

High quality, resilient health systems build confidence

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Quality Evidence for
Health System
Transformation

Utilization x Quality = Health

Definition of a high quality health system

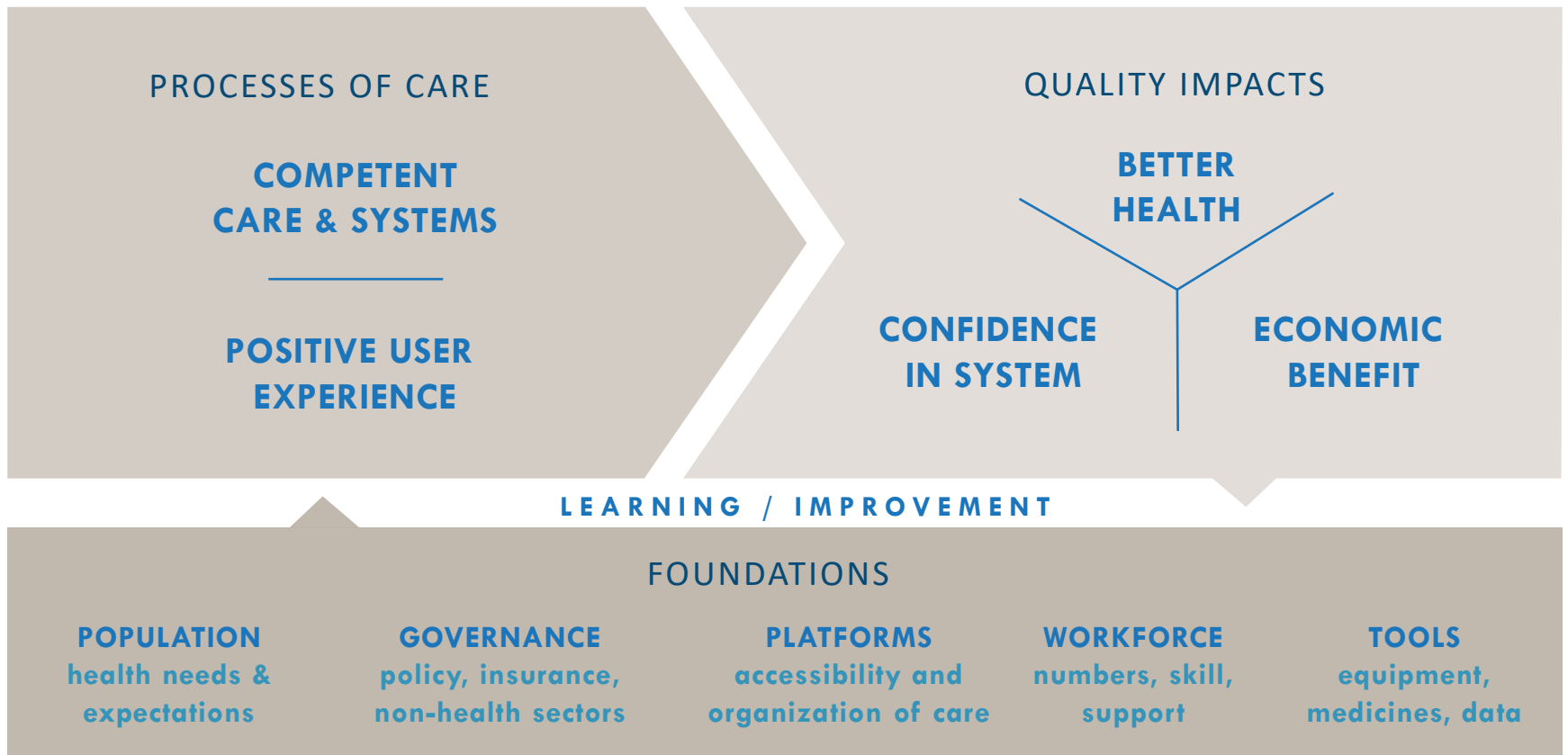


Health systems are for people. A **high quality health** system optimizes health in a given context by

- **consistently** delivering care that improves or maintains health,
- being **valued and trusted by all** people,
- **responding** to changing population needs.

HIGH QUALITY HEALTH SYSTEM FRAMEWORK

FOR PEOPLE



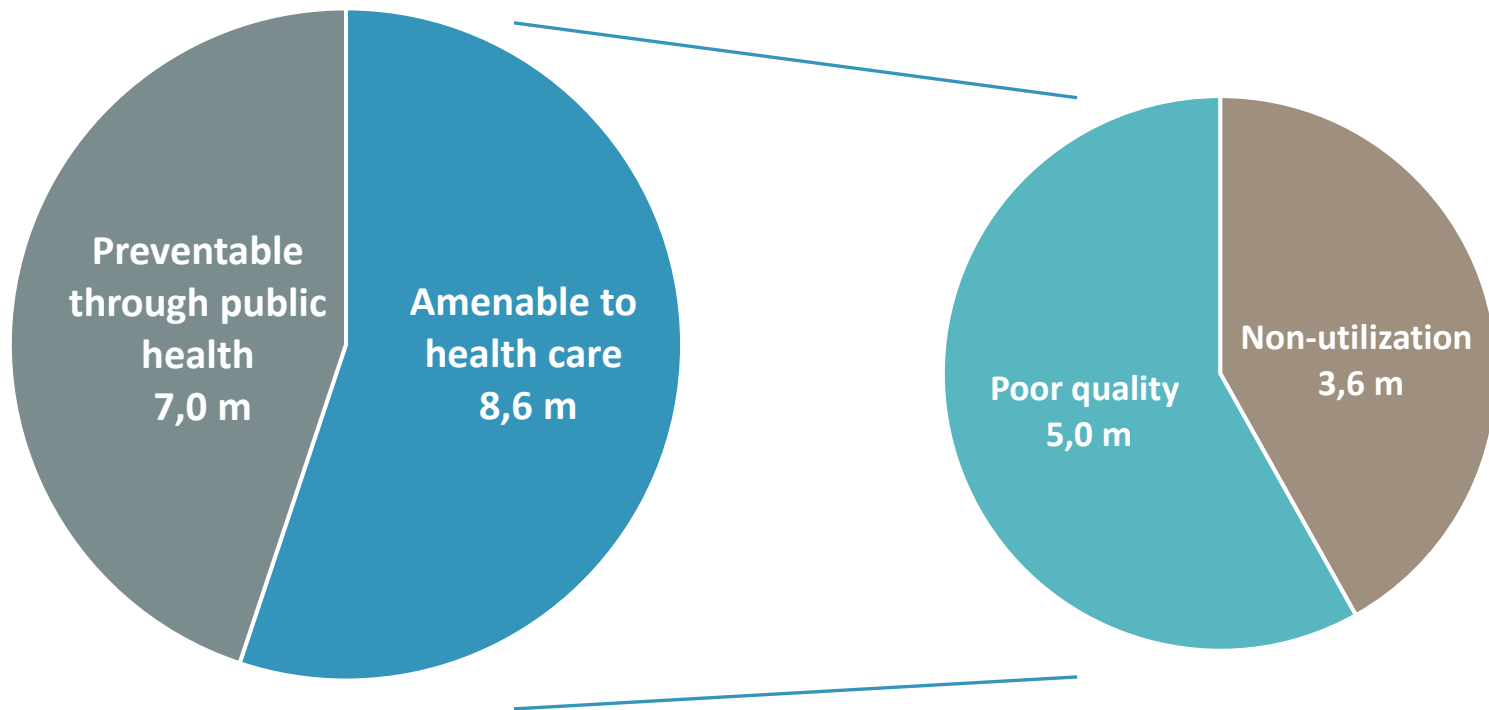
EQUITABLE

RESILIENT

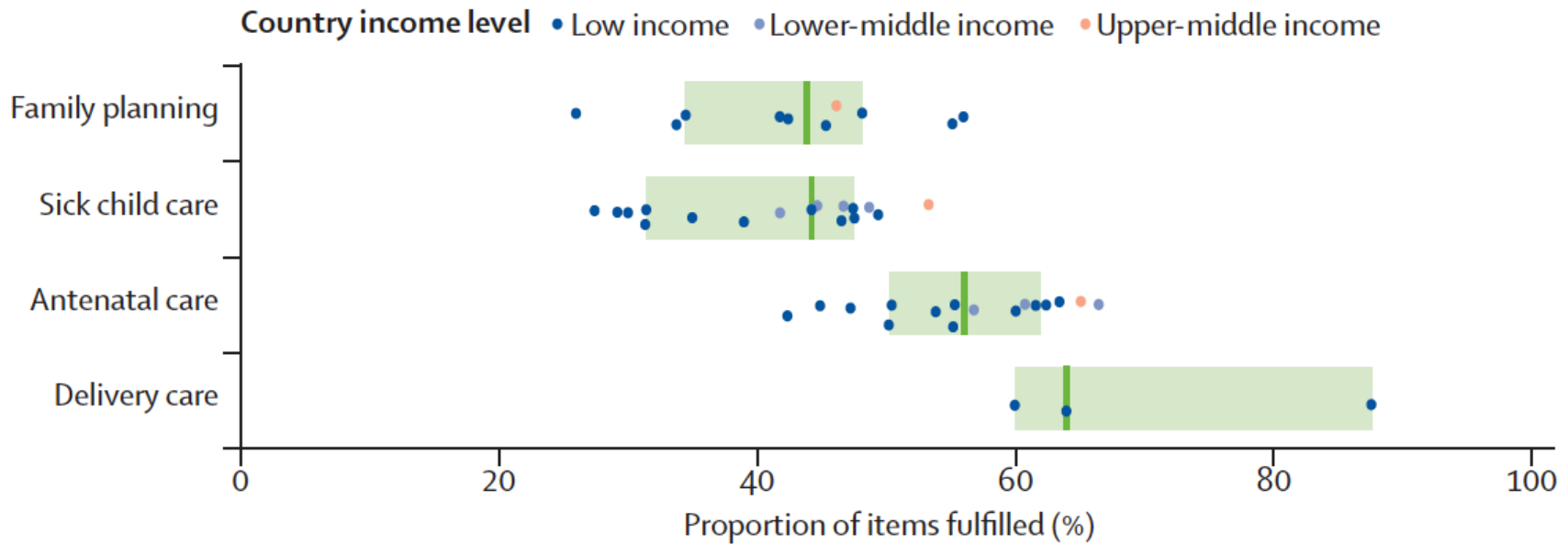
EFFICIENT

8.6 million deaths from treatable conditions: 60% due to poor quality among people using care

137 LMICs; 61 health conditions



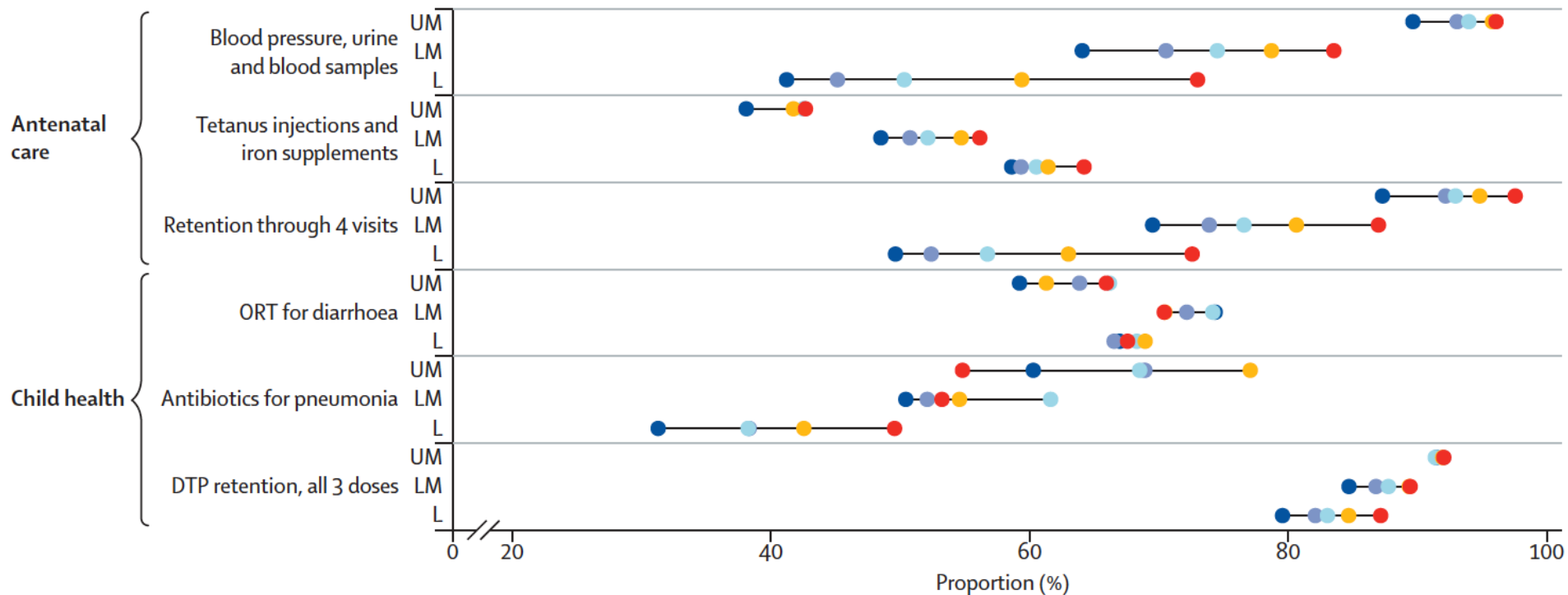
Health providers perform 1/2 of basic clinical actions for common conditions



Poor quality for the poor

Country income level L = lower income LM = lower-middle income UM = upper-middle income
 Wealth quintiles ● Q1: poorest ● Q2 ● Q3 ● Q4 ● Q5: least poor

A



More and more complex health needs

AIDS, tuberculosis, malaria, and neglected tropical diseases

injuries and accidents

hepatitis, waterborne diseases, and other communicable diseases

Rising expectations

deaths of newborns and children

malnutrition, stunting and wasting

noncommunicable diseases

national and global health risks

illnesses from hazardous chemicals and pollution

vaccines and medicines

sexual and reproductive health



maternal mortality

mental health and well-being

substance and alcohol abuse

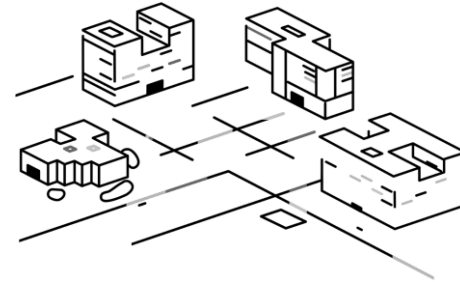
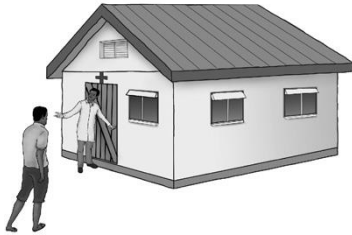
tobacco control

universal health coverage

health workforce

Residual mortality harder to avert

Move beyond micro-level fixes



Micro (point-of-care)

Facility-level

Behavior change

Short term

Local scale

Project based

Macro (structural)

System-level

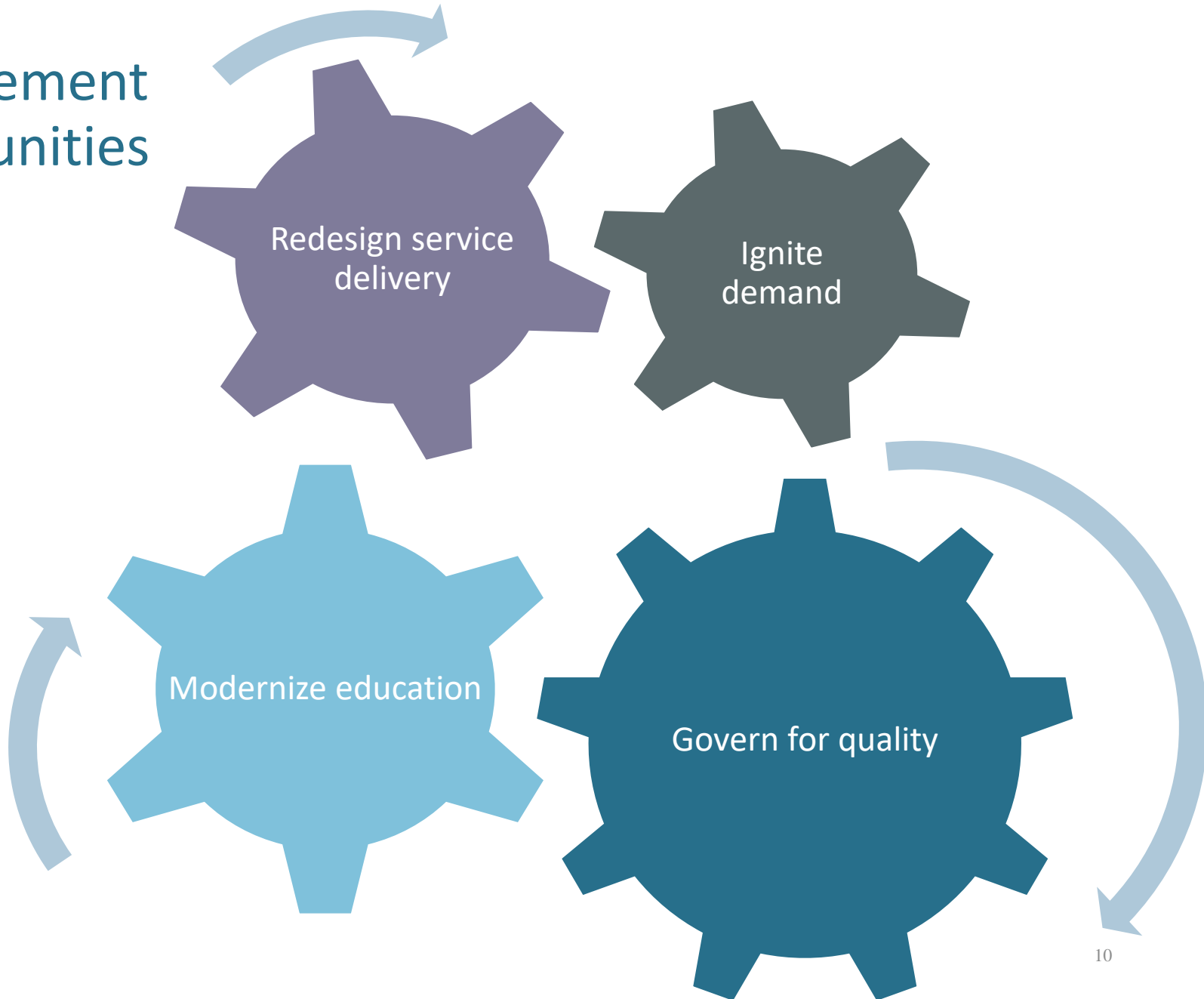
Foundation change

Long term

Large scale

Nationally led

Four improvement opportunities



Measure what matters, when it matters

Functions not inputs

- Real time registries of health system assets, health needs
- Health system competence not buildings, provider competence not numbers

Performance in normal and crisis times

- Health system quality dashboards shared with people
- Service provision, quality, mortality for index AND routine needs during crisis

People's voice and values

- User experience, confidence, endorsement
- Function (not presence) of feedback channels

High quality health systems that are resilient

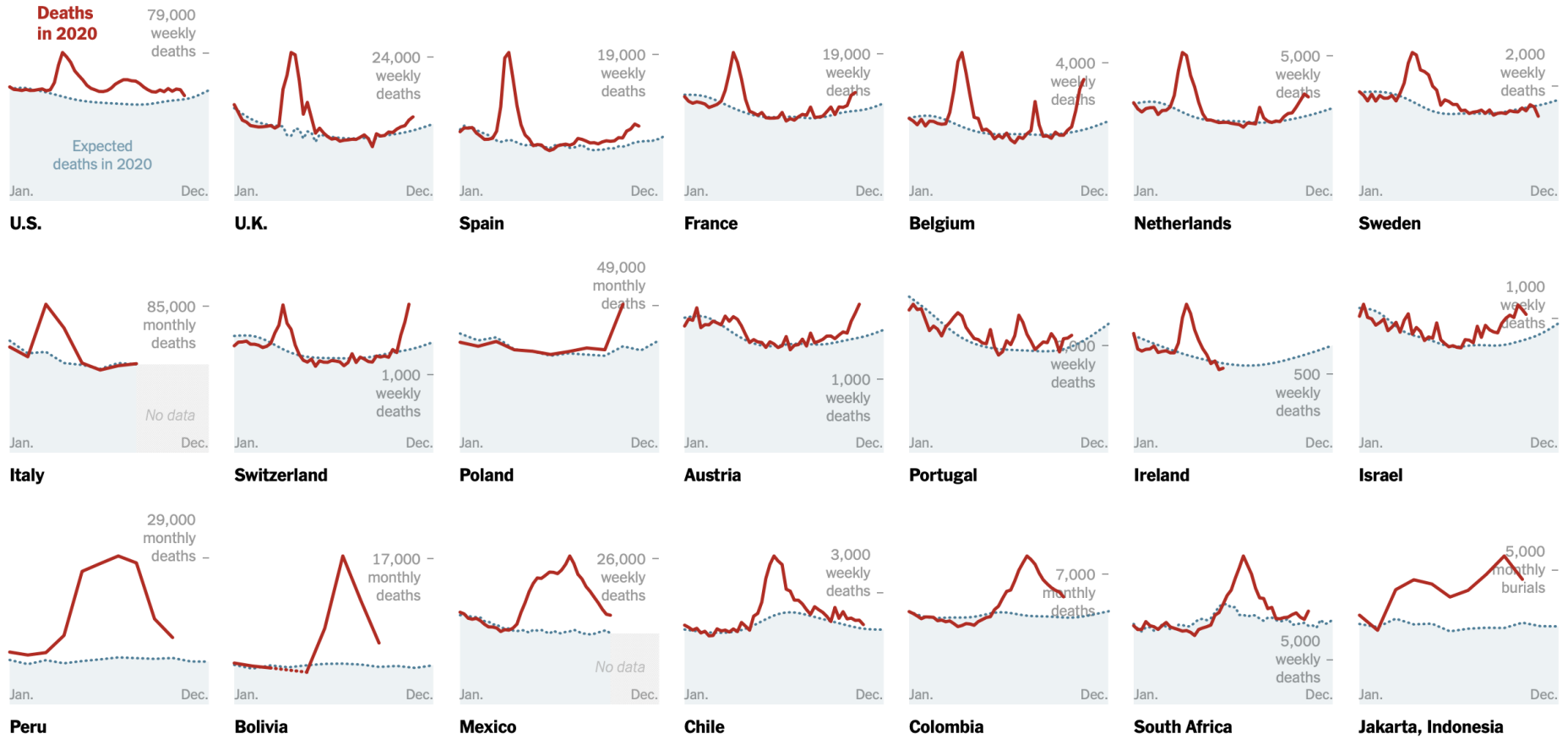
prepare for and effectively **respond** to crises

maintain **core** functions when a crisis hits

reorganize if conditions require it

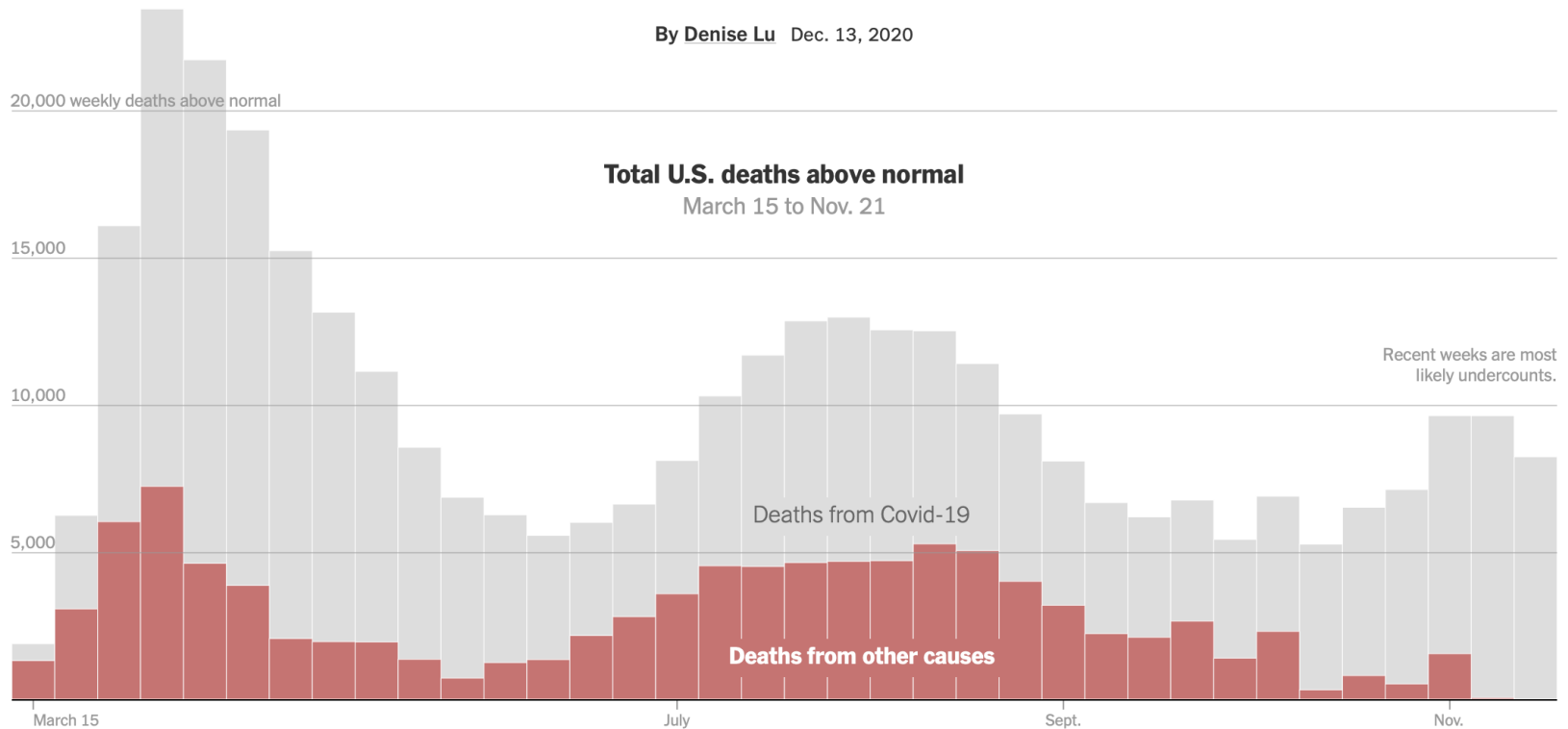
412,000 Missing Deaths: Tracking the True Toll of the Coronavirus Outbreak

By Jin Wu, Allison McCann, Josh Katz, Elian Peltier and Karan Deep Singh Updated Nov. 27, 2020

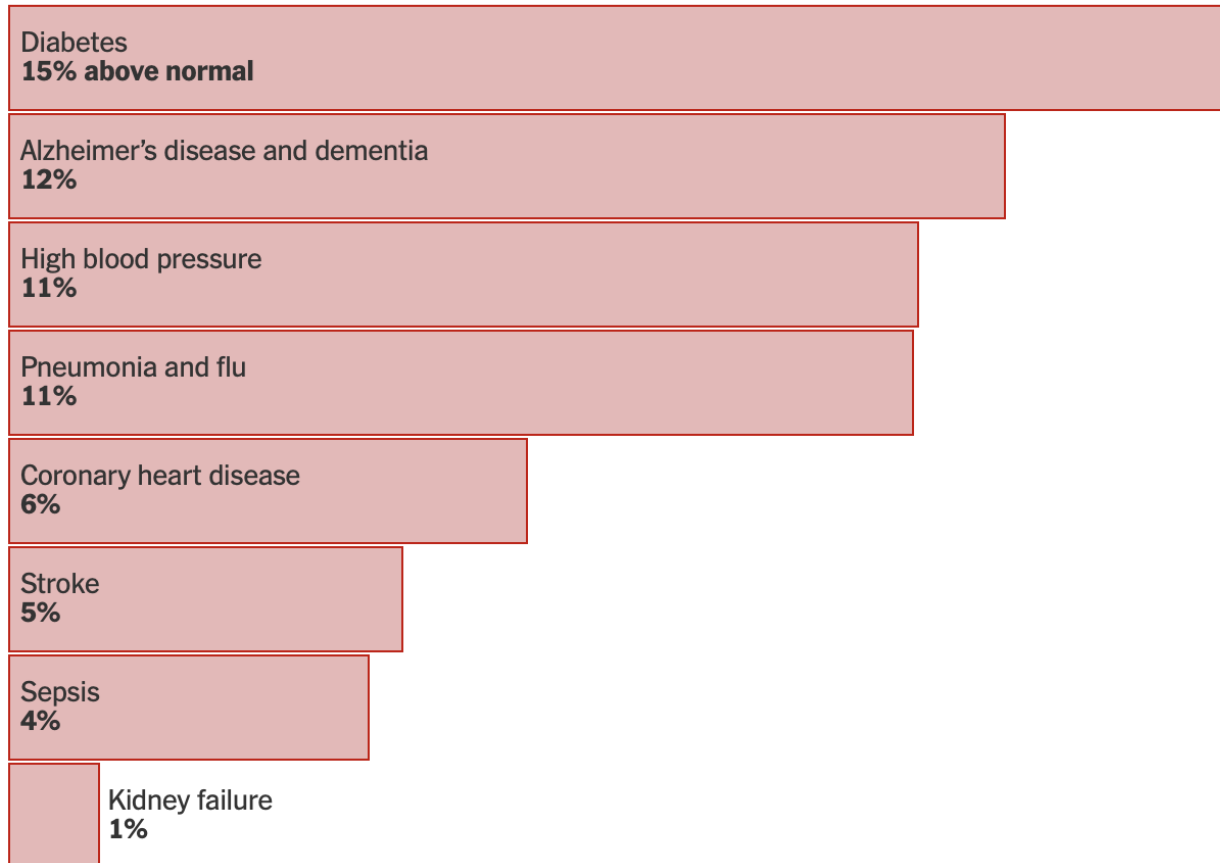


2020 Was Especially Deadly. Covid Wasn't the Only Culprit.

By Denise Lu Dec. 13, 2020



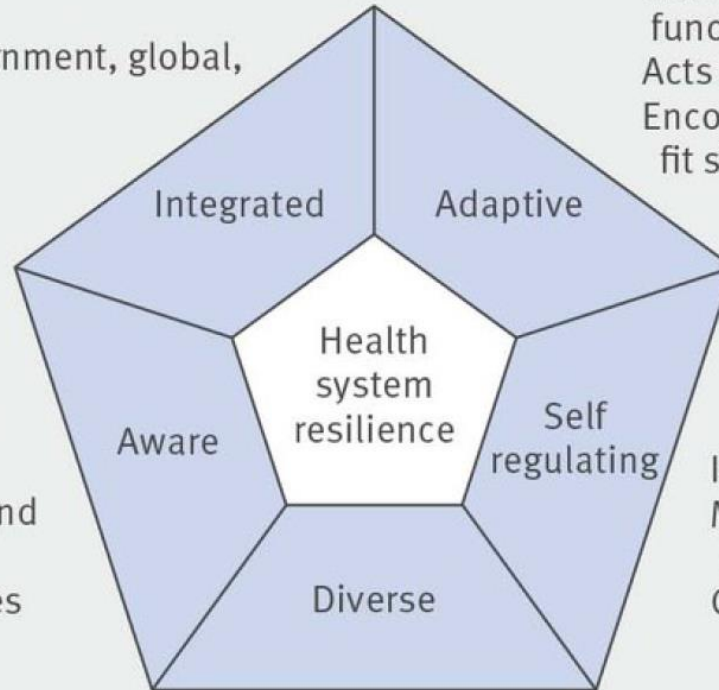
Deaths attributed to other causes above normal



Note: Data are from March 15 to Nov. 14. Not all causes are included. Deaths from external causes, such as suicides and drug overdoses, are not available because investigations are still underway in most cases.

Coordinates between government, global,
and private actors
Works across sectors
Involves communities

Transforms operations to improve
function
Acts on evidence and feedback
Encourages flexible response to
fit situation



Tracks population health
threats
Maps system strengths and
weaknesses
Knows available resources

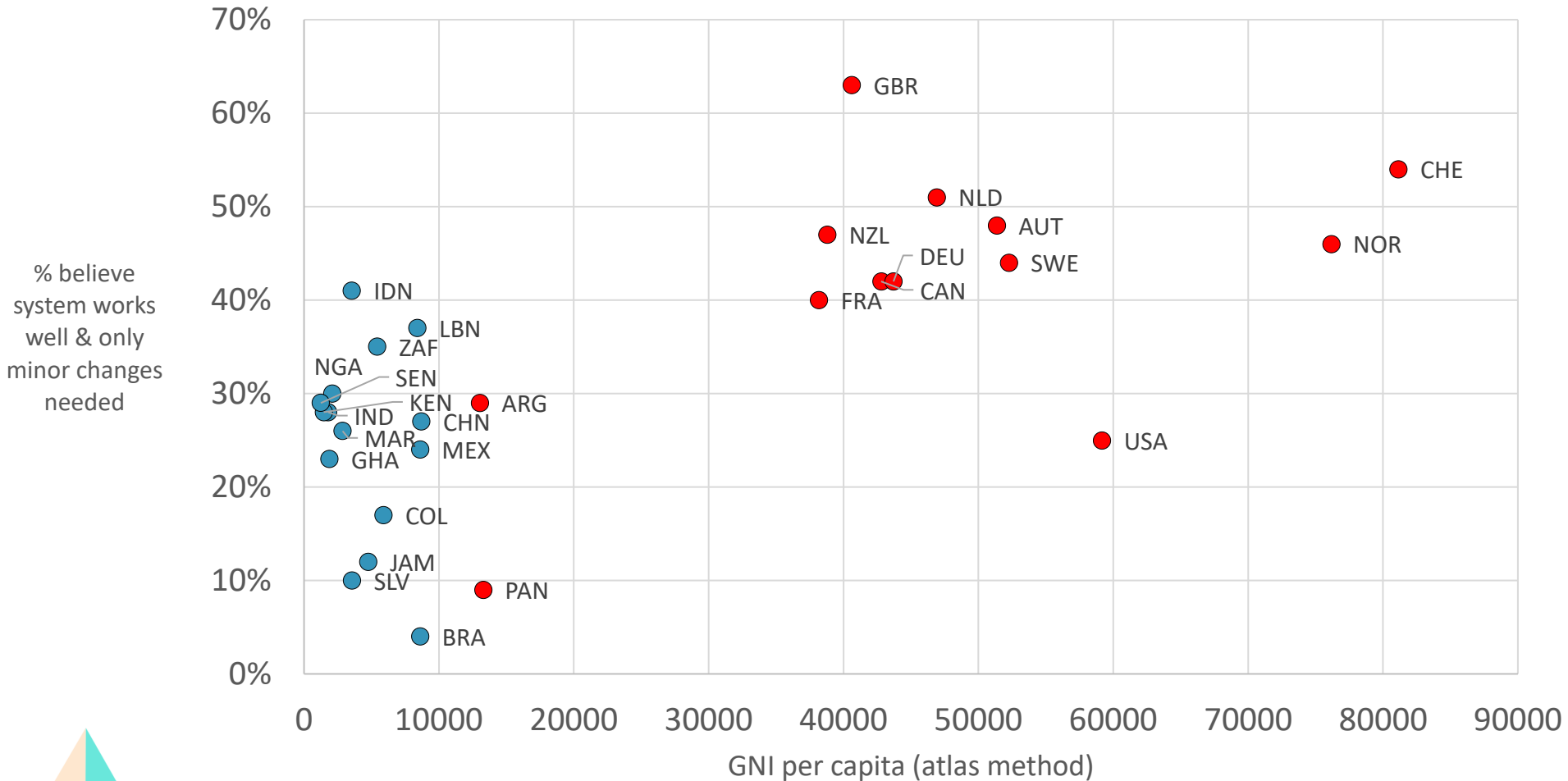
Isolates health threats
Minimises disruption to
essential services
Can access reserve capacity

Addresses range of health problems
Provides quality services that meet population needs

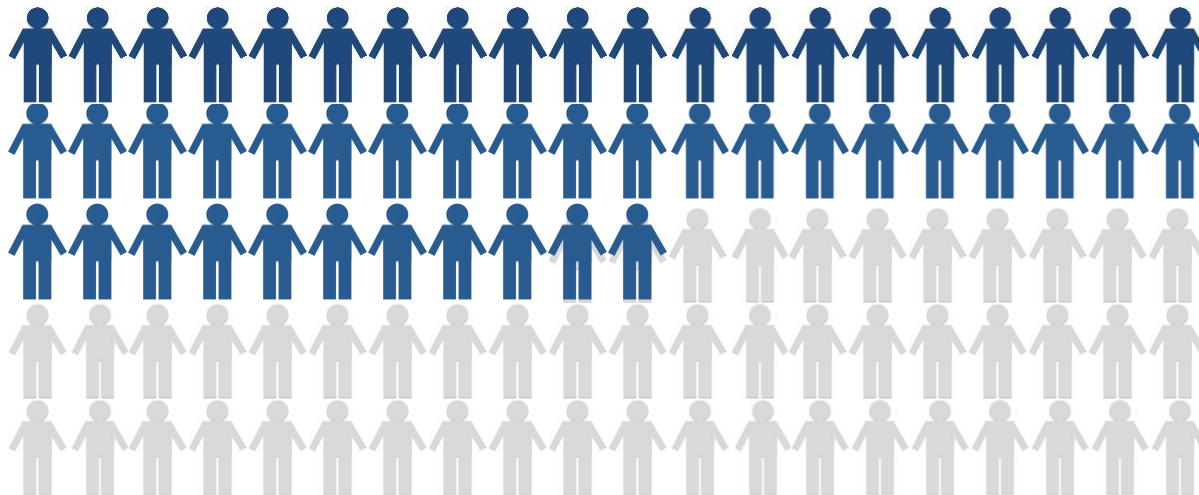
National leadership and policy • Public health and health system infrastructure
Committed workforce • Global coordination and support



Users' endorsement of health system



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

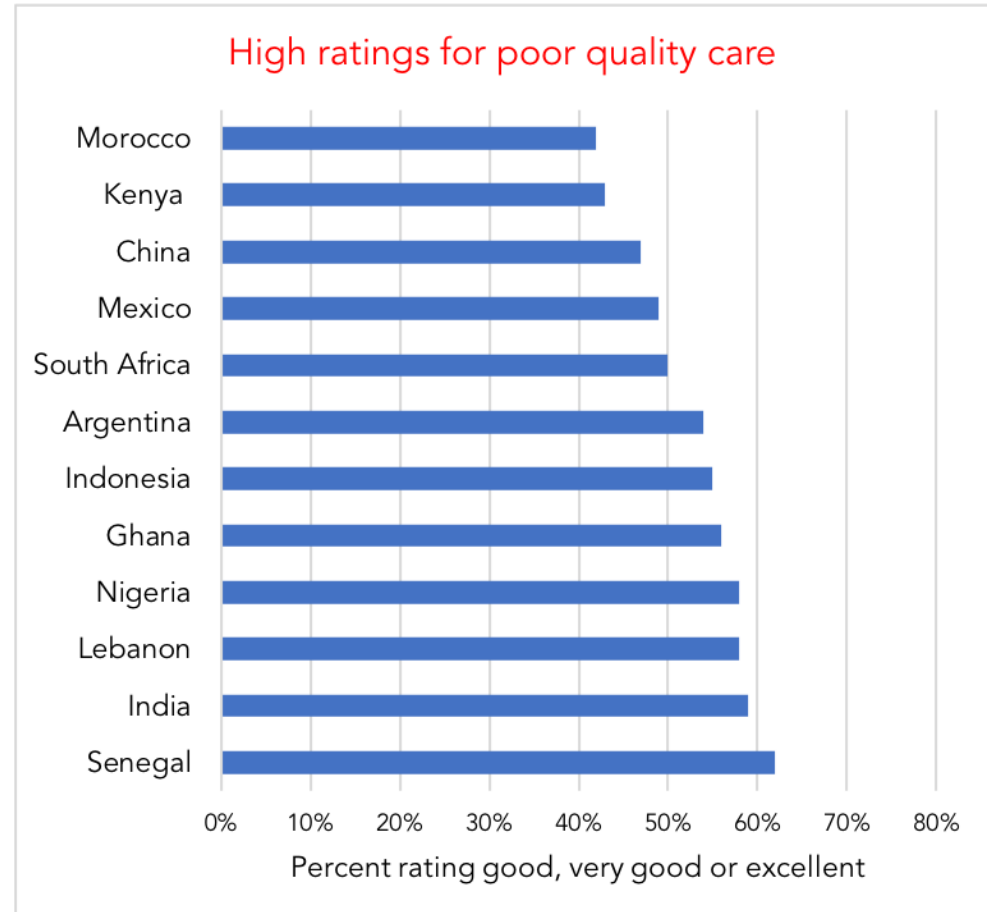


Svoronos T, Macauley RJ, Kruk ME. Can the health system deliver?
Determinants of rural Liberians' confidence in health care. *Health Policy Plan*. Jul 27 2014.

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Users need to be informed and empowered: low expectations limit impact

[Anthony] is a 45-year old man with high blood pressure who needs a regular check up. At the health facility the nurse does greet him and introduce herself and change his medication. She does not ask about his symptoms or check his blood pressure.



Resilience report card

Aware

- Information disorganized and misused
- County health teams lacked capacity to use information

Integrated

- Very poor coordination among partners, Ministries had difficulty getting information on activities and funding from partners
- Rampant duplication in some places; insufficient resources in others
- Confused messaging

Adaptive

- New service delivery models
- Communities changed cultural practices

Resilience report card

Diverse

- County health teams lacked capacity to use information

Self-regulating

- Unable to isolate cases and maintain core operations at first; this improved