



December 2010

IAPB Briefing Paper

Health Systems and eye care: A way forward



International Agency for the Prevention of Blindness



The purpose of IAPB Briefing Papers is to inform IAPB members and others about important and emergent issues affecting VISION 2020: The Right to Sight.



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Abstract:

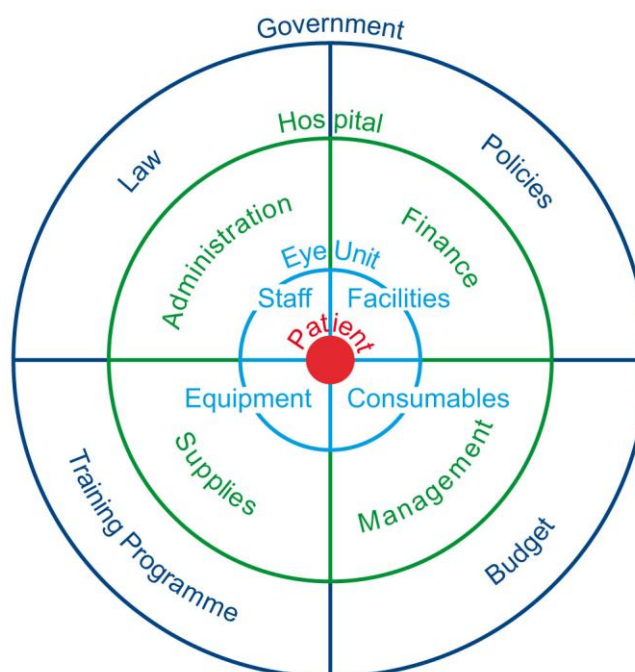
Health systems strengthening has become a new buzzword in international health. Understanding how health systems function and react can be quite complex. In order to clarify what health systems are, the present working paper describes the six main foundations of a health system: human resources, finance, health information, governance, service delivery and consumables and technology. Then through concrete examples, the authors show how general health systems can contribute to improve the impact of eye care services. Finally, the authors show how health systems have become a crucial determinant of eye care programmes in developing countries and show how health systems research can generate more evidence that will help eye care managers to make informed decisions.

What does it take to perform a single cataract operation?

Many people would think that the most important things that need to be in place for cataract surgery are a trained surgeon, equipment (e.g. an operating microscope), consumables and support staff (a trained nurse or assistant). However, the surgery needs to take place in a facility, usually a hospital or clinic. The building needs electricity and a water supply, the staff need to be paid, and the equipment and consumables need to be available at the time of surgery. Informed consent needs to be obtained to conduct surgery, staff need to have the right qualifications and skills to perform their jobs, and resources need to be transferred to the clinic, either money, or equipment and consumables through a procurement supply chain and proper storage.

All of this has to be documented, managed and planned. So what was once a straightforward perception of the requirements for cataract surgery becomes much more complex involving a wide range of individuals (e.g. the patient, the family, community members) and organisations (e.g. Community-based organisations, health facilities and authorities). Figure one illustrates the relationship between the patient receiving surgery (at the centre of the diagram) and all the processes, input and organisations necessary to make the delivery of cataract surgery possible. All these elements constitute a health system.

Figure 1: Example of determinants to quality cataract surgery

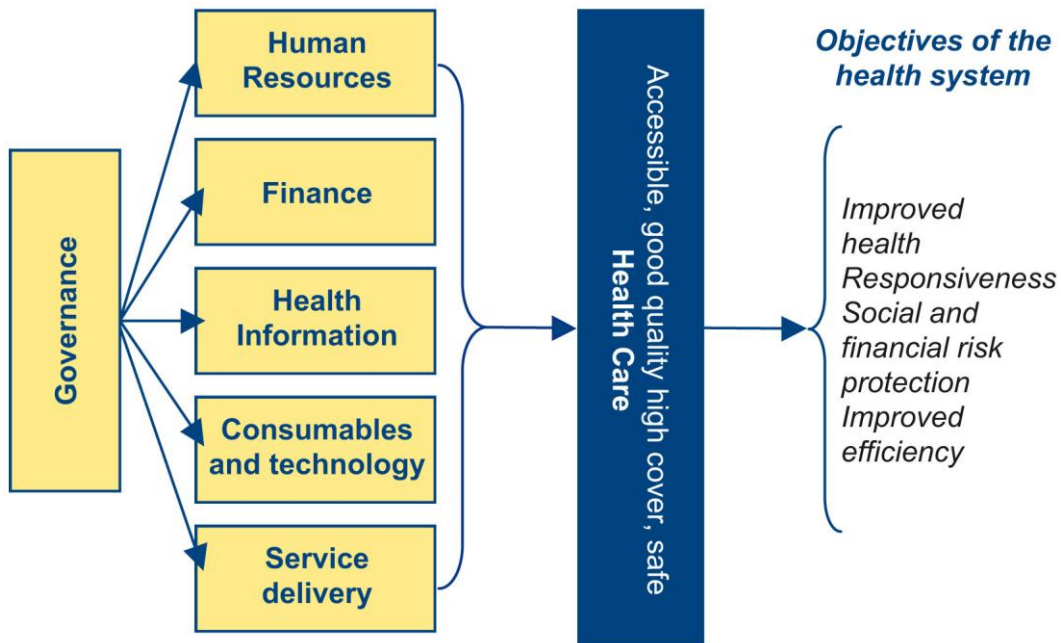


What is a health system?

A health system is a complex series of interactions between 'actors' (individuals or organisations) that aim to improve the health of a specific population. Actors are not only health care workers and hospital managers but also teachers, politicians and officials in government. Health systems can have different levels: they can be a village, a health centre, a health district, a country or the whole world.

The World Health Organisation (WHO) defines a health system as comprising all the organizations, institutions and resources devoted to producing actions whose primary intent is to improve health. It describes the six interrelated elements that make up a health system (see Figure 2).

Figure 2: The foundations of the health system



Adapted from Islam (2007) and World Health Organization (2007)

These components are the foundations necessary to provide a high quality, well functioning health system. For a health intervention or interaction to be effective it needs:

- A health system composed of these foundations
- All the foundations need to be well managed
- Communication and interactions between all the participants in the health system

Why should you be interested?

To deliver an effective eye care intervention, it is important to have an understanding of the health system within which you work. Often the effectiveness of eye care interventions is limited by constraints from the general health system (e.g. poor retention of health staff, irregular payment of salaries, poor management or supplies). It is important to understand how your health system works for you to tackle this effectively: There are three reasons for this:

1. Understanding health systems allows you to have a greater impact on the health of your population.

Example: Ensuring that eye care consumables, such as intraocular lenses, are procured alongside all other consumables required by the health service will reduce the cost of each item as it will take less time to order (a system is in place), and frequently, the hospital will secure a lower price through a bulk buying arrangement.

2. Understanding health systems allows you to develop services that support and improve clinical practice in eye care. Awareness of the wider support services that are necessary to provide a high quality clinical intervention helps identify the available resources and strengths of the existing system and complement them with innovations.

Example: Implementation of a computerised patient record system requires that the hospital invests in computers and train individuals in information technologies. But this initiative will also contribute to improve the health information system beyond the eye unit.

3. Understanding health systems allows you to develop win-win collaborations with other healthcare providers. Synergies describe mutual learning and sharing of resources, information and experiences for the benefit of both parties. Thereby a single eye care worker can have an impact on health far greater than just within their area of expertise and vice versa.

Example: Introduction of a method of monitoring safety in the operating theatre by an ophthalmic surgeon is taken up by the whole hospital resulting in surgery that is safer for everyone.

What can be learned from other health sectors?

Health systems research in eye care is still at an early stage although other health sectors, such as HIV/AIDS or mother and child health, have already proven the positive influence of health system strengthening on the elaboration and implementation of international programmes. For example, the Tanzania Essential Health Interventions Project demonstrated the positive association between strengthening health systems and decreasing mother and child mortality (de Savigny, Kasale et al. 2004). Several studies have explored how equitable provision of health services could be improved through a Universal Coverage Scheme, conditional cash transfer for the poor or absence of user fees for the poor (Alliance for Health Policy and Systems Research 2004). Another positive example was the Joint Learning Initiative on Human Resources for Health that created a major impact on international and national policies on human resources by providing adequate evidence on calculating the level of human resources needed to reach universal coverage (Chen, Evans et al. 2004).

Health systems strengthening in every eye care intervention

A new eye care intervention such as the introduction of small incision cataract surgery (SICS) may produce unpredictable effects (either positive or negative) that affect the whole health system (SICS might lead to a dramatic increase in the number of patients seeking cataract surgery). The impact of any change in eye care could be maximised by first assessing and then reinforcing the health system. In the past, health systems strengthening has been viewed as a 'top down' approach, with plans being implemented nationally or regionally. In fact, each health worker and any actor of the health system has a part to play in strengthening the health system within which they work and thereby improving their ability to provide a high quality service.

Example: Developing a primary eye care service to provide basic eye care to a population requires recruitment, salaries, training, support, space etc for a cadre of healthcare workers. When a health systems strengthening approach is adopted, existing primary healthcare workers are trained in primary eye care and benefits of the eye care intervention can be amplified.

Conclusion and recommendations

Eye care has traditionally been established as an entity separate from the rest of health care, although the VISION 2020 strategy has extensively promoted the integration of eye care services. This is because the majority of eye care services do not require the input of any other health services (for example: an anaesthetist is not required for adult cataract surgery whereas they might be required for an orthopaedic surgery). This has led to the existence of eye hospitals and eye clinics which stand alone from the rest of the health care structure. This history has meant that eye care has been late in realising the importance of health systems as an enabling factor.

VISION 2020: The Right to Sight aims to eliminate avoidable blindness by the year 2020. This aim will not be achieved by 2020 by eye care services acting in isolation. Eye care staff need to engage with the wider health system, identify ways to interact with their peers, influence decision makers, and advocate for change. Change is far more likely to occur, be effective and sustainable, if a health systems strengthening approach is taken.

IAPB is intending to establish a working group which will work on developing practical tools and approaches in health systems strengthening for eye care. Links will also be established with non eye care organisations to ensure eye care is taken into consideration into general health policies.

Areas for consideration by the working group will include:

- Generation of evidence: To foster synergies between eye care actors to identify research and knowledge needs
- Translation of research into practice: to develop programmatic tools to help eye care managers assess and measure health systems performance and integrate health systems as a cross cutting component of eye care interventions.
- Translation of research into policy: to mobilise international donors and policy makers to increase investment in health systems strengthening and more adequate policies.
- Training of eye care practitioners and managers in health system management.

Continuing the discussion...

These briefing papers are designed to evolve as new information becomes available. We welcome people's ideas and experiences, and thoughts on this paper. Please post your comments to the VISION 2020 Health Systems online forum, at www.VISION2020.org/forum-healthsystems

Further reading

Alliance for Health Policy and Systems Research (2004). Strengthening health systems: the role and promise of policy and systems research *Global Forum for Health Geneva*.

Chen, L., T. Evans, et al. (2004). "Human resources for health: overcoming the crisis." *The Lancet* **364**(9449): 1984-1990.

de Savigny, D., H. Kasale, et al. (2004). Fixing health systems. Ottawa, IDRC.

Islam, M. (2007). Health systems assessment approach: A How-To Manual. Arlington, VA, Submitted to the U.S. Agency for International Development in collaboration with Health Systems 20/20, Partners for Health Reformplus, Quality Assurance Project, and Rational Pharmaceutical Management Plus: Management Sciences for Health.

World Health Organization (2007). Everybody's business: health systems strengthening to improve health outcomes. WHO's framework for action. Geneva, World Health Organization.

Published by the International Agency for the Prevention of Blindness (IAPB)



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VISION 2020: The Right to Sight is the joint global initiative of IAPB and the World Health Organization for the elimination of avoidable blindness