Health systems – partnerships and inclusiveness

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Is it time that we revisit how we define and value what constitutes a health system? We use the term "*health system*" but consumers, government, health care providers, insurers and other funders want different things in terms of outputs and outcomes and even how to define an effective system really does mean different things to different people. There are intensive debates regarding the scope, roles and governance of health, aged and disability care services that enable us to challenge existing definitions of what is a health system (1).

Murray & Evans set out a health system can be defined differently at different levels (2). From this view and at the most narrow perspective, a health system can be those activities directly under the governance and effective control of a government funder and regulator who defines the scope and roles of the various parts of the system by legislation and funding control. Examining this a little more comprehensively it may be considered as previously stated but to also include personal and collective clinical services provided by a range of health professional disciplines, ownership organizations and excludes those things that are the basis for the biological and sociological determinants of health. An even more expansive and encompassing view might be that a health system is inclusive of all the actors, institutions and resources that have as their central objective the enhancement of health status and quality of life.

This option is very close to a definition of health systems which has been proposed by the World Health Organization, where a health system includes *"all the activities whose primary purpose is to promote, restore or maintain health"* (3). This definition emphasizes that health systems are defined as comprising all the organizations, institutions and resources that are devoted to producing health actions, whether in personal health care, public health services or through inter-sector initiatives. Other definitions of health systems are presented in Table 1.

Health systems cannot be studied in isolation from other aspects of society, be that from a consumer, government funder, and provider or regulator perspective, or from that of health professionals because these parts of the system do not exist in a social or cultural vacuum. Rather, it is an expression of, and to some extent a microcosm of, the values and social structure of the society from which it arises. There is no doubt that the dominant political ideology of a country will also influence health policy which in turn influences health funding and thus

Table 1. Definitions of health system

Sourse	Definition
World Health Organization (3)	*"Health system includes all the activities whose primary purpose is to promote, restore or maintain health."*
European Observatory for Health Systems and Policies (4)	*"A health system consist of all people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health."*
WHO European Ministerial Conference on Health Systems (5)	*"Health systems ensemble all public and private organizations, institutions and resources mandated to improve, maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health."*

service delivery. This may be a capitalist, welfare state, socialist or communist ideology – they all produce different types of health systems, and different attitudes to health and illness (6).

Medical anthropologists argue that all health care systems are composed of three overlapping parts (7):

i) *the popular sector* - lay, non-professional, non-specialist domain of society in which illness is first defined and health care activities initiated;

ii) *the folk sector* - nonprofessional, non-bureaucratic, specialist sector, in which folk and non-traditional healing methods are used;

iii) *the professional sector* - organized, regulated by laws, health sector, which consists of health care professionals. In Western countries is described as "biomedical" as well.

It has been estimated that about 70%-90% of health care takes place outside of the professional sector and thus the majority of health actions in all societies are happening outside of the evidence-based environment. The evidence-based part of health system is very sensitive to cultural and social factors which cause rather significant variations in the practice even between similar countries. The fundamental work of Lynn Payers has shown such variations between health care providers in the United Kingdom, France, Germany and USA, which can be largely explained by cultural and social terms (8).

The World Health Organization (3) identifies three main objectives of each health system:

a) improving the health of the population they serve;
b) responding to people's expectations;
c) providing financial protection against the costs of ill-health.

Alternatively, health systems may be investigated by examining their organizational structure as Curtis & Taket believe that a health care system is "*the combination of structures which determine how health care is made available to the population of a country*" (9). Fundamental components are essential for every health system include (10):

a) resources,
b) organization,
c) management,
d) economic support, and
e) delivery of services.

The absence of one of these components can lead to malfunction of an entire system.

Leatt & Porter identify that health systems are

different from other sectors of human services in that health systems are surrounded with a very complex and dynamic external environment (e.g. insurance, regulation, public policy, funding and politics). Additionally, health systems are constantly in need of new technologies and innovation and these are continuously evolving and the evidence about their effectiveness may be incomplete. Health systems employ highly competent, mobile and usually better paid professionals and the goals of service delivery are multiple and potentially competing, e.g. the tension between expense, clinical care, and patient quality and outcomes (11).

Consumer engagement and influence is rising and is essential to the way that the health system improvement agenda is implemented in pursuit of improvements to health status and quality of life; quality, risk and safety of systems; and to the economic imperatives that ensure viability, sustainability and effectiveness.

It is therefore reasonable to believe that a health system is an essential and very specific sector for every society. With more than 200 health systems in the world operating with different political ideologies, policy frameworks, funding arrangements, regulatory arrangements and business drivers, then this gives rise to different organizational designs and service delivery models. These differences can cause different possibilities for access, use and performance of health services (12).

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