

# Resilient health systems and the future of global health

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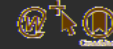
Harvard T.H. Chan School of Public Health

# Future trends and possibilities

## Building resilient health systems



## 2035: a world converging within a generation



Global health

Executive summary  
A grand convergence of health is achievable within our lifetime. A major characteristic of our generation is that collectively we have the financial and technological capacity to reduce infectious, child, and maternal mortality rates to low levels universally by 2035, for children, pregnant women, and women at risk of cervical cancer. Investments in new health technologies and systems, however, do not, by themselves, ensure that the world's poor will benefit from these opportunities.

**From investing in health**  
Investing in health is a high priority for governments and the private sector. In 2013, global health received \$116 billion from governments and \$10 billion from the private sector. In 2014, the total rose to \$125 billion from governments and \$15 billion from the private sector. The total is expected to reach \$200 billion by 2020. However, the amount of investment in health is still far below what is needed to achieve the Sustainable Development Goals (SDGs) for health.

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**Executive summary**  
Propelled by the SDGs and Development Report, a focus on investments in health is needed to ensure that the world's poor will benefit from these opportunities.

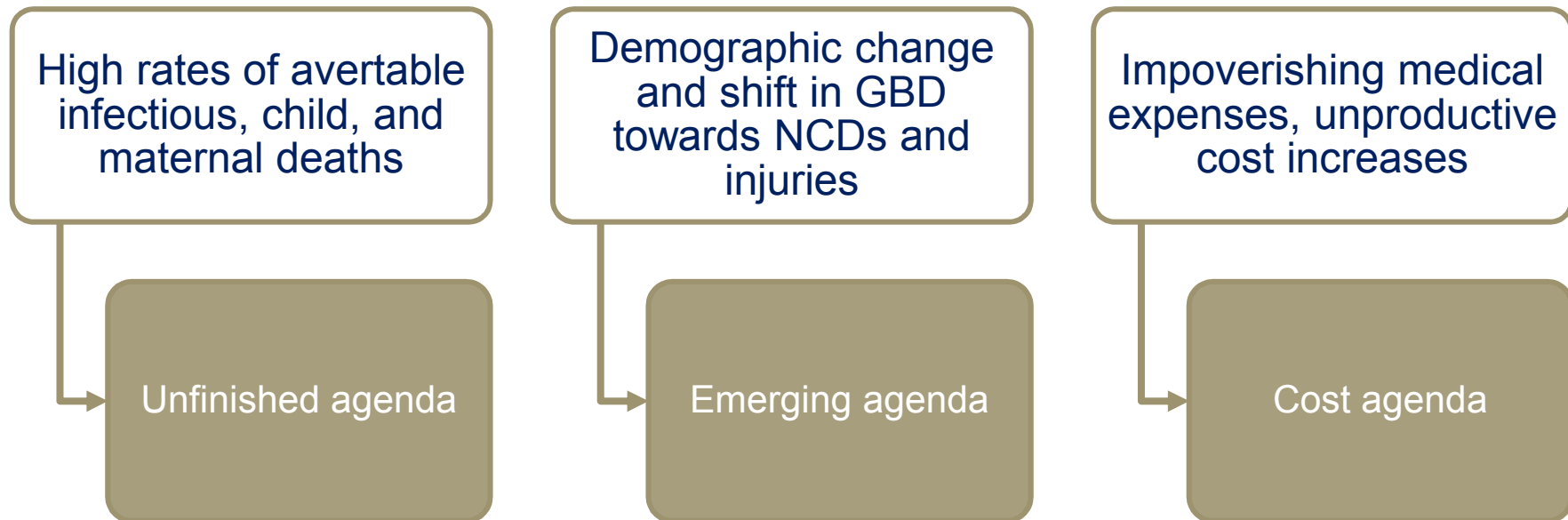
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Jamison, D. T., L. H. Summers, et al. (2013). "Global health 2035: a world converging within a generation." *Lancet* 382(9908): 1898-1955.

# 2015-2035: three domains of health challenges



# Global Health 2035: Four key messages

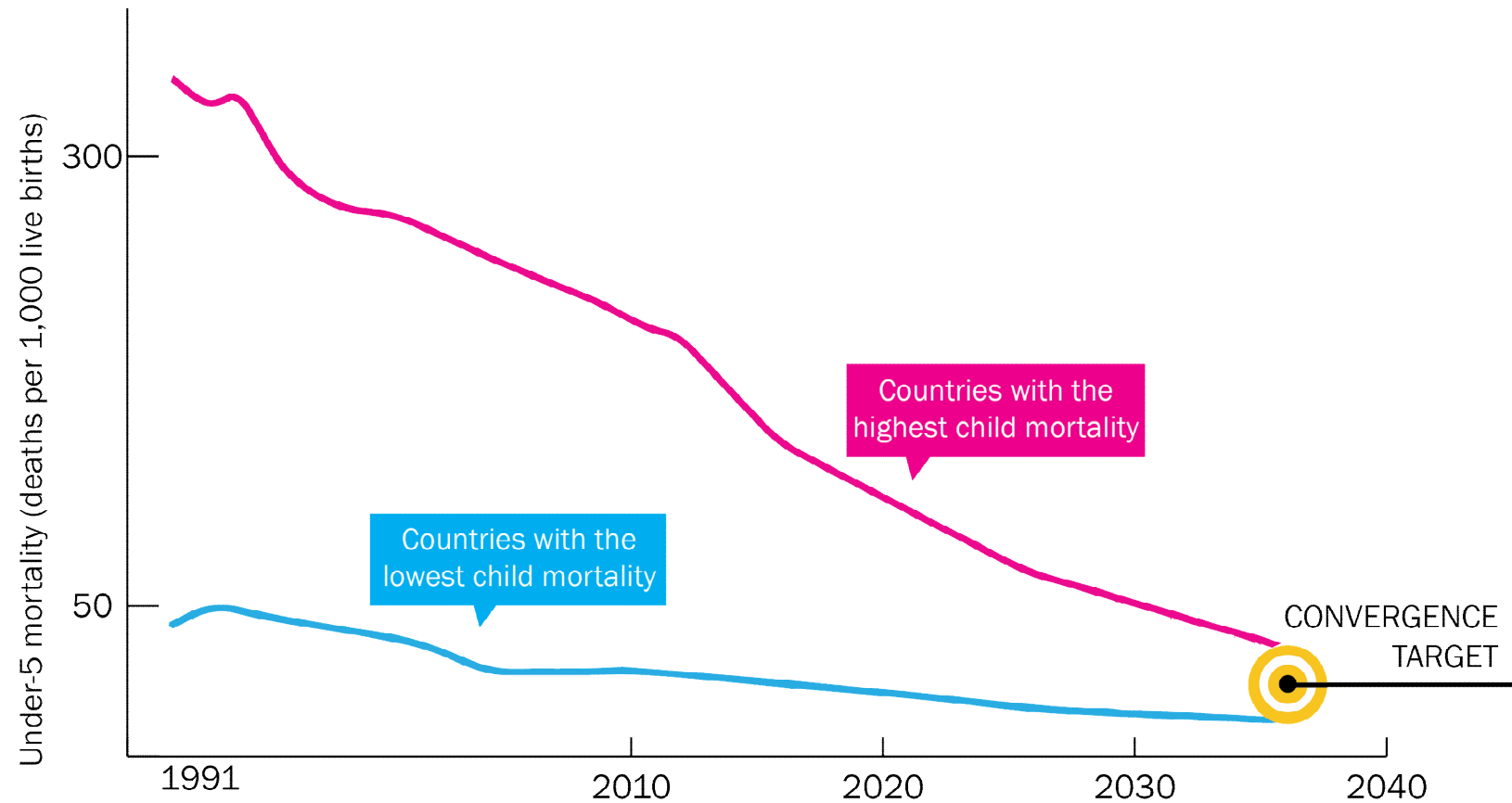
There is an enormous payoff from improvements in health.

A 'grand convergence' around infections and child deaths (domain 1) is achievable within our lifetime.

Fiscal policies are a powerful and underused lever for curbing NCDs and injuries (domain 2).

Progressive pathways to universal health coverage are an efficient way to achieve health and financial protection (domain 3).

# Nearly all countries could converge by 2035





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### Global health 2035: a world converging within a generation

Dean T Jamison\*, Lawrence H Summers\*, George Alleyne, Kenneth J Arrow, Seth Berkley, Agnes Binagwaho, Flavia Bustreo, David Evans, Richard G A Feachem, Julia Frenk, Gargee Ghosh, Sue J Goldie, Yan Guo, Sanjeev Gupta, Richard Horton, Margaret E Kruk, Adel Mahmoud, Linah K Mohohlo, Mthuli Ncube, Ariel Pablos-Mendez, K Srinath Reddy, Helen Saxenian, Agnes Soucat, Karen H Ulltveit-Moe, Gavin Yamey

Lancet 2013; 382: 1898-955

Executive summary

A "grand convergence" in health is achievable within

“ A grand convergence is achievable within our lifetime ”

Executive summary, 1898-1955  
Geneva, Switzerland (S Berkley MD); Ministry of Health, Kigali, Rwanda (A Binagwaho MD [Ped]); Family, Women's, and Children's Health (F Bustreo MD) and Department of Health Systems Financing (D Evans PhD), World Health Organization, Geneva, Switzerland; Global Health Group, University of California, San Francisco, CA, USA (Prof R G A Feachem DSc [Med], G Yamey MD); Development Policy and Finance, Bill & Melinda Gates Foundation, Washington, DC, USA (G Ghosh MSc); Health Science Center, Peking University,

1898

measured in national income accounts plus the VLYs gained in that period. Between 2000 and 2011, about 24% of the growth in full income in low-income and middle-income countries resulted from VLYs gained.

This more comprehensive understanding of the economic value of health improvements provides a strong rationale for improved resource allocation across sectors.

#### Opportunities:

- If planning ministries used full income approaches (assessing VLYs) in guiding their investments, they could increase overall returns by increasing their domestic financing of high-priority health and health-related investments.
- Assessment of VLYs strengthens the case for allocating a higher proportion of official development assistance to development assistance for health.

- The international community can best support convergence by funding the development and delivery of new health technologies and curbing antibiotic resistance. International funding for health research and development targeted at diseases that disproportionately affect low-income and middle-income countries should be doubled from current amounts (US\$3 billion/year) to \$6 billion per year by 2020. The core functions of global health, especially the provision of global public goods and management of externalities, have been neglected in the last 20 years and should regain prominence.

**Fiscal policies are a powerful and underused lever for curbing of non-communicable diseases and injuries**  
The burden of deaths from non-communicable diseases (NCDs) and injuries in low-income and middle-income

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Dean T Jamison\*, Lawrence H Summers\*, George Alleyne, Kenneth J Arrow, Seth Berkley, Agnes Binagwaho, Flavia Bustreo, David Evans,

“ A grand convergence is achievable within our lifetime ”

…assuming coverage levels of at least 90%

(Prof R G A Facheem DSc [Med], G Yamey MD); Development Policy and Finance, Bill & Melinda Gates Foundation, Washington, DC, USA  
(G Ghosh MSc); Health Science Center, Peking University,

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# But coverage is incomplete and inequitable

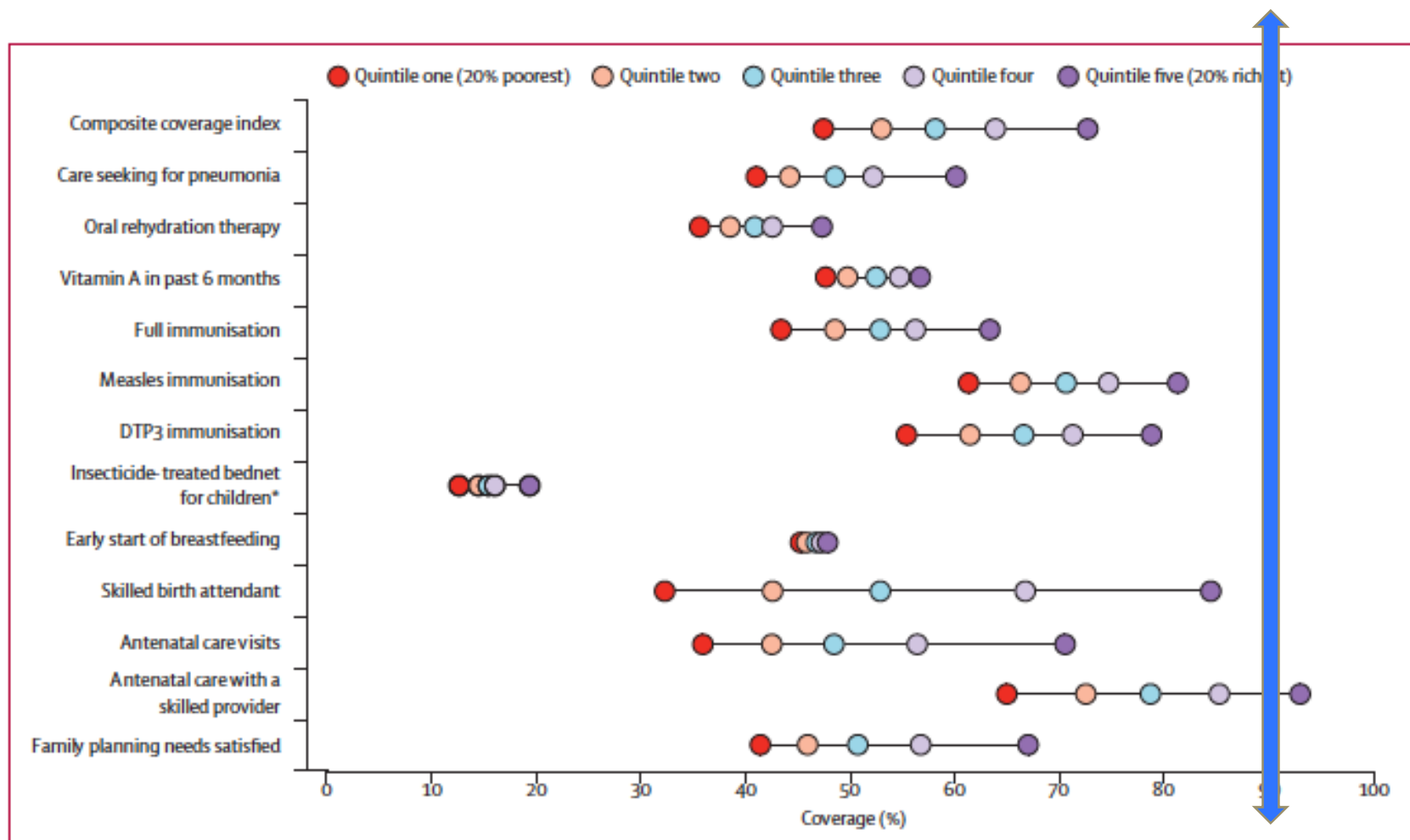
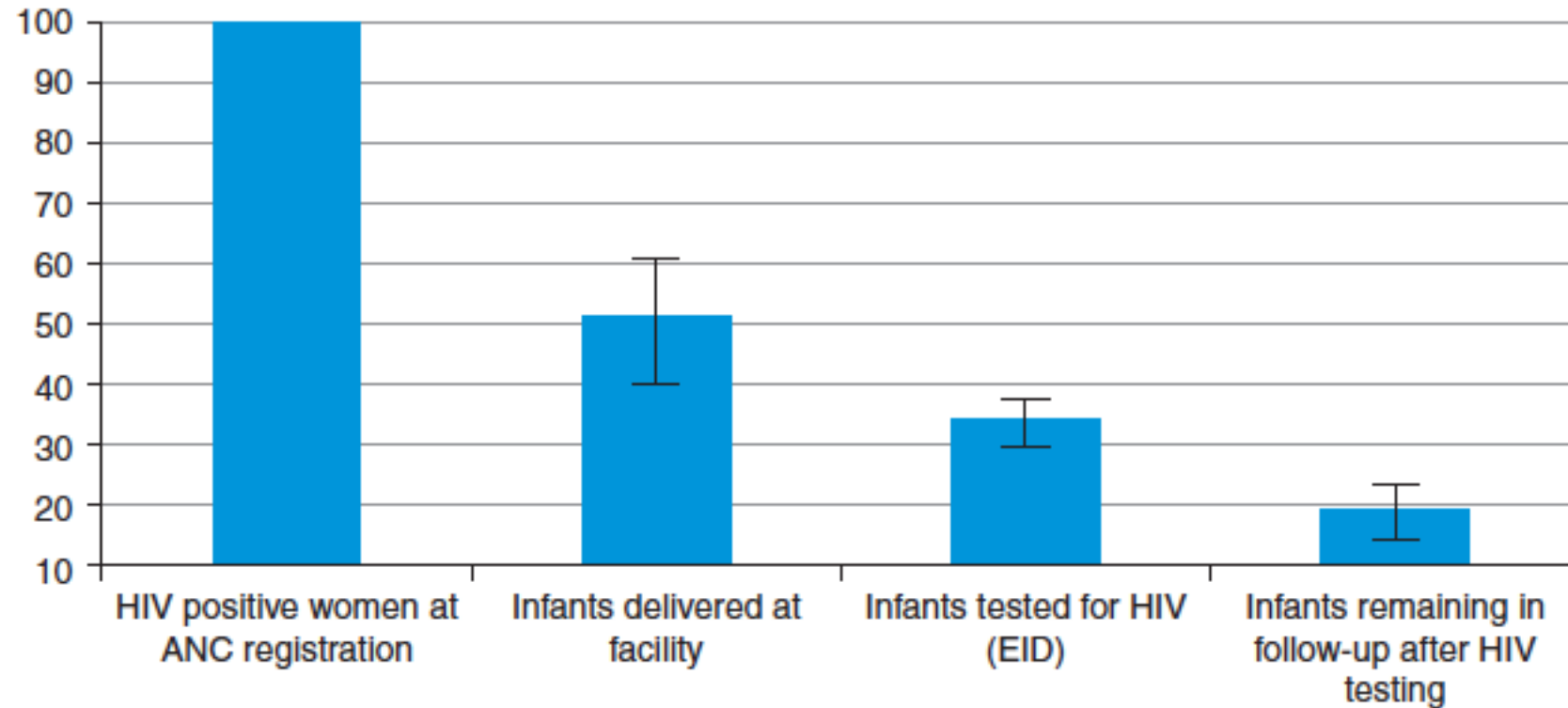


Figure 1: Mean coverage in each wealth quintile for the studied interventions in 54 Countdown countries

# And people don't return to clinic



Sibanda, E. L., I. V. Weller, et al. (2013). "The magnitude of loss to follow-up of HIV-exposed infants along the prevention of mother-to-child HIV transmission continuum of care: a systematic review and meta-analysis." *Aids* **27**(17): 2787-2797.

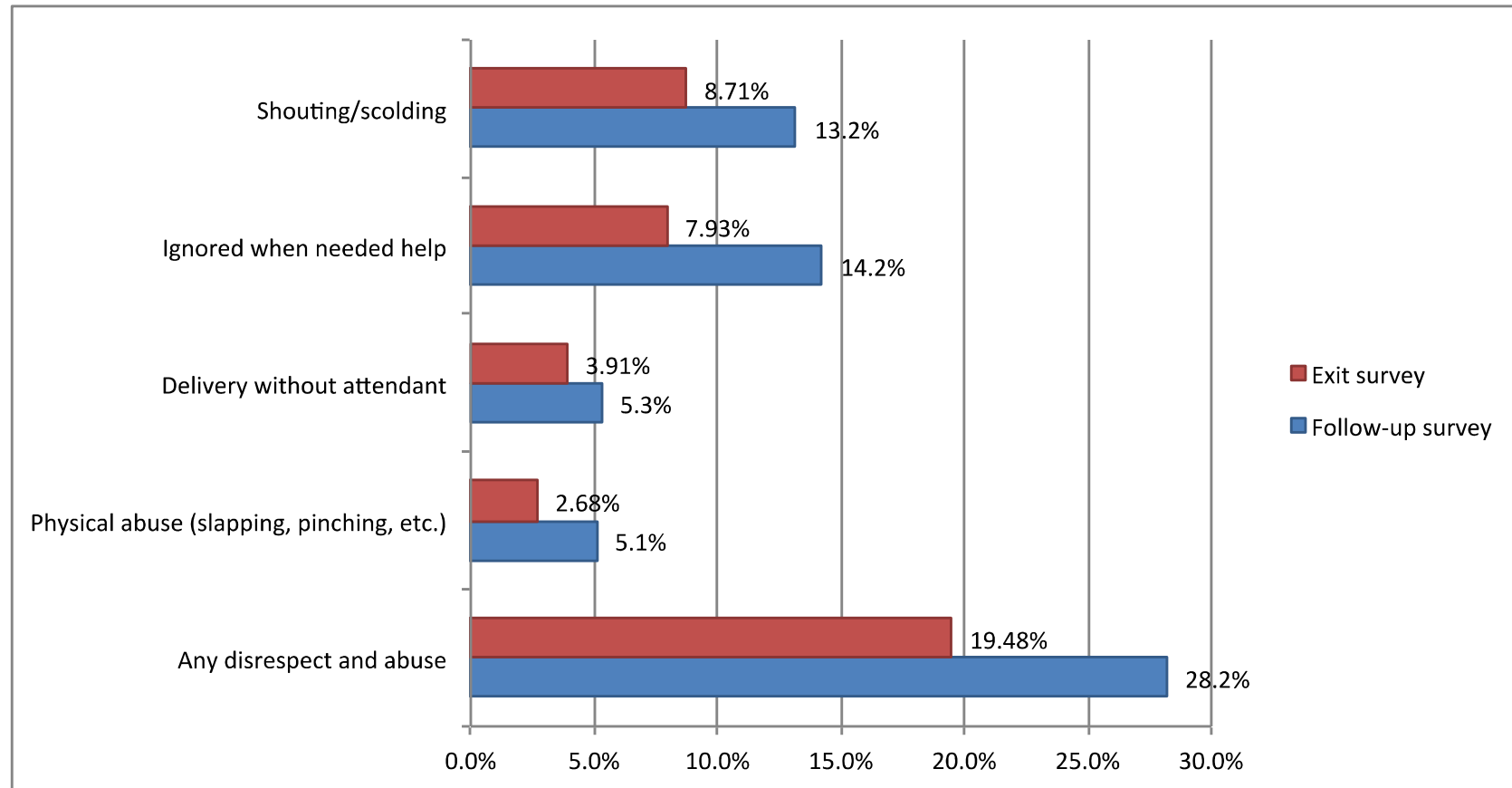
# Many clinics sit empty



# While others are overcrowded



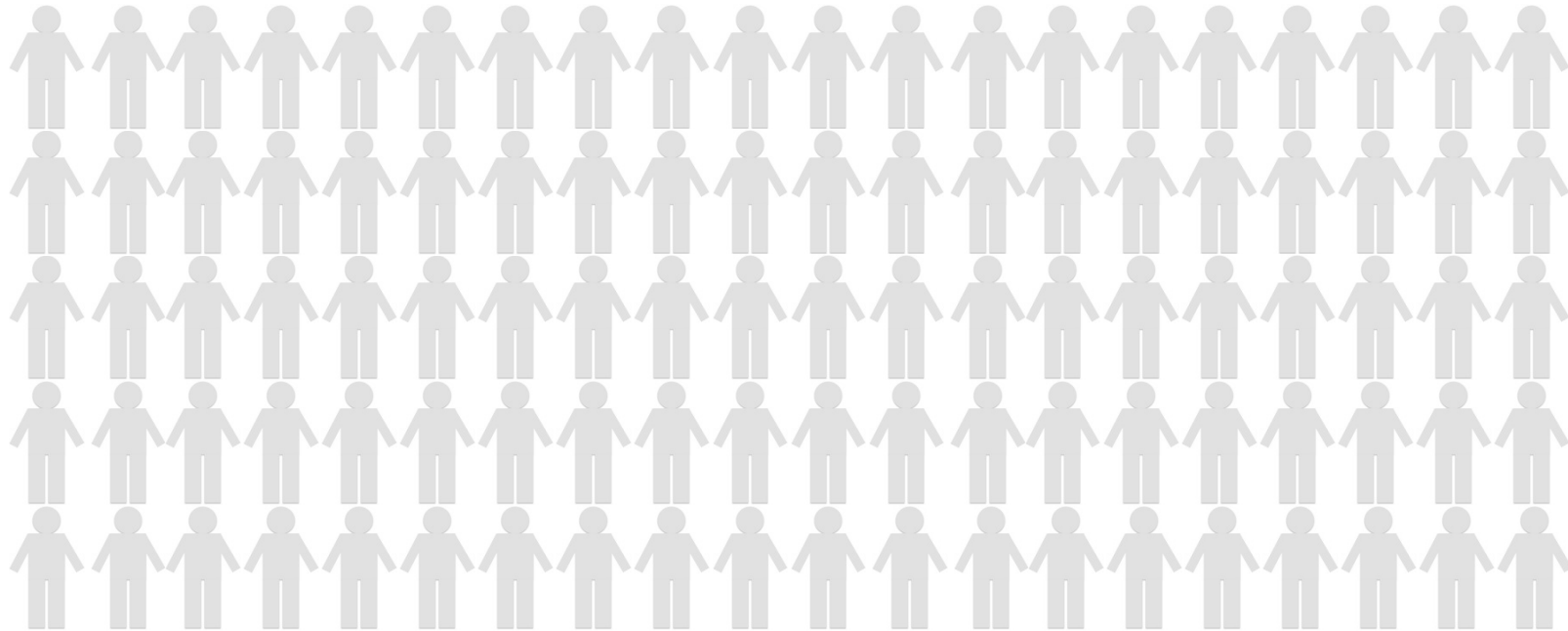
# Poor interpersonal quality



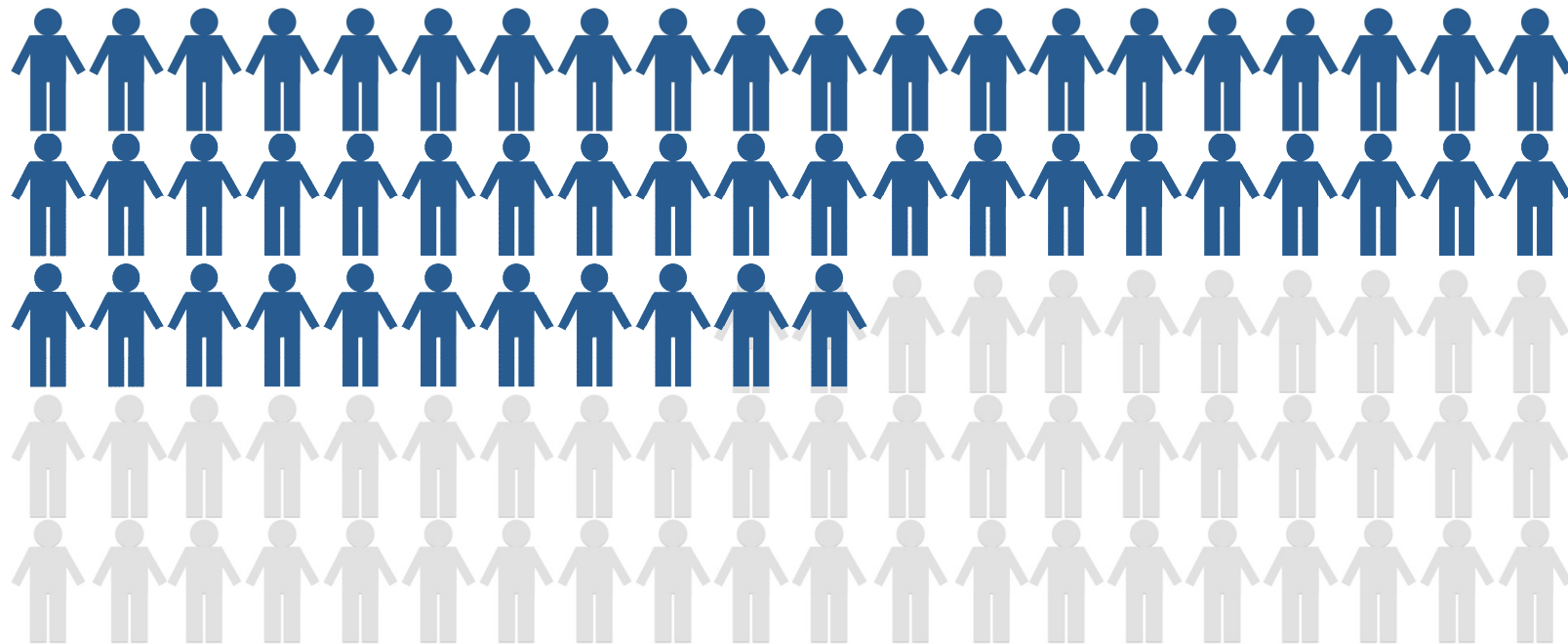
Kruk, M., S. Kujawski, et al. (2014). "Disrespectful and abusive treatment during facility delivery in Tanzania: a facility and community survey." *Health Policy and Planning* **in press**.

# How do people react?

If you or your child is very sick tomorrow, can you get the health care you need?



# Yes







## Missing: confidence in Liberia's health system

By [phumauj](#) · September 15, 2014 · [health systems](#), [low-income countries](#) · [No comments](#)

Tags: [Africa](#), [Ebola](#), [epidemic](#), [fragile states](#), [health systems strengthening](#), [Liberia](#)

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by [Margaret E. Kruk](#), Associate Professor, Columbia University Mailman School of Public Health



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“ Any health system has to demonstrate its usefulness to people to be valued and trusted in emergencies ”



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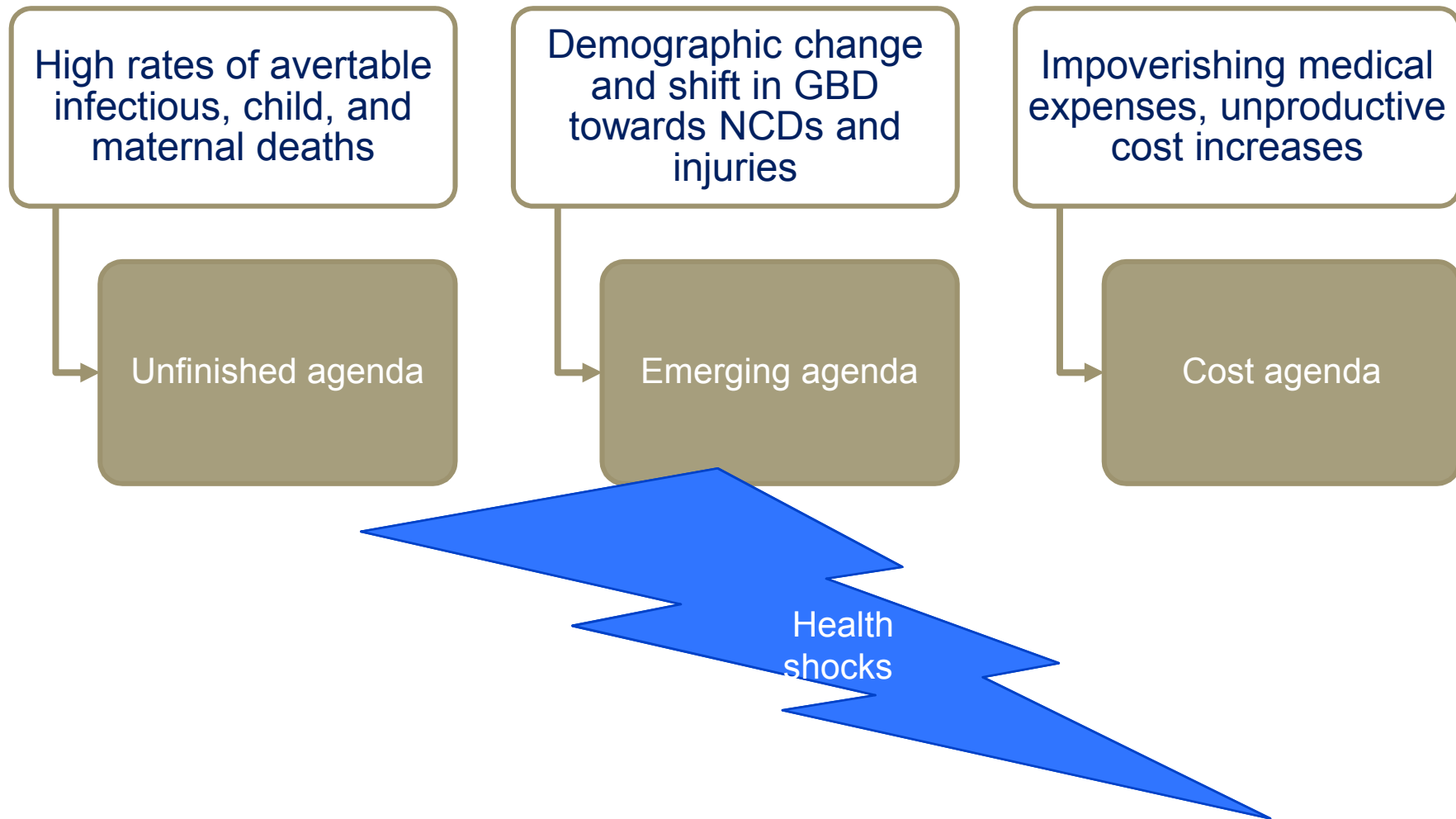
# When Ebola hit, the system collapsed

Dying at the hospital door from NY  
Times

# And population refused to come forward



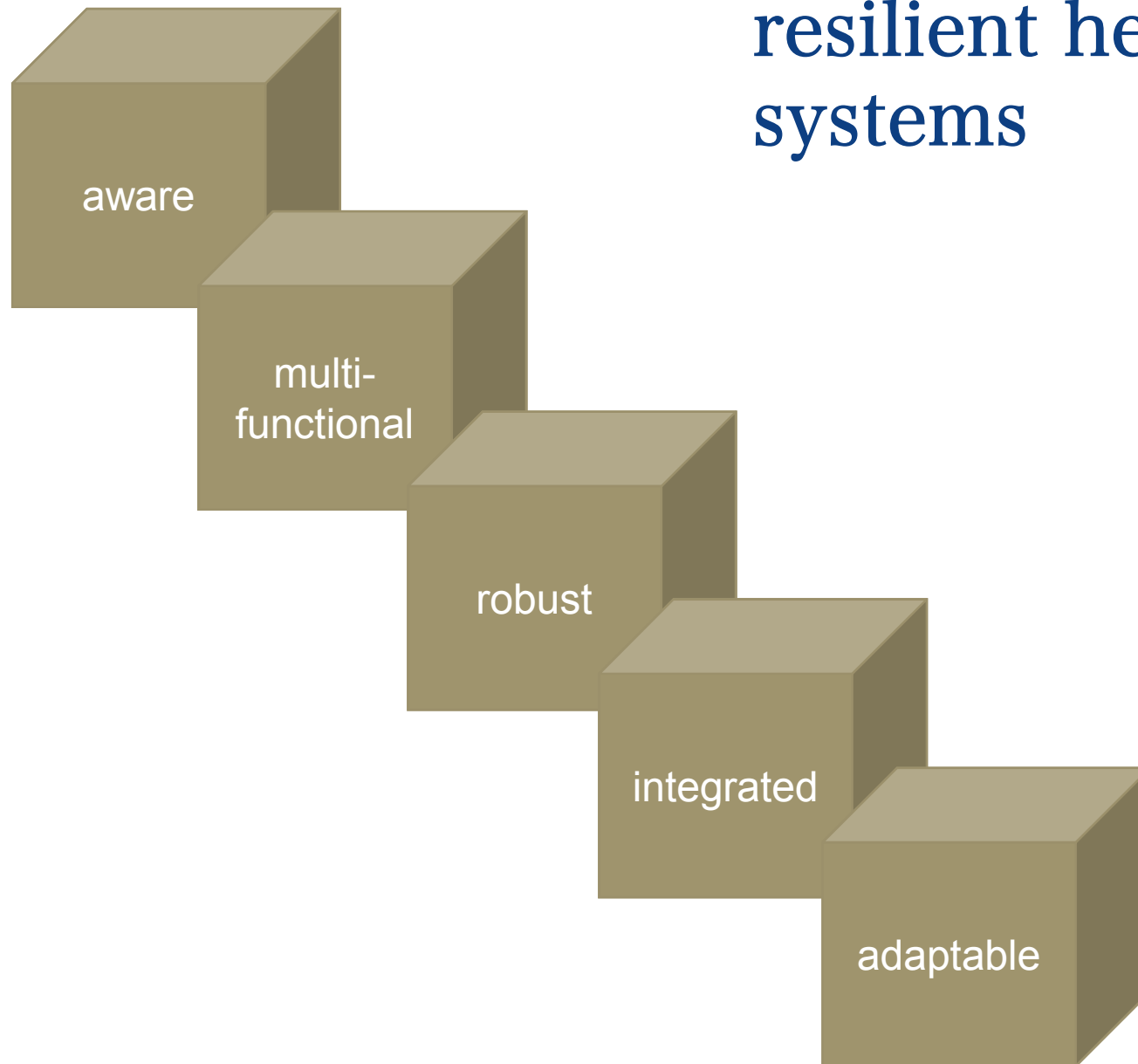
# 2015-2035: ~~three~~ four domains of health challenges



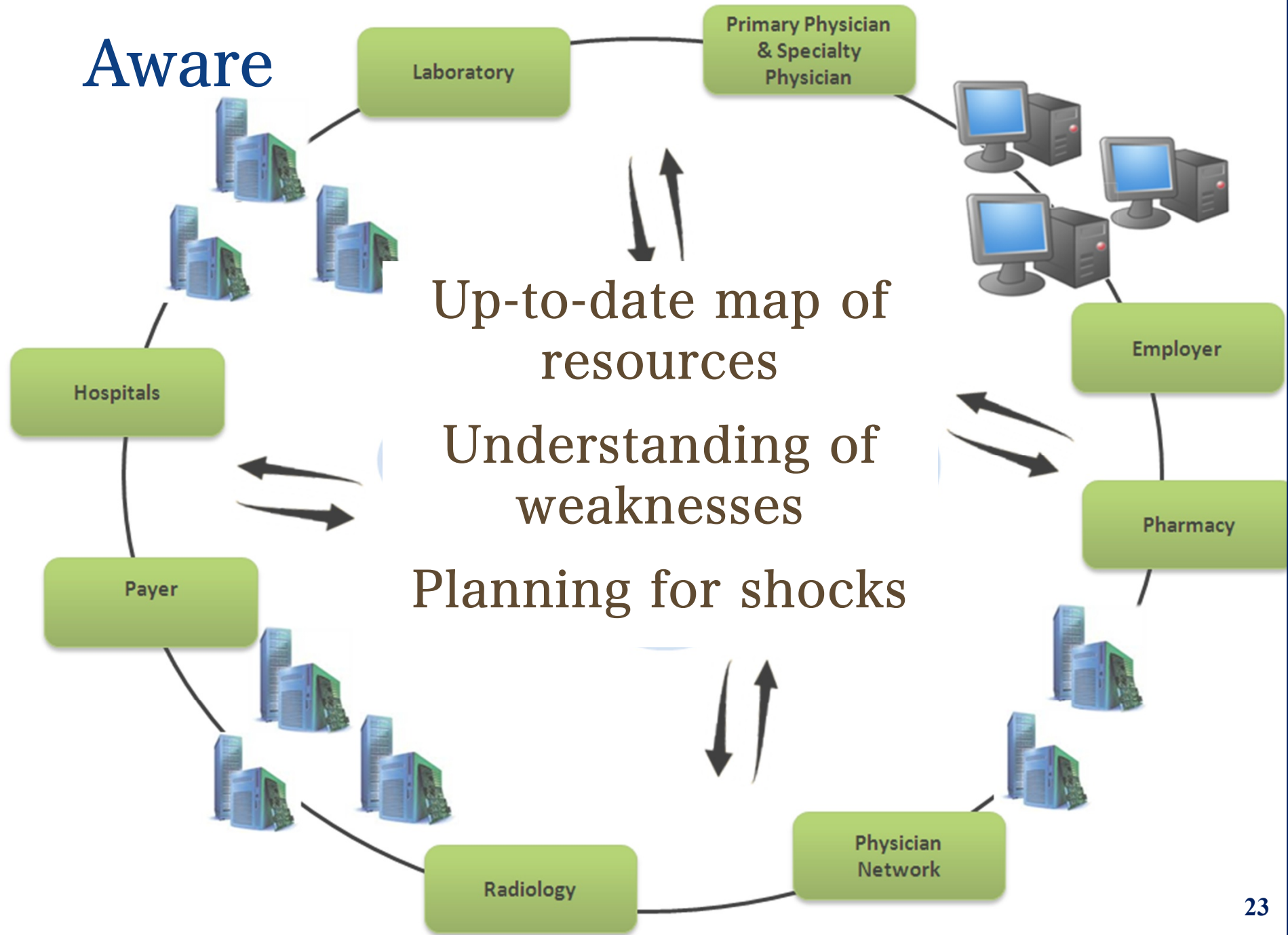
# What is health system resilience?

“capacity of health actors, institutions, and populations to work within a supportive legal framework to prepare for and effectively respond to crises, maintain core functions, and reorganize if conditions require it”

# Elements of resilient health systems



Aware





# Multifunctional

An aerial illustration of a multifunctional community center. The main building has a grey corrugated metal roof and a red cross on its side. To the right, there is a blue kiosk with the Philips logo. In the foreground, a group of people is playing soccer on a green field. Other people are walking around the area, and there are trees and a street lamp. The scene is set in a community environment.

Functioning, flexible  
primary care

Services for diverse  
conditions

Financial protection

# Robust

Able to isolate threat  
Continued provision  
of core services  
Slow and fast inputs



# Integrated

Coordinated public health  
and health care

Involvement of actors  
outside health

Involvement of community

Access to global resources

# Adaptable



Changes to improve  
function

Flexible organizational  
structure

Strong, nimble leadership

# How do we build it?

- Local and regional actions
- Global governance

# How do we build it?

## Local and regional actions

- Greater investment in health care and public health
- More attention to functionality of the system
- Put users at the center
- Regional cooperation on science and response

## Global governance

- Better response capacity (money, policies)
- Shift in bilateral spending: building a health system platform
- Programming vertical programs to benefit health systems



“ Health systems limitations are the binding constraint preventing further progress in global health ”





“ Future programming should emphasize.... country ownership, making investments over a long time period, and giving more attention to outcomes... ”

“ The United States should...require rigorous, external impact evaluations for U.S. government global health projects that involve technical innovation or new models for service delivery ”



# Japan's role?

## MOFA ODA charter

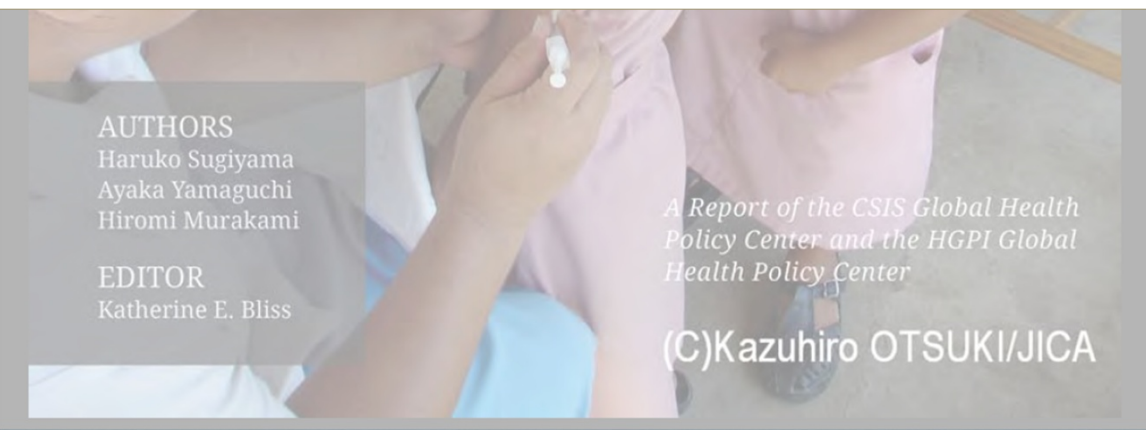
- Support self-help efforts of developing countries
- Take perspective of human security
- Assure fairness
- Utilize Japan's experience and expertise
- Partner with international community

Great role for academic institutions in documenting and evaluating resilience?

# Japan's Global Health Policy

“ Improve monitoring, continuous assessment, and evaluation...conducted by independent third party”

“ Full-fledged system of policy analysis should be developed, including the validation of policy ideals”



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*A Report of the CSIS Global Health Policy Center and the HGPI Global Health Policy Center*

(C)Kazuhiro OTSUKI/JICA

# Common interests, shared solutions

- Resilience is a priority for health system building and a point of global health solidarity
- Requires new thinking at national and global levels
- Clear role for research to promote transparency, accountability, and shared solutions
- New multilateral research partnerships needed to deliver on this task