

Preface

The recent *Lancet* series *Right Care* (<http://www.thelancet.com>, January 2017) highlighted that people in high- as well as low- and middle-income countries alike often do not receive the *care they need*. People are either over- or undertreated based on one or a combination of social, economic, political and psychological factors. These factors can be grouped into three domains—*money and finance*; *knowledge, bias and uncertainty*; and *power and human relationships*. Importantly, these factors affect the health system across and between all levels of organisation—global, national, regional and local. In addition, the health system—as opposed to its biomedical healthcare *subsystem*—lacks a clear definition of its specific purpose, goals and values. The dynamic behaviours of these factors amongst and between levels of organisation result in the observable behaviour of a country’s health system. Not fully understanding the configurations and relationships amongst the system’s agents limits the possibilities for successful health system change.

Health System ReDesign

Our health systems need to be redesigned; in their **current forms, they are no longer fit for purpose** nor are they **financially sustainable** beyond the very near term. Note the emphasis here is on the **health system** rather than the narrow subsystem part that comprises the *healthcare* system. Health system activities entail all aspects that affect human health—education, work, food supply, social and environmental infrastructures besides of the specific health services.

How then do we achieve a *health system* that is fit for purpose, equitable and financially sustainable? To that end, consider Economics Nobel Prize laureate Herbert Alexander Simon’s observations:

Engineering, medicine, business, architecture, and painting are concerned not with the necessary but with the contingent—not how things are but how they might be—in short, with design Everyone designs who devises courses of action aimed at changing existing situations into preferred ones.

This book takes its readers on a journey towards a *preferred health system*. Such a system *redesign goes beyond prevailing approaches to healthcare reform*—redesign approaches issues with a *new mindset*, re-examining the fundamental basis of the system, its purpose, specific goals, core values and its core drivers or operating principles (aka “simple rules”). In doing so, it considers the configurations and relationships of its agents across and between its various levels of organisation in the pursuit to achieve a seamlessly integrated health system.

Health system redesign thus is a *process* that requires input from all. As Julio Frenk emphasised, we are all agents of the health system in various ways:

- As patients, with specific needs requiring care
- As users, with expectations about the way in which they will be treated
- As taxpayers/service purchasers and therefore as the ultimate source of financing
- As citizens who may demand access to care as a right
- As co-producers of health through care seeking, compliance with treatment and behaviours that may promote or harm one’s own health or the health of others

Taking a *whole of system* perspective, all users (*ought to*) play a key role in determining the purpose, goals and values of the health system. As users have different needs in different contexts, the emerging configurations of local health systems will rightly vary in their specifics while fully embracing its overarching aims. Those emerging local health services will be the “best adapted” given local needs as well as restraints. Therefore, this book cannot—and does not pretend—to provide *easy answers* to the problem; rather, it aims to allude to important issues that underpin the health system redesign process. The book will address three key themes:

- Understanding complexity—what are complexity sciences, and how does complexity thinking shape our understanding of health
- Envisioning a “best adapted” health system—what would it require, examples that point in this direction and ways that might help us to get there
- Achieving a person-centred, equitable and sustainable health system—how can we translate the principles of systems and design thinking in practice, what can we learn from examples that have used these principles and how can we translate this learning towards the goal of achieving person-centred, equitable and sustainable health systems

Diversity of Views

Designing a preferred health system in the first instance will require all with vested interest to openly and transparently address the many issues that underpin the *status quo*. As highlighted above, the health system is conflicted on issues of money and finance; knowledge, bias and uncertainty; and power and human relationships. Will we be able to acknowledge amongst others that:

- The pathways to good and poor health are non-linear and hard to predict
- Health is *personal* and the product of complex dynamic relationships amongst biological, social, emotional and cognitive determinants
- To meet all of a person's health needs requires the engagement with those able to manage the underlying social determinants of health
- Health systems are expected to manage people's needs, not their demands
- Healthcare needs are inversely related to socio-economic status
- Healthcare is a service, not a commodity
- Efficient healthcare goes hand in hand with effective social care
- Health is a human right to be maintained on an equitable basis
- Powers and responsibilities within the health system are distributed amongst all its agents
- The health system provides a security system in case of need, especially for the most vulnerable in our communities
- A mutual approach to healthcare financing—regardless of public or private funding arrangements—is of benefit to *society as a whole*
- The greatest health gains may arise from investments into services outside the health system, e.g. draining standing waters to prevent mosquito-borne diseases, or building community food gardens in poor neighbourhoods

Moving Forward

This book is extensively referenced to allow readers to follow up on familiar as well as unfamiliar or contentious sounding statements. The addition of addenda provides the interested reader amongst others with excerpts from influential thinkers and practitioners covering an epistemology of systems sciences; adaptive leadership and change management; differing perspectives on what constitutes “value in healthcare”; and a brief introduction to understanding the “role and value of social service” for health and well-being.

I would hope that we can start an ongoing conversation about health system redesign. To that end, I have initiated a *LinkedIn Group*—<https://www.linkedin.com/groups/13553062>—with the aim of creating a movement that can influence the renewal of health systems around the world.

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