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. At the core of health systems, lies the health workforce (WHO, 2006), comprising of all relevant human resources including both clinical staff (physicians, nurses, pharmacists, dentists), as well as management and support staff, i.e. those who do not deliver services directly but are essential to the performance of the system, such as ambulance drivers and accountants. Human resources for health are the essential wheel that drive healthcare and can make Universal Health Coverage a reality.

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
- Governments and policymakers (Local, National and International)
- Industries: Advocacy campaigns to take health impacts into account
- General population: by raising their awareness to have them participate actively in improving the health access situation.
- Vulnerable groups, including migrants and refugees, people who face discrimination or religious intolerance, people with disabilities

Beneficiaries
- Patients: to enjoy adequate health services
- Medical Students: via the different opportunities offered to them.
- Communities: Improved health outcomes, equality, accessibility, quality, safety, people-centered care, effective use of resources
- Vulnerable groups, including migrants and refugees, people who face discrimination or religious intolerance, people with disabilities
- Hospitals and health facilities: by improving them and having them working more efficiently
- Healthcare workers: via more productive work environment

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.
2. Medical students that are aware about health systems and play an active and significant role in the creation and implementation of solutions. in collaboration with external partners.
3. The establishment of a Universal Health Coverage system that insures/offers accessible essential medicines, surgical procedures and a safe organ and tissue donation procedures and that takes into account 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 :
    - provide high quality healthcare delivery, for which high quality training is needed
    - ensure the accessibility and availability of health services, in all areas where they are needed
    - national planning and forecasting on the human resources needs on a country level
    - develop effective and ethical retention mechanisms

  - 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
■ available organs and tissues via safe and ethical organ, tissue and stem-cell donation
○ 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 stakeholders and allies and know how to approach them successfully:

    ■ 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, local, national and international campaigns, curriculum courses proposals .

(See annex for backwards mapping)

Milestones and indicators

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

<u>Outcome 2:</u> Medical students influence health policies in the local, national and international level
<u>Indicator:</u> 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.
<u>Target group:</u> Students
<u>Threshold:</u> Implemented campaigns/ interventions

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

<u>Outcome 4:</u> Educational platform for medical students on health systems, determinants and factors influencing accessibility and quality of healthcare that develop skilled and empowered future physicians
<u>Indicator:</u> Number of international educational activities. Number of national activities. Number of NMOs organizing those activities. Number of medical students participating in these activities. Improvement of knowledge and skills of participants. Number of courses/ platforms created/ implemented in students' curriculum
<u>Target group:</u> Medical students
<u>Threshold:</u> Educational events evaluated and delivered by experienced medical students and/or professionals
<u>Outcome 5</u>: Increase in population awareness on their health system
<u>Indicators</u>: number of awareness and educational campaigns, number of people reached, Number of medical students participateing in these activities.
<u>Target group:</u> the general population

Threshold: Increase of 10% of the population that are aware of their health system functioning

Outcome 6: Increase transparency and sustainability of national health workforce planning and forecasting.
Indicators: Number of awareness campaigns, number of stakeholders reached, number of medical and health professions' students participating in these activities, health workforce labor market reports and needs assessment made public.
Target group: The government, particularly Ministry of Health
Threshold: Ministry of Health publish needs assessment report and subsequent national planning for the health workforce.

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 and Global Public Health Institutions, NGOs (Local, National and International) that can give support to students
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. Including courses and trainings in medical curricula on the basic principles of health systems, Universal Health coverage, Health in Trade and promote critical thinking
7. Increase the availability of organs and tissues through living and deceased donation
8. Student led initiatives in communities addressing specific reasons for inequitable access to healthcare
9. Student led research activities on health systems
10. Medical Students involvement in Health Systems reforming discussion based on the 6 building blocks and Universal Health Coverage Approach.
11. Interaction with industry - pharmaceutical, services, medical and surgical equipment manufacturers to achieve effective health systems
12. Increase the safety of medical and surgical procedures, as well as safety of donations

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, donation 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).

Mapping

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

Effective and sustainable implementation of the six building blocks of a health system

Involvement of students in shaping and reforming health systems

Find allies

Public institutions, NGOs, universities, communities, patients' representatives

Advocacy campaigns

Outreach campaigns and community health-building

Capacity building and Empowerment

Identify key role players and stakeholders

Campaigning techniques

Students are aware of their opportunities

Students are equipped with the knowledge and necessary skills

Implementation of program into NMOs

Program becomes operative within IFMSA