

# A Systematic Review On Creating A Robust Health System For Health Security And Universal Health Care

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## Abstract:

Achieving health security and universal health coverage (UHC) requires a resilient health system (RHS). Strategies for RHS to enhance UHC and health security, however, are little understood. In order to comprehend methods for constructing RHS toward UHC and health security, this systematic review attempts to synthesize the literature.

The final review contained 57 papers in total. Task-shifting policies, results-based health finance policies, and context-based redistribution of health personnel all contributed to the development of RHS. Realizing UHC and health security required strong governmental commitment, multi-sectoral cooperation, and community-based response planning. Conversely, the obstacles to attaining UHC and health security included lack of access, unresponsive, unequal healthcare services, inadequate surveillance, feeble leadership, and income disparities. The obstacles to attaining UHC and health security also included a lack of fundamental healthcare infrastructures, underqualified health workforces, unclear government policy, unclear stakeholder roles, and an unequal distribution of medical facilities and personnel.

Conclusions: Achieving UHC and health security requires sophisticated healthcare infrastructures and a sufficient number of healthcare professionals. They are insufficient on their own, though, to safeguard the health system against possible failure. Building RHS toward UHC and health security requires context-specific redistribution of health workers, task shifting, result-based health finance strategies, and integrated and multi-sectoral methods based on primary health care principles.

**Keywords:** Health security, Universal health care, Health system.

## Introduction:

To provide health security and universal health coverage (UHC), a resilient health system (RHS) is necessary. It concerns the health system's readiness and reaction to severe and acute shocks, as well as its capacity to absorb, adjust, and alter in order to deal with such shifts. The capacity to maintain service delivery in the face of exceptional shocks to reaching UHC is reflected in a resilient health system. According to a study conducted in Nepal, health results are improved when the international community adopts a cohabitation approach to enhance the health sector with the principles of "do-no-harm" and impartiality during times of conflict (Kruk et al., 2015).

Based on the lessons learned from the Millennium Development Goals (MDGs), the UN General Assembly adopted a new development agenda with the goal of transforming the world by accomplishing the Sustainable Development Goals (SDGs). The SDGs acknowledge that health is a significant contributor to and beneficiary of sustainable development policies and aim to address the "unfinished business" of the MDGs era. "Assure healthy lives and promote well-being for all ages" is one of the 17 objectives that are primarily focused on health. As part of the SDGs, every UN member state has committed to achieving UHC. The UHC goal was to achieve 100% for financial protection and at least 80% for the UHC service coverage index. When everyone gets access to necessary healthcare services without experiencing financial hardship due to the cost of care, universal health coverage is attained (Barasa et al., 2017).

Health security and universal health care are two sides of the same coin. To guarantee that everyone has access to necessary healthcare services, these interrelated and complementary objectives need for robust health systems and public health infrastructure. In order to deliver high-quality, equitable healthcare services to all populations, universal health coverage and health security necessitate the establishment of an integrated, multi-sectoral system ( Jamal et al., 2020 ).

The basis for both is a robust health system. To achieve UHC and health security, the World Health Organization's (WHO) six health system building blocks—service delivery, health workforce, health information systems, health financing, leadership and governance, and access to necessary medications and infrastructures must be strengthened. To achieve SDG-3, the 13th WHO program is organized under three interrelated strategic priorities: encouraging healthier populations, resolving health emergencies, and establishing UHC ( Devkota B, 2010).

Health security in the European Region of the World Health Organization (WHO) focuses on analyzing infectious diseases, natural and man-made disasters, wars, complex emergencies, and potential future threats from global changes, especially climate change. Health security is also defined as the necessary proactive and reactive measures to reduce the risk and consequences of acute public health crises that jeopardize people's health across national borders. A number of national strategic plans and international initiatives, such the Global Health Security Agenda (GHSA) and One Health, which seek to better facilitate the implementation of the International Health Regulations (IHR), have begun to highlight the connections between the health system and health security. IHR aims to effectively and efficiently prevent, identify, and respond to the global spread of illness. Additionally, the GHSA assists nations in strengthening their ability to avoid, identify, and address dangers posed by infectious diseases (Cf O, 2015 ).

While nearly every country is moving closer to UHC, low and low-middle income countries (LLMICs) are making slower progress. This is due to the fact that many health systems' organizational structures and philosophies are better suited for the disease load of the past than they are for the present (Rockenschaub, 2007).

Numerous shocks, including COVID-19-related public health, social, economic, and political crises, affected the health systems of many different countries.

The COVID-19 pandemic serves as a wonderful reminder that nations, both individually and collectively, need a robust RHS more than ever. Nevertheless, there was insufficient data regarding RHS measures to improve UHC and health security. As a result, this research can educate the international health community on the lessons learned from RHS and how it might be used to UHC during and after pandemics.

## **Methods:**

### **Criteria for inclusion and exclusion:**

The review included all literature pertaining to RHS in connection to UHC and health security.

### **Data extraction and synthesis framework:**

We evaluated the quality of the reviewed articles using the Rees and colleagues rating instrument as a guide. A thorough tool for evaluating the caliber and rigor of research investigations, the quality appraisal instrument addresses important facets of research design, data collecting, analysis, and reporting. This involves sample rigor, data collection rigor, data analysis rigor, conclusions backed by the data, findings breadth and depth, research privilege views, dependability or trustworthiness, and usefulness. To collect pertinent data from every study that qualified, a template was created. Key findings from the chosen studies were extracted into the template after reading them, including details about the initial author, the year of publication.

The WHO health system building blocks—service delivery, health workforce, health information systems, medications and infrastructures, healthcare funding, and leadership and governance—were used to analyze the results. Using the WHO health system frameworks, we examined the main obstacles and achievements of RHS for UHC and health security. Using preset framework components, framework analysis offers a methodical way to analyze massive volumes of textual data. This makes it

possible to switch between different levels of abstraction without losing sight of the raw data for both the analyst and the people commissioning the study.

### **The Cornerstones of Resilient Health System:**

That resilient health system (RHS) is essential to attaining UHC because it makes it possible to provide egalitarian, high-quality, and easily accessible healthcare while shielding individuals from the financial hazards of disease or damage. Strong primary healthcare services, efficient governance and leadership, sufficient funding, dependable health information systems, and a skilled and driven health workforce are the cornerstones of such systems. Health systems that are resilient are better able to provide everyone, even those who are marginalized or impoverished, with high-quality medical care. Therefore, funding RHS is crucial for attaining UHC, advancing health equity, and creating more just and sustainable communities. Conversely, the obstacles to reaching health sector objectives included a lack of access to healthcare, a shortage of qualified healthcare workers, and an unequal distribution of medical facilities and personnel (Merianos , 2005).

The obstacles to achieving UHC and health security included lack of access, unresponsive, and unequal healthcare services. The primary health care approach, which is a successful method for offering accessible, acceptable, equitable, and reasonably priced health services to attain UHC, can address such issues. In addition to meeting the unique requirements and preferences of various patient groups, community-based and differentiated service delivery models are crucial platforms for enhancing healthcare delivery, access, and outcomes ( Fullman , 2018).

By bringing healthcare services closer to people's homes and places of employment, community-based service delivery models can remove obstacles to healthcare access like cost, distance, and transportation. Additionally, by encouraging local communities to take charge of their own health and well-being and minimizing top-down approaches, this service delivery paradigm may enable a more successful response during healthcare emergencies ( Kruk et al., 2017).

The unique requirements and preferences of various patient groups can also be satisfied by a varied service delivery strategy. For instance, offering family planning services in HIV clinics enables HIV-positive women to simultaneously get both services. In a similar vein, addressing the demands of various patient populations requires a health system to move away from a one-size-fits-all approach to healthcare delivery ( Hogan et al., 2018 ).

### **Health Workforce and Providing Training :**

Another significant barrier to containing an outbreak and deaths linked to treatment delays was the poor and unskilled distribution of health workers. Important tactics that can aid in addressing key health workforce shortfalls and maldistribution include conducting integrated supportive supervision, maintaining human resource information systems, and implementing a national task shifting strategy. Pre-service and in-service training options for healthcare professionals are crucial to delivering high-quality care. Healthcare professionals that obtain sufficient pre-service and in-service training are better able to give patients high-quality care and adjust over time to new difficulties and evolving healthcare requirements (Khetrapal s, 2020).

Offering incentive packages and providing training in disaster preparedness can also be crucial in increasing healthcare staff' desire to take part in disaster management. For example, Kenya's Field Epidemiology and Laboratory Training Program (FELTP) has significantly improved healthcare workers' ability to identify, record, respond to, and report uncommon health events. Additionally, keeping an eye on frontline health levels is crucial to being ready for public health emergencies. This may entail keeping an eye on the capacity of medical facilities and the system's general emergency response readiness (Kishida , 2023).

### **The Support of a robust public health infrastructure:**

Achieving UHC during health emergencies may be hampered by inadequate logistics, a lack of emergency stocks, poor infrastructure, and a lack of medical supplies. The equitable distribution of healthcare resources based on need rather than financial capacity can be ensured with the support of a robust public health infrastructure. This is especially crucial during a pandemic, when there may be a shortage of resources and a high demand for medical care. The timely availability of necessary supplies and logistics can be ensured by integrating pharmaceutical supply chain operations with contemporary

technologies and building solid connections between manufacturers, distributors, prescribers, and insurance companies (Rees R, 2013; Abihiro, 2014).

A successful supply chain management system and efficient procurement are crucial elements of a healthcare system. In order to achieve UHC and provide high-quality healthcare services to everyone, regardless of their financial situation, they can assist in ensuring that necessary medications, medical supplies, and equipment are available where and when they are required (Oppenheim et al., 2019).

The primary obstacles to universal financial protection were insufficient finances for healthcare. To offer robust and sustainable health finance and advance UHC, context-specific health financing methods are crucial. Furthermore, cross-subsidization from low-risk to high-risk and rich to disadvantaged groups ensures that everyone has access. In a similar vein, increasing risk pools and decreasing the health systems' reliance on OOP payments helped to achieve UHC. By offering financial protection against the expense of medical care, universal health coverage can significantly contribute to enhancing human security (Mustafa et al., 2021).

Effective epidemic response requires strong leadership because it facilitates the coordination and direction of various stakeholders' actions, including government representatives, community leaders, and health professionals. A competent leader can mobilize resources, foster trust and confidence within the society, and guarantee that everyone is cooperating to achieve a common objective. For RHS to be able to address both persistent health issues and new health problems like pandemics, health systems governance is crucial. Health systems can better meet the needs of people and communities and enhance overall health outcomes by establishing solid partnerships and accountability structures (Ager et al., 2015).

### **Recommendations:**

This study will shed light on the RHS framework for attaining UHC and health security through an integrated, multi-sectoral strategy that takes local considerations and the building blocks of the health system into account. One of the review's weaknesses is that the degree of a resilient health system for UHC and health security was not quantitatively estimated. This is due to the fact that the publications we used were based on a variety of mixed, qualitative, and quantitative approaches. Furthermore, the eligibility criteria were guided by the appraisal tool. lacks a cut-off point for eliminating studies, but it does provide specific methodological standards for various kinds of research.

This assessment offers proof of RHS's achievements and difficulties as well as its influence on attaining UHC worldwide. In order to accomplish long-term health sector objectives, the review will also provide insight into the major RHS determinants. It will increase health programmers' understanding of the significance of RHS and spark future debates and discussions about the topic. Additionally, the assessment will assist government officials and policymakers in updating and revising their strategic plans and policy directions.

In order to deliver more inclusive and equitable health services without excluding any demographic groups in order to attain UHC, this assessment will also help policymakers establish accountability within public institutions. In order to improve the performance of their health systems, policymakers will be assisted by this research in developing a consensus core set of national and international indicators. Future researchers will benefit from this review's baseline data as well.

### **Conclusion:**

A RHS is the only way to achieve the goals of UHC and health security. Building an RHS requires sophisticated healthcare infrastructures and a sufficient number of healthcare professionals, yet these are insufficient to shield the health systems from future failures. The nation's health system may be impacted by the philosophy, management and policymaking customs, service delivery orientation, and the capabilities, drive, and morale of healthcare professionals. Building RHS is aided by task-shifting policies, result-based health financing policies, and context-specific redistribution of health personnel. In order to achieve UHC and health security, it is imperative that nations change their health systems using an integrated, multi-sectoral strategy. Additionally, we advise future research to concentrate on developing an RHS that can guarantee health security and promote UHC. In order to provide context-specific guidance, such future studies will be carried out at the national, regional, and sub-regional levels.

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