

COMMENTARY

Healthcare Systems Framework for Libya: A Challenging but Achievable Task!

Abdulfattah Lakhdar

Department of Diabetes and Endocrinology, Whipps Cross University Hospital, Barts Health NHS Trust, London, UK

Corresponding author: Dr Abdulfattah Lakhdar

E-mail: Abdulfattah.Lakhdar@bartshealth.nhs.uk

Published: 20 July 2016

Ibnosina J Med BS 2016;8(4):127-129

Received: 10 July 2016

Accepted: 17 July 2016

This article is available from: <http://www.ijmbs.org>. This is an Open Access article distributed under the terms of the Creative Commons Attribution 3.0 License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

The World Health Organization (WHO) Health Systems Framework (HSF) with its 6 building blocks is a widely accepted tool for accurate evaluation of health systems. However, its role in the developing world has not been widely assessed yet (1). In the current issue of this *Journal*, a consensus development study on the applicability of the WHO healthcare system frameworks to Libya is reported (2). The study was a collaboration between the WHO-East Mediterranean Regional Office (WHO- EMRO) and the Libyan ministry of health. The authors distributed six questionnaires with 5-point Likert-scale to all the attendees of Libya Health 500 (LH500) Conference, and collected just before the group discussion of Libyan health system's session. They found high levels of agreement of the respondents to the questionnaire's items about the 6 building blocks. The application of evidence-based medicine and equal provision of health service to all, received the highest levels of agreement. Most of the attendees agreed that health services should be paid by the health insurance system, as it has many advantages, including peace of mind for the public. The fairness and efficiency of the

workforce and the establishment of regulatory mechanisms to address the needs of the health workforce had a high level of agreement. Moreover, a functioning health technology requires an effective supply and distribution system of technology elements. The participants agreed that health information technology is important to improve healthcare services and to prevent financial and administrative corruptions. They concluded that adopting the WHO-HSF to identify the needs and ways to enhance health systems in the developing world is feasible. They felt that Libyan healthcare providers were fully aware and committed to the need for the applicability of the WHO-HSF to the National Health Service in Libya.

Debates around health systems have dominated the international health agenda for several decades. A wealth of contributions has been made to define, describe and explain health systems through multiple conceptual frameworks proposed to date. The array of health systems frameworks arguably provides an opportunity for

identifying different appropriate approaches to meeting various country-specific challenges (3,4).

Health services in Libya have deteriorated over decades of neglect, denial, lack of vision and will to act from policy makers who failed to recognize the need of having a modern health service responsive to individuals' health. Attempts to modernize a failing health service will likely face financial, manpower and resistance to change obstacles. The paper by Aburawi and colleagues in the current issue is a step in the right direction but only a beginning. A well designed study seeking work force awareness of WHO HSF with its well-recognized 6 building blocks (clinical governance, healthcare, human resources for health, pharmaceuticals, health technology and health information systems). A worth noting weakness of this survey is a low respondents' rate of 22%. A higher response likely prohibited by poor command of English among delegates, an issue recognized by the authors. This factor is key to success of a modern health delivery system.

In the modern world, patients' expectations are increasingly changing. Availability of health information combined with advances in patient engagement technology are creating better informed and more demanding patients. Patients expect more from their care as they are better informed of disease states and available treatments. The current state of health services in Libya is admittedly disappointing for many reasons. Based on a recent study's findings, the modern approaches and advances of the technical side of the health service have not been matched by developments in health service and managerial processes; beneath the surface there lies a less developed health service of paternalism and bureaucracy. This unique situation produces a number of questions which require answers in order for Libya to evolve into the role of a twenty-first century country that the government and population desire (5).

A universal, single tier health service with access based on need not income is essential to achieve a fair and just society (6). The success of achieving such outcome relies on designing and implementing an approach that will inevitably involve difficult decisions, overcome practical challenges and secure strong and sustained political commitment from central government (7). A health service system is likely to fail if it is not implemented effectively. This is a challenging process highly

responsive to political willingness to modernize health service (8).

Although adopting HSF is likely to be challenging to implement, it is the key step to modernize and improve health care delivery. Three frequently cited HSF components have been proposed by WHO. The 2000 World Health Report defined a health system as one that includes all actors, institutions and resources whose primary intent is to improve population health in ways that are responsive to the populations served, and seeks to ensure a more equitable distribution of wealth across populations (9). It outlined four key functions of a health system which drive the way that inputs are transformed into health system outcomes: resource generation, financing, service provision and management. HSF must take into account the context within which the health service functions, namely, the demographic, economic, political, legal and regulatory, epidemiological, socio-demographic and technological contexts often referred as "health systems behavior" (10).

There is an overall consensus that the WHO-HSF is a complex, multidimensional domain of actors and actions, which produces outcomes that societies value as long as goals include improved health status, protection against health related financial risk, responsiveness to needs and satisfaction of consumers' expectations (11). HSF can be the common technical point of reference for collective actions to strengthen the health service. Awareness of health care systems and its applicability is a concept to action. It should be followed by a roadmap of actions and practical solutions towards a workable plan to strengthen health care services, a difficult but may be achievable task.

References

1. World Health Organization. Health Systems. [cited 2016, June 30] Available from <http://www.who.int>.
2. Aburawi EH, Ghrew MH, Zoubeidi T, Benamer HTS, Elfituri AA, Ziglam HM, et.al. Applicability of the World Health Organization's Healthcare System Framework: A Consensus Development Study in Libya. *Ibnosina J Med BS* 2016;8(4):89-98.
3. Shakarishvili G, Atun R, Berman P, Hsiao W, Burgess C, Lansang MA. Converging health systems frameworks: towards a concepts-to-

- actions roadmap for health systems strengthening in low and middle income countries. *Global Health Governance*. 2010;3(2):1–6.
4. Reich M, Takemi K. G8 and strengthening of health systems: follow-up to the Tokyo summit. *Lancet* 2009;373 (9662):508-15.
 5. El-Fellah M. The development of the Libyan health system to improve the quality of the health services. PhD thesis. Metropolitan University, Manchester UK. 2016.
 1. 6. World Health Organization. What is universal health coverage? [Cited 2016 June 30]. Available at: www.who.int.
 6. Evans DB, Etienne C. Health systems financing and the path to universal coverage. *Bull World Health Organ* 2010;88:402.
 7. Das P. Jim Kim: New president of the World Bank. *Lancet* 2012;380(9836):19.
 8. World Health Organization. World Health Report 2000: Health systems: improving performance. WHO, Geneva, 2000. [Cited 2016 June 30] Available at: <http://www.who.int>.
 9. Atun R. Health systems, systems thinking and innovation. *Health Policy Planning* 2012;27:iv4–iv8
 10. Mills A, Ranson K. The design of health systems. In: Michael Merson, Robert Black, Anne Mills (Eds) *Global Health: Diseases, Programs, Systems, and Policies* (Ed. 3). Jones and Bartlett, Canada, 2012;pp 615-52.

Reviewers

NA (solicited submission)

Editors

Salem A Beshyah, Abu Dhabi, UAE
Elmahdi Elkhammas, Ohio, USA.

Editors' Note

Dr. Abdullfattah Lakhdar, MBBCh MSc FRCP Glas FRCP, has formerly been associate professor of medicine at the Faculty of Medicine, University of Tripoli, has held the position of the Director General of The National Drug and Health Research Center, Tripoli, Libya and has been over the years associated with Libyan health care and educational institutions in several senior advisory and educational capacities.