

S4

HEALTH SYSTEMS IN 2030: WHAT WILL THEY LOOK LIKE?

| BACKGROUND

Increasing the ability for a health system to withstand and effectively respond to shocks and stressors is critical to achieving a position from which to address effectively future pandemics and to maintain progress to date on the world's global health goals. To be resilient, health systems must be flexible enough to adjust resources, policy, and focus in response to constantly emerging challenges. The COVID-19 pandemic has further underscored the need to reorient ourselves from reactive investments in health to prioritize investments that enable pandemic prevention, risk reduction, and preparedness, as well as ensure continuity of essential services in the face of health emergencies. For example, USAID recognizes the need to build resilience to acute, time-bound events such as disease outbreaks, as well as to longer-term dynamics such as protracted population displacements, weak government authority or legitimacy, population pressure, social exclusion, and climate variability. The type, intensity, and number of overlapping shocks and stressors cannot always be predicted, but the fact that there will be shocks and stressors can. In many countries, health systems are unprepared for these inevitable events, whether unexpected external crises or internal governance challenges such as shortages or payment delays.

Primary Health Care (PHC) is vital to the task of building strong health systems. The exact nature of PHC is a matter of debate. WHO has recently revitalized its support for PHC and while this was widely welcomed some flaws have been highlighted, as the Astana Declaration does not see PHC as an organizing principle for a health system and as having a role in supporting and advocating for intersectoral action. The importance of strong public health systems has been shown in many ways during the covid-9 pandemic.

This session will build on a PMAC workshop that is to take place in November or early December 2021 and synthesize the output from that workshop. The workshop will draw thought leaders and experts from the perspectives named below. These participants will be asked (with prompts) to identify key principles that must be adhered to in the characterization of health systems in 2030 and provide recommendations. With this output, the panelists in the plenary session will engage in dialogue and debate, producing some agreement and perhaps some difference during the plenary. Across both sessions, discussion moderators will make every effort to direct participants' thinking away from the building blocks of the health system and employ more of a cross-cutting systems lens.

| OBJECTIVES

- To discuss and debate preferred characteristics of health systems in 2030;
- To discuss and debate priorities for strengthening health systems from the perspective of target conditions or the participation of often overlooked participants in the health system; and
- To reflect on the priorities for investment in strengthening health systems to boost health system resilience towards 2030, and capture lessons learned from the COVID-19 pandemic.



Panelist

Yogesh Jain

Founder, Sangwari (People's Association for Equity and Health)

and Commissioner for Lancet Commission on Reframing NCDs and Injuries in the Poorest Billion
India

Yogesh Jain graduated and did his MD in Paediatrics from the All India Institute of Medical Sciences, New Delhi in 1990. In 1999, he resigned from his tenure faculty position and became a public health physician in practice with special interest in Non-Communicable Diseases (NCDs) as well as in important infections like tuberculosis and falciparum malaria.

For the last 21 years, Yogesh has been primarily involved in "Comprehensive primary health care" - through founding and running a community health programme - Jan Swasthya Sahyog (JSS) (People's Health Support Group) in rural Bilaspur in central India with like-minded health professionals. People from over 3000 of the most marginalised villages that are home to the indigenous people access these services for their major health care needs. He has been involved in addressing the issues - be they technical, operational, economic or political that determine the health care for the rural poor through clinical care, careful documentation, observational research studies, developing appropriate health related technology, training, and lobbying, all based on the continual learning from this community health programme. JSS has emerged as a model of excellence for rural health care in central India, where communities are underserved and where such care is unimaginable. In 2020, he has moved on to the more remote northern Chhattisgarh where he has started a non-profit section 8 company called Sangwari. His efforts have helped in delivering cost-effective health care to more than three lakh tribal people in central India while establishing nearly 100 rural crèches to ensure nutrition and better development to under-three children, besides facilitating their mothers to work.

JSS's early concepts like mitanins or women health volunteers at community level in Chhattisgarh, were replicated as Accredited Social Health Activist (ASHA) under National Rural Health Mission (NRHM). Today there are ~9 lakh ASHAs in the country connecting the marginalised communities to health care. Also, in 2016, Yogesh developed the first prototype model for the Health and Wellness Centres (HWCs) as the infrastructural locus for comprehensive primary health care through a mid-level health worker, which has now been upscaled at a National level through the World's Largest Health Scheme - Ayushman Bharat, potentially impacting ~500 million poor people across the country.

Yogesh served as a Commissioner in The Lancet Commission on Non-Communicable Diseases and Injuries (NCDIs) among the poorest Billion, as well as a steering committee member of the NCDI Poverty Global Network set up by the Harvard Medical School's School for Global Health Equity.

Yogesh has served on several important National positions such as the Mission Steering Group of the National Health Mission from 2013 to 2017, as well as a member of the High Level Expert Group for developing a blueprint for Universal Health Coverage set up by the Planning Commission (2010-2013). Yogesh also serves as an Advisor to the Health Minister of Chhattisgarh, as well as to the National Health Systems Resource Centre (NHSRC), Ministry of Health and Family Welfare (MoHFW), New Delhi. He has served on several Health Committees at the National as well as State level in Chhattisgarh and Madhya Pradesh. He serves as a board member and an expert in several other National and State Government's Initiatives.