essential medicines, diagnostics and health technologies of high quality
      • ensure that national and international laws as well as trade agreements do not put poor and vulnerable populations to a disadvantage
• support innovations that show evidence-backed benefit over existing medical products/ technologies
• embrace implementation of safeguard mechanisms to ensure high quality and safety
  ■ supply and distribution
  ■ Appropriateness for the setting - the vast majority of medical equipment is made in High Income Countries and may not be appropriate for Low Income Settings, due to differences in climate, power supplies, training standards, engineering capabilities etc
    ○ service delivery
      ■ people-centered care, primary care, ensure equity and accessibility, hold service providers accountable
      ■ eHealth

• To ensure that these building blocks lead to accessibility and equity of healthcare, consensus has to be created between all stakeholders (public and private sector, healthcare workers as well as NGOs and with special attention to vulnerable groups)

The role of Medical Students in addressing these preconditions and reaching the end-goal include:
• Medical students actively participate in shaping/ reforming their health systems
  ■ Medical students are aware of their opportunities to get involved
  ■ Medical students are equipped with the knowledge and necessary skills
    • basics on health systems and the six building blocks as well as the concept of Universal Health Coverage are well understood
    • they are provided with detailed knowledge on external influences on health systems (access to medicines and surgery, influence of trade as examples)
  ■ Medical students plan and conduct advocacy campaigns
    • they are able to identify key role players and stakeholders and know how to approach them successfully
    • campaigning techniques
    • find allies
  ■ Medical Students are taking part in outreach campaigns and community health-building to discover and work towards improving specific remote/rural areas in terms of access to health and knowledge of health.
  ■ Opportunities to collaborate with institutions that share the same goals are well known
    ○ Decision makers actively seek students’ advice

Capacity building and Empowerment
- involve communities in decision making processes
- give students the knowledge, support and mechanisms to be part of decision making at the highest level

- Proposed Methods: Workshops, mentoring, online courses, participation in external meetings, formation of working groups on different topics to gather like minded individuals, harness ideas and create student movements.

(See annex for backwards mapping)

Milestones and indicators

Outcome 1: Participation of medical students in decisions affecting health systems
Indicator: Number of NMOs having official collaboration with governmental bodies that affect health systems nationally. Number of Target group: Medical students
Threshold: Increase in survey score

Outcome 2: Medical students influence policies in local, national and international level
Indicator: Number of advocacy campaigns. Number of interventions carried out. Number of policies directly influenced by medical students Number of successful collaborations with organizations and institutions.
Target group: Students
Threshold: Implemented campaigns/ interventions

Outcome 3: Increase in access to quality health care with actions in communities in local, national and international level
Indicator: Number of community outreach campaign in rural or urban area per year. Number of NMOs organizing community health activities. Number of medical students participating in these activities.
Target group: Population with poorer access to quality healthcare
Threshold: Community satisfaction with community based activities

Outcome 4: Educational platform for medical students on health systems, determinants and factors influencing accessibility and quality of healthcare that develop skilled and empowered future physicians
Indicator: Number of international educational activities. Number of national activities. Number of NMOs organizing. Number of medical students participating in these activities. Improvement of knowledge and skills of participants.
Target group: Medical students
Threshold: Educational events evaluated and delivered by experienced medical students and/or professionals
Interventions

1. Workshops and trainings and other events for medical students by medical students and experts on health systems basics and challenges at the national and international level
2. Stakeholder mapping, search for external partners
3. Advocacy campaigns on equitable access to essential medicines, emergency care, surgery and anaesthesia, Trade and health-related issues
4. Raise awareness among authorities about their political actions’ consequences on health care and the need to include medical students in their decision processes
5. Mentoring: connecting key role players, officials, health advocates with students and encourage an exchange of ideas
6. Medical curricula should include training on the basic principles of health systems, Universal Health coverage, Health in Trade and promote critical thinking
7. Global Public Health Institutions, NGOs (Local, National and International) give support to students
8. Student led initiatives in communities addressing specific reasons for inequitable access to healthcare
9. Student led research collaborations on health systems
11. Interaction with industry - pharmaceutical, services, medical and surgical equipment manufacturers are all crucial in achieving effective health systems

Narrative

Health systems worldwide face various challenges. Actions conducted by medical students are needed to counter these issues. Know-how on topics as Trade and Health or Access to Medicines and Surgery as well as Universal Health Coverage is scattered to a significant degree within IFMSA. In an effort to group IFMSA’s activities and encourage actions in this field, we are proposing the Program on Health Systems.

To have a positive impact on equal, accessible and affordable high-quality universal health care, students need to be skilled and empowered to conduct advocacy campaigns, get in contact with other students, decision makers and external partners. Milestones need evaluation during the process mainly by looking at the participation of medical students at various levels of decision making, particularly because most endgoals of the program can be considered as long-term.

Organisational context and necessary resources to launch the program

Human resources

● Trained IFMSA workshop coordinators.
● Trained participants from the IFMSA workshops or similar workshops.
● Students who join local and national working groups and committees.
• Inclusion and development of already existing activities and initiatives from local and national level
• Needs assessment of needed interventions and resources

Program materials
• Workshop slides.
• Specific campaign and project guides.
• Training manuals and materials.
• Samples of IFMSA Activities Forms on Health Systems
• Celebration of World Health Days: Universal Health Coverage, Access to Medicines and other relevant days and celebrations

Collaboration
• NMOs are strongly encouraged to work with other health and environmental organizations to improve the efficacy and consistency of action.
• Collaboration with EPHA and WHO Departments on health financing for capacity building matters.
• Collaboration with students movements on the same related topics: Global Surgery, Access to Medicines and other relevant groups

Budget
• Transportation and accommodation for workshop coordinators.
• Public Relations and marketing (for example community organising servers such as nation builder, creation of professional videos and other materials).
Accessible, affordable, high quality and safe health services; Universal Health Coverage free of inequities, ensure accessible essential medicines and surgical procedures and take trade-related effects on healthcare systems into consideration

Leadership/governance: demand transparency and inclusiveness
Health workforce
Health information: monitoring and evalu-
Health financing: raise sufficient funds, pool financial resources and ensure a rational and effective use
Affordable medicines, diagnostics and service delivery: people-centered care, primary care, ensure equity and accessibility, hold service providers accountable, eHealth
Find allies
Public institutions, NGOs, universities, communities, patients’ representatives
Identify key role players and stakeholders
Advocacy campaigns
Campaigning techniques
Outreach campaigns and community health-building
Students are aware of their opportunities
Capacity building and Empowerment
Students are equipped with the knowledge and necessary skills
Implementation of program into NMOs
Program becomes operative within IFMSA
Involvement of students in shaping and reforming health systems
Effective and sustainable implementation of the six building blocks of a health system