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# **SUSTAINABLE HEALTH SYSTEM IN THE 21<sup>ST</sup> CENTURY**

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**SUSTAINABLE  
DEVELOPMENT  
GOALS**

# OVERVIEW

- **Meaning of sustainable health systems in the SDG era**
- **“Doing” UHC in diverse contexts**
- **From health services to SDGs – exemplars and challenges**
- **Is progress possible?**
- **Implications for public health**

# **UNDERSTANDING SUSTAINABLE HEALTH SYSTEMS**

# The multiple meanings of sustainability

- **Financial**
- **Ecological**
- **Health outcomes**
- **Sustainable Development Goals (SDGs)**



# Health in SDG 3



**To ensure healthy lives and promote wellbeing for all, at all ages**

- **9 targets**
  - **Maternal mortality**
  - **Newborn and child mortality**
  - **Communicable diseases (AIDS, TB, malaria, NTDs, hepatitis, waterborne diseases)**
  - **NCDs and mental health**
  - **Substance abuse**
  - **Road traffic accidents**
  - **Reproductive health**
  - **Universal health coverage**
  - **Environmental health (chemicals, air, water and soil pollution)**
- **4 means of implementation**
  - **Tobacco Control**
  - **Vaccines and medicines**
  - **Health financing and workforce**
  - **Global health security**

# Universal health coverage as a unifying platform

**Universal health coverage (UHC) means that all people and communities have access to quality health services without suffering the financial hardship associated with paying for care.**

*“To promote health for all, we must achieve universal health coverage and access to quality health care. No-one must be left behind.”*

(SDG Declaration, para 26)

## UHC and SDGs:

- Without UHC, health gains will not be sustained and the SDGs cannot be reached.
- UHC brings different goals and efforts together.



### GOAL 3. Target 3.8

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.



# Beyond health goals to determinants of health

## • Health-related goals

### SDG1

- Extreme poverty
- Vulnerability to economic, social, environmental shocks & disasters

### SDG2

- Malnutrition

### SDG5

- Violence against women and girls
- Sexual, reproductive health & rights

### SDG6

- Safe and affordable drinking-water
- Sanitation and hygiene

### SDG8

- Safe and secure working environments

### SDG11

- Housing and basic services
- Air quality, waste management in cities

### SDG13

- Climate-related hazards and natural disasters

### SDG16

- Violence
- Legal identity

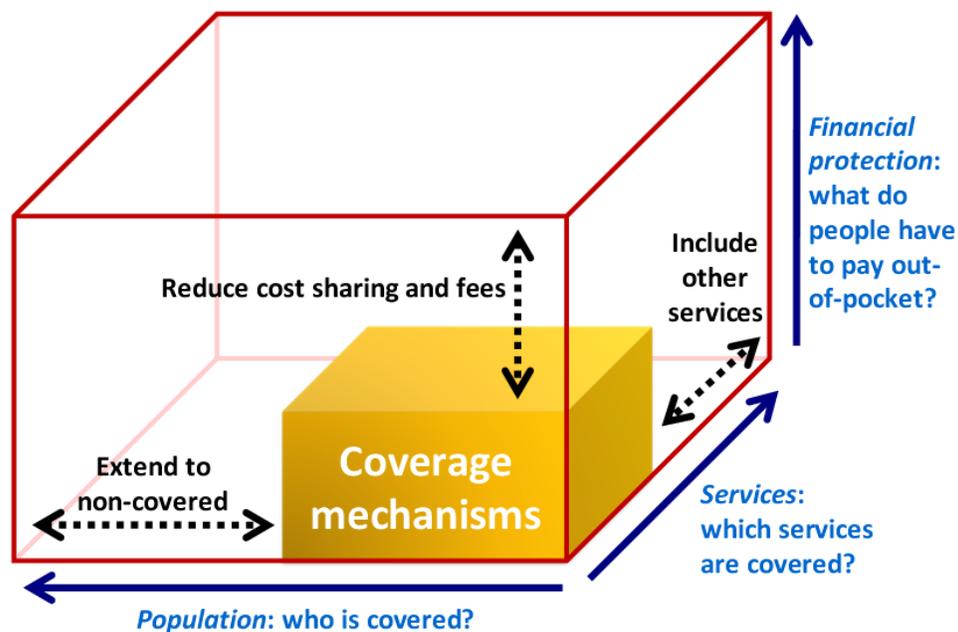
## • Determinants of Health



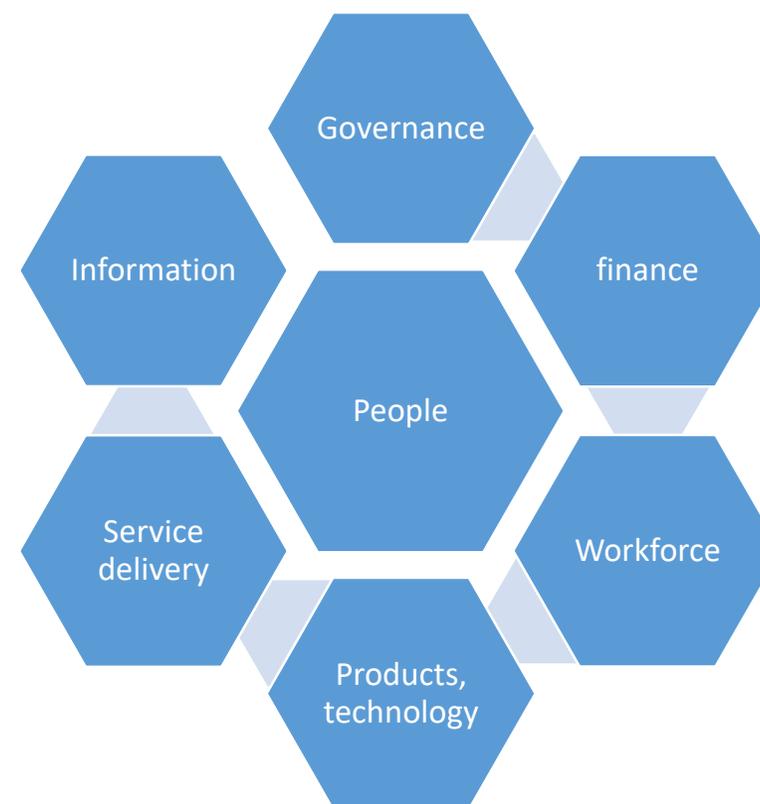
# The multiple meanings of UHC?

## • The Cube

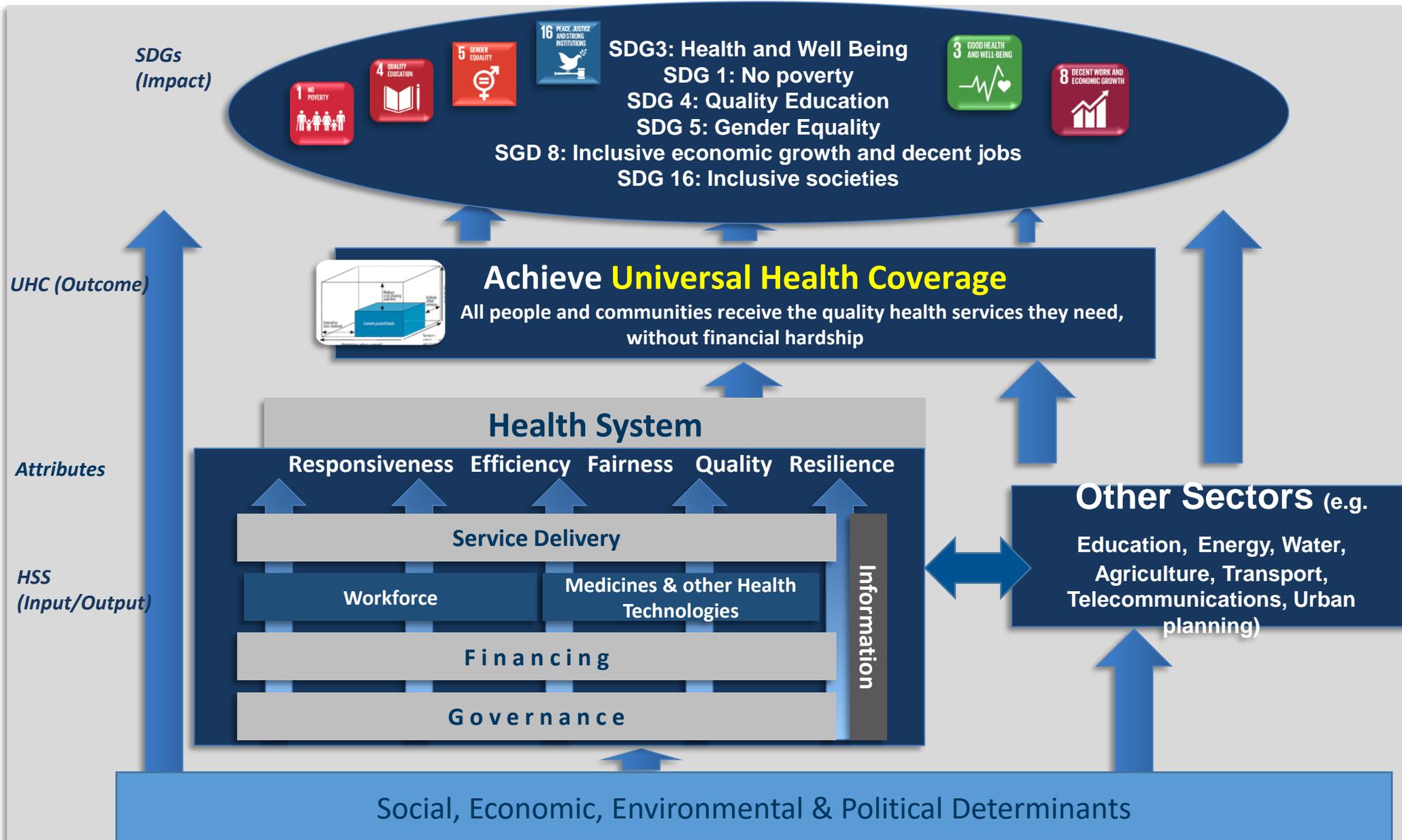
Towards universal coverage



## • Building Blocks



# SDGs, UHC and Health System



# Critical questions for UHC in SDGs

OUTCOME	SERVICE DELIVERY	FINANCING	GOVERNANCE
<b>Equitable and sustainable health outcomes</b>	<b>Across the care continuum</b>  <b>Individual and population level interventions</b>  <b>Equity of access</b>  <b>People-centredness</b>  <b>Co-production of health</b>	<b>From financial protection to removing financial barrier to access</b>  <b>From cost containment and technical efficiency to allocative efficiency</b>  <b>Funding and payment incentives for prevention at scale and cost-effective care</b>	<b>Macro-management through legal frameworks and policy coherence across sectors</b>  <b>Transparent information flow</b>  <b>Citizen participation</b>  <b>Path dependency and country-specific roadmaps</b>

# DOING UHC

# The challenges of doing UHC

Advanced  
economies

Transition  
economies

Small Pacific  
island  
countries

Highly  
decentralized  
countries

# Advanced economies

## EQUITY

- Addressing needs of **ageing population** and **chronic conditions**.
- Addressing **ethnic and socio-economic health inequities**

## SYSTEM CHANGE

- Development of **people-centered service delivery** models.
- Sustainability including action to **limit growth in health expenditure**
- **Shifting workforce requirements** with likely **technological disruption of healthcare**.

## POLICY INNOVATION

- **Use of data** to inform policy and action, including action to address health inequities
- **Inter-sectoral action** to support UHC and SDGs.
- **Regional and global collaboration**, leadership and support.



# Transitional economies

## IMPACT OF DEVELOPMENT

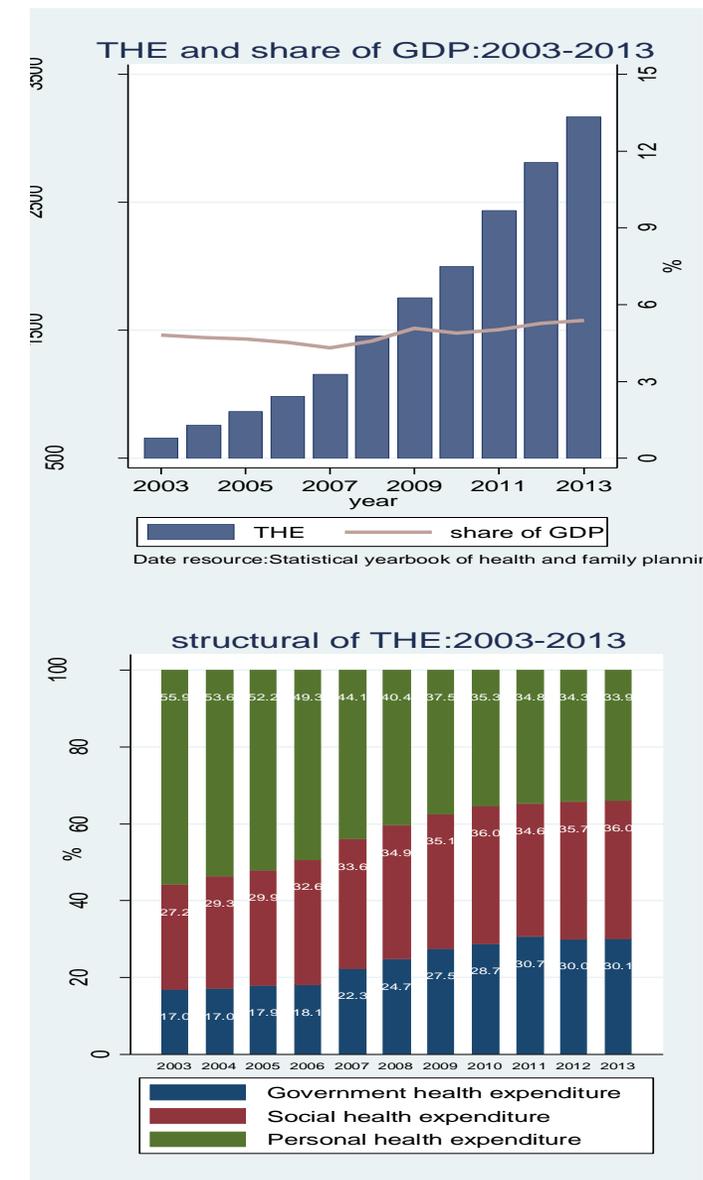
- Impact of rapid development including **urbanization, climate change and environmental pollution.**
- **Addressing inequities** across geographical areas and population groups

## INSTITUTIONAL CHANGE

- Strengthening of **regulatory systems** for private sector, health workforce and medicines
- Addressing **unbalanced health resource allocation**, between urban and rural, hospitals and primary care.
- **Public hospital reform** to reduce unhealthy profit –seeking and improve accountability
- Strengthening **primary health care** and development of **tiered and integrated care**

## SYSTEM FOUNDATIONS

- Health **system integration and consolidation** including in relation to health finance and health information systems.
- **Transition from official development assistance** – increased reliance on domestic financing and **improved health system efficiency**



# Pacific island countries

## NEW HEALTH CHALLENGES

- Reorientation of health system to respond to **emergence of non-communicable diseases**
- Sustainability and resilience of health system to respond to **effects of climate change**

## BASIC HEALTH SERVICES

- Definition of **core service packages** and **delineate roles** of different levels of the system
- Basic **infrastructure for service delivery** including maintenance and repair
- **Health workforce**, including number and distribution (in particular rural placement and retention)
- **Health financing**, including resource mobilization strategies and improved health system efficiency.

## GOVERNANCE AND PARTNERSHIPS

- Strengthen **MoH stewardship** including functionality of governance mechanisms, information systems, and legislative frameworks.
- **Development partner harmonisation** and aid-effectiveness in support of government priorities
- **Partnerships and collaboration** with NGOs and faith-based organisations




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## GOAL 13

Take urgent action to combat climate change and its impacts.



# Highly decentralized countries

## SYSTEMATIZATION

- **Clarifying roles** in financing, service delivery and essential public health functions
- Strengthening **district health systems** including leadership, planning and use of information.

## COVERAGE

- Development of **linkages between levels of care.**
- **Health financing to extend service coverage** to all geographic areas
- Improving quality of care including through **supervision and oversight**

## MANAGEMENT

- **Integration and alignment of systems** including information and procurement system
- **Health workforce planning, management and development**



SUSTAINABLE DEVELOPMENT GOALS

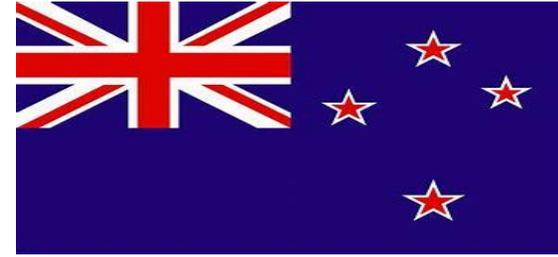
GOAL 10

Reduce inequality within and among countries.

World Health Organization  
Western Pacific Region

# FROM HEALTH SERVICES TO SDGS

# Investing in well-being



## The Guardian, 29 May 2019

- New Zealand 'wellbeing' budget promises billions to care for most vulnerable
- Widespread praise for 'world-first' budget tackling mental illness, family violence and child poverty

## Vox.com, 8 June 2019

- Forget GDP – New Zealand is prioritizing gross national well-being
- The country's new 'well-being budget' emphasizes citizen happiness over capitalist gain

# Whole of society approach to health:

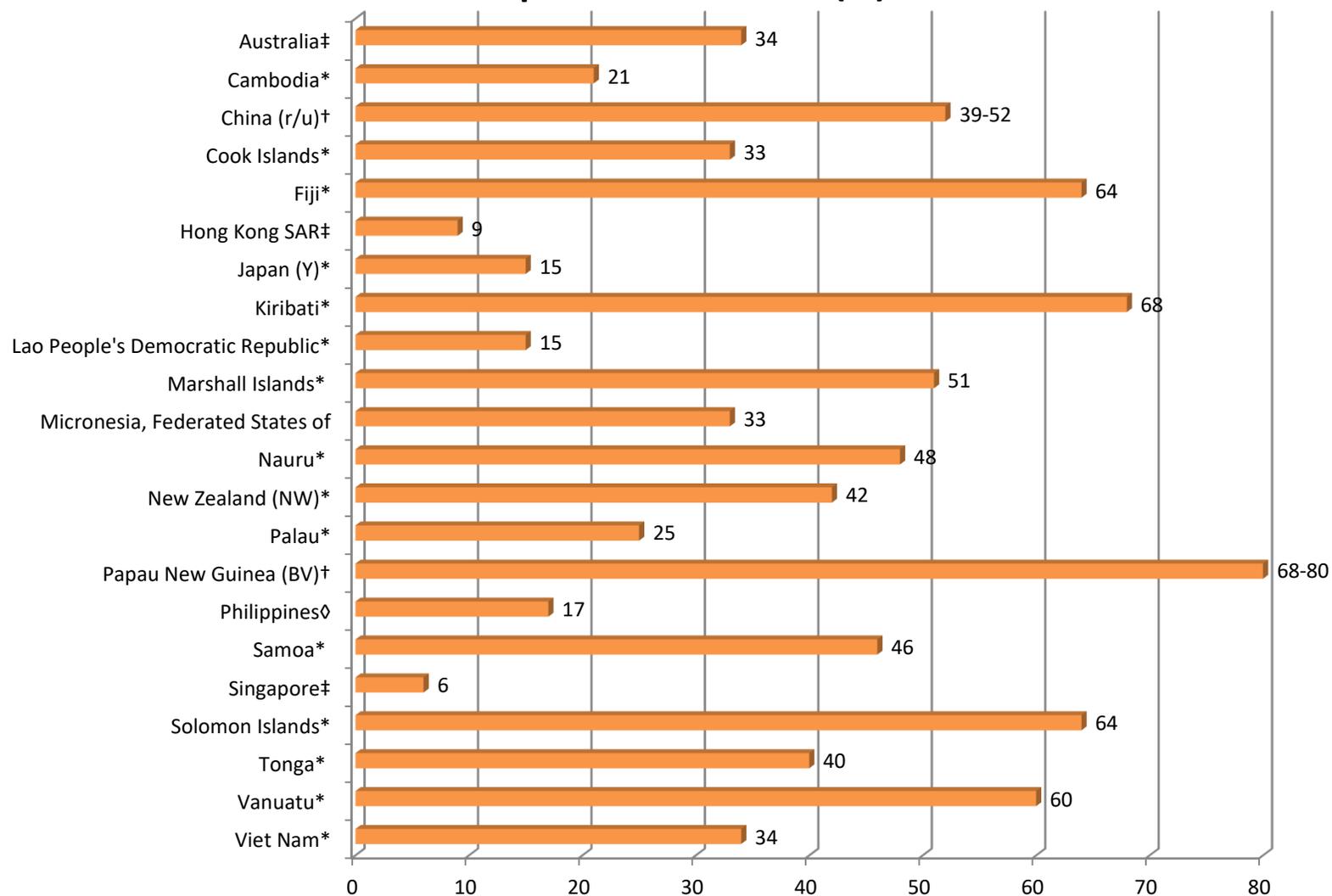
Victorian Health Promotion Foundation  
Work program on 'improving mental wellbeing'



- Strengthen social connections to improve health and
- Young people and resilience - Engage young people to utilize technologies for cybersafety, mental health and wellbeing
- Reducing race-based discrimination
- Preventing violence against women

# Gender-based violence a social and political issue

## Lifetime partner physical and/or sexual violence among ever-partnered women (%)\*\*

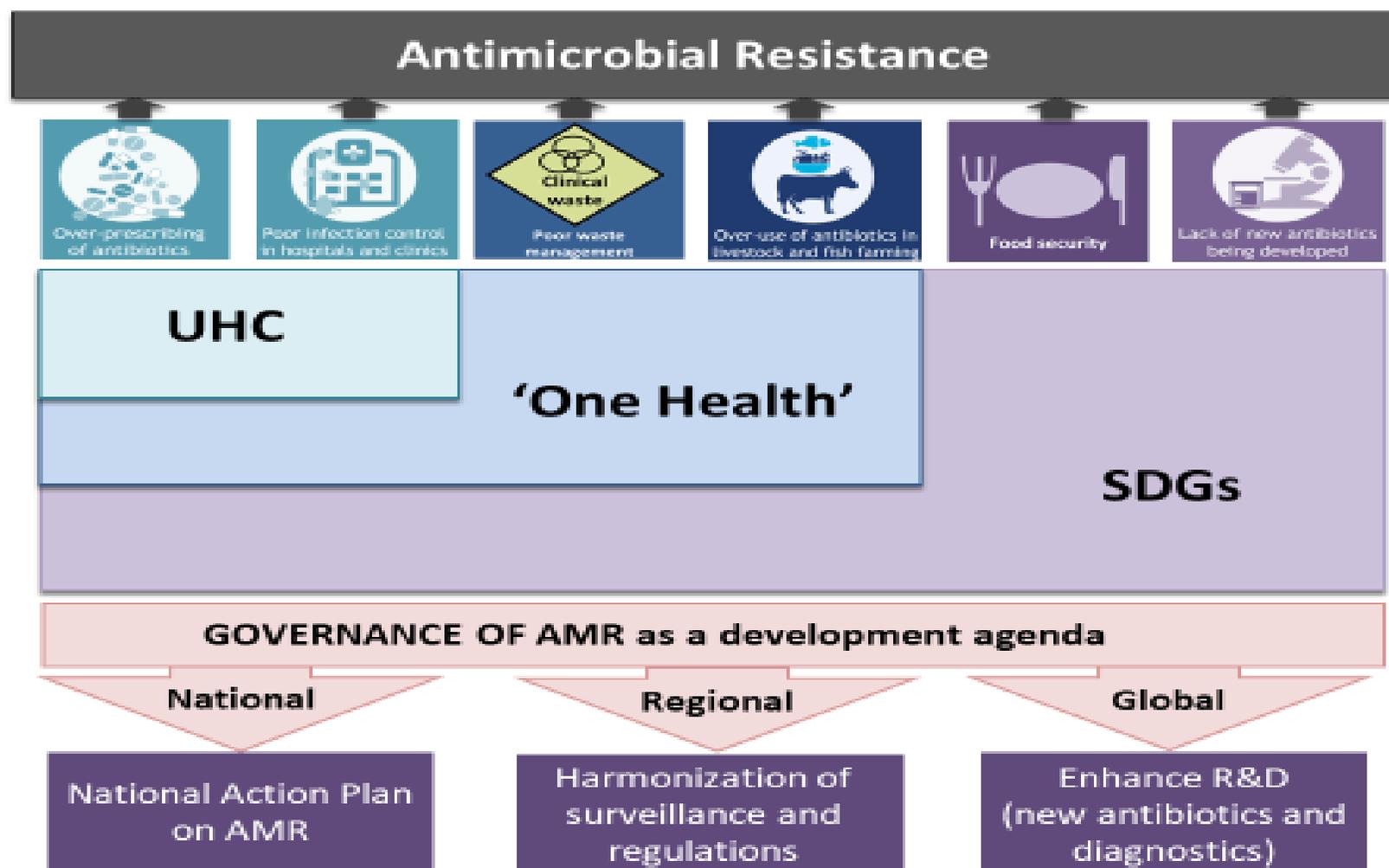


**From health care to planetary health**

**Kaiser Permanente:  
What Going Carbon Neutral By  
2020 Has To Do With Health**

**Forbes, Sep 15, 2018**

# AMR an UHC/SDG issue



**IS PROGRESS POSSIBLE?**

# International panel on Social Progress: Review of health and socio-economic transformations

- Historical, long-term improvements for health relate to non-healthcare factors – food supply, water and sanitation, housing, safer jobs, family planning
  - Increase in longevity and reduction in child mortality
- Health inequalities persistent (if not widening) globally and within countries – also relate to social, economic, and environmental factors
  - Social gradient, educational gradient, gender, occupation, ethnicity, locality

# At a peak of possibilities, Facing a chasm

- Global achievements: Economic development, health improvement, democratic progress, cultural inclusiveness (race, gender, sexual orientation)
- Looming threats: Development gaps, intra-country inequality, identity politics and populism, migrations, environmental threats, with feedback loops

# Social equity, health, and governance



- Policies matter:
  - High quality jobs
  - Taxation redistribution
  - Social protection
  - Universal education and healthcare
  - Inclusive cities
  - Rule of law
- International influences?
  - Human rights
  - Women's rights
  - Global health architecture
  - Peace and security
  - Environment and climate
  - Intellectual property

# The next system for social program – and SDGs?



- Innovations
- Beyond the capitalism-socialism contest: pay attention to businesses and families
- Deepen democracy through participation, expand it to economics, to global issues, future generations
- From the welfare state to the emancipating state
- Sustainability and respect for life

# **IMPLICATIONS FOR PUBLIC HEALTH**

# What can public health professionals do?

<b>Informing</b>	Understand: a) social determinants of health equity b) priorities of other sectors c) needs of communities
<b>Influencing</b>	Strengthen capability to: a) engage other sectors b) mobilize political and financial support c) use policy levers effectively
<b>Institutionalising</b>	a) Raise the priority of health b) Establish rules for improving performance c) Train health workforce as champions for health equity

# Revisiting UHC (and SDGs)

- UHC is not just health insurance programs
- UHC is not a set of programs for health system building blocks
- UHC is a whole of system approach, beyond linking services for specific health issues
- UHC demands a social enterprise approach to public health, to contribute to achieving equitable and sustainable health outcomes



# The place of public health research

- Science of discovery – understanding the causes of inequitable health care access; causes of inefficient, ineffective and costly service delivery; impact of poor quality services
- Science of delivery – understanding the creation of health; how to overcome barriers to healthcare access (financial and otherwise); effective policy making and policy interventions
- New opportunities – big data, behavioral economics, neuroscience and cognitive science, political/economic anthropology

# Some public health workforce development gaps

- Leadership and management development – vision and execution, anticipating failure, contingency planning, multi-stakeholder engagement
- Population level interventions – planning and implementation to scale, based on fine grained analysis
- Using policy levers – financing for allocative and technical efficiency, risk and performance based regulation, nudge
- Intersectoral policy advocacy, negotiations, and coordination
- Systems thinking

# Conclusion

- UHC and SDGs requires a social enterprise approach to public health – whole of government, whole of society
- Public health research and education in the era of UHC and SDGs – interdisciplinary, global orientation, links with policy and practice



# THANK YOU

