

Institute for Social Science Research

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Theme: Science and practice of people-centered health systems

People-centered health system is a broad concept that concerns creating an enabling policy environment so as to reorient health systems in a way that respects, protects and fulfils human rights. It considers the needs and preferences of individuals, families and communities; create channels through which preferences can be articulated; and develop service delivery systems and structures that respond to such preferences while paying attention to the healthcare workers that staff them.

Due: March 3 2014

Submission 1:

Title: Typologies of people-centered health systems in low- and middle-income countries: Innovations for cross-country learning

Abstract:

Background

To assess health system performance, create more efficient health system reforms and optimize health interventions, it is crucial to understand how health systems differ through creating typologies. Typologies have been widely used particularly in the fields of social sciences and urban planning as a similarity measure to explore mechanisms that lead to programs' successes and failures and allocate resources to those with most impact on improving outcomes. However, applying typologies on health systems analysis are yet to be explored. This is coupled with various conceptual and methodological challenges associated with health systems analysis, particularly in terms of comparative analysis to facilitate cross-country learning. Until typologies of health systems are done, misallocation of health resources and poorer health outcomes will persist.

Methods

This study involves comparative cross-country cluster analysis of health systems in low and middle income countries (LMICs). Using 3 data waves from the Demographic Health Surveys and World Health Surveys, we used cluster analysis to classify countries and their health systems by the most homogenous groups possible. Using World Health Organization's health systems building blocks and multivariate regression models, we identified health system characteristics that create more responsive and people-centered health systems.

Results

Findings provide visualizations of health system clusters and measures proximities within and among clusters. It also identifies whether countries with more likely similar health system characteristics also achieve similar health outcomes. To give possible explanations to such differences in achievement of health outcomes within groups of similar health system characteristics, other variables that may significantly influence health were also explored.

Conclusions

Clustering of health system characteristics facilitates cross-country learning by reducing economic and social differences among LMICs to ensure proper health systems analysis. Such typologies facilitate comparisons of health systems in LMICs and help in exploring which health system characteristics lead to better health outcomes.