
PART I

Chapter 2

**LOCAL HEALTH
SYSTEMS: A STRATEGY FOR
INCREASING COVERAGE
AND EQUITY IN HEALTH CARE**

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I. Introduction

Concern for the development of the infrastructure of health systems and services has been a constant in health sector reform proposals during recent decades. At the global level, in a resolution adopted at the Thirtieth World Health Assembly in 1977(1), the participating countries committed themselves to the attainment by the year 2000 of a level of health that would permit all peoples of the world to lead socially and economically productive lives. It was this resolution that proclaimed the goal commonly known as "health for all by the year 2000." The primary health care strategy, formulated a year later, in 1978, pointed up the need to make structural adjustments in health systems and services (2).

In 1980, strategies and objectives were established for achieving this goal in the Region of the Americas, and in 1982, a plan of action for implementing the regional strategies was developed. This strategy called for reorganization of the health care infrastructure as an essential condition for extending health care coverage to the entire population in an equitable, effective, and efficient manner.

In 1986, the XXII Pan American Sanitary Conference, the highest policy-making body of the Pan American Health Organization (PAHO), composed of the health authorities of all the countries of the Region of the Americas, emphasized the need to make the development of health services infrastructure a priority and to support decentralization processes in all countries of the Region and within the Organization itself.

The program priorities approved in Resolution XXI adopted by the Conference were:(3)

- Development of health services infrastructure with emphasis on primary health care;
- Attention to health problems of vulnerable human groups through specific programs implemented through the health services system; and
- The process of managing the knowledge needed to carry out these two activities, in keeping with the managerial strategy for the optimum use of PAHO/WHO resources.

With regard to the development of health infrastructure, the aforementioned document on program priorities affirmed that, in order to achieve equity, efficiency, and effectiveness in health actions and ensure the availability of services for the entire population, it is necessary to implement more effective methods of planning the development of services and improving their management in response to the requirements of local programming—objectives which can be achieved through political and administrative decentralization.

The 1980s saw the emergence of several phenomena that had profound repercussions in the countries of the region. On the one hand, the severe economic crisis swept aside all aspirations of social reform, but, on the other, the reestablishment of democratic governments enabled people to begin to think and talk about the need for such reform in a context of participation and equity. This situation of crisis in the midst of a movement toward democracy led health systems and services to seek strategies for change with a view to achieving greater equity, quality, and efficiency, utilizing decentralization and local development as the instruments for bringing about this reform.

Today, health systems and services face major organizational challenges as a result of rapid processes of urbanization; increases in the elderly population, with a consequent increase in chronic diseases; persistence of infectious, parasitic, and other diseases characteristic of underdevelopment; and greater demand for the application of technologies whose use is not always justified.

Other factors within the health infrastructure have led to a persistent, and perhaps worsening, lack of efficiency and effectiveness in the functioning of health services. The countries of Latin America and the Caribbean invest some 40 billion dollars a year in the health sector, but it is estimated that approximately 25% of this sum, or 10 billion dollars, are wasted due to inefficiency in the operation of health services.

Hence, the important challenges faced by health systems today stem mainly from the socioeconomic situation in general and from their own organizational and administrative weaknesses, all of which translates into low levels of coverage and lack of equity, efficiency, and effectiveness. As a result of this situation, an estimated 140 million people in the region lack adequate health care services.

Clearly, the solutions to the problems of the health sector will be dependent, in large measure, on a change in the overall socioeconomic situation of the region. However, the health sector itself must also seek solutions to rectify some of its own internal problems and deal with the current crisis. One means of doing this and also of improving social conditions is to strengthen local development and create opportunities for the exercise of democratic participation in the decisions and actions taken to establish universally accessible, high-quality health services.

At the same time, the sector must address weaknesses in organization and in technical-administrative and general management. Among these weaknesses, one of the principal ones is excessive centralization in political, administrative, and technical management, which hinders local levels of the health system from fulfilling their responsibilities in resolving the population's health problems. This excessive centralism has become all the more apparent in the light of recent democratization processes in many countries of the region. This situation demands from the social sectors in general and from health services in particular an immediate response that will lead to greater participation, social justice, and the resolution of health and disease problems.

II. Decentralization and Health Care at the Local Level

This brief summary of the sociopolitical, demographic, epidemiological, and financial background explains the decisions of the Member Governments of PAHO regarding the need to seek new organizational responses to the problems currently confronting health systems. Decentralization and provision of health care at the local level, through greater development of this level, have been identified as the key strategies for reorienting and reorganizing the sector.

On this subject, Dr. Carlyle Guerra de Macedo, former Director of PAHO, has said:

"There are certain features that appear to be common requirements for any national strategy, and one of main ones is decentralization. Indeed, universal experience indicates that excessive centralization and lack of coordination are fundamental factors in the ineffective functioning of health services and in the inefficiency of current systems."

"It is therefore imperative to promote the necessary reorganization through effective decentralization, ensuring the required coordination. The establishment and strengthening of local-level health care to serve a specific population in a defined geographic area should be the basis for redesigning and developing the health system at all levels of care and administration. Decentralization does not imply a fragmentation of health systems, but rather a synergistic interaction between their components, which catalyzes the entire system around the central objective: improvement of the health of the population.

"A local health system consolidates all existing resources in one area in order to make better use of them and respond more effectively to the local reality, and, above all, to establish a relationship of mutual responsibility with the population it serves. This responsibility is the key to an appropriate and efficient operation because it creates the conditions necessary for effective technical and administrative planning and evaluation and for social evaluation through genuine community participation. Decentralization is, however, an extremely complex undertaking. Beyond the technical and administrative requirements, it implies a change in the distribution and use of power, which, in turn, requires unwavering political will and commitment."

In this statement, Dr. Macedo clarifies the terms of the proposal that most of the countries are now seeking to implement. In this endeavor, it is not a matter of forgetting about the past or positive experiences, but of renewing an old concept which for various reasons was never fully applied (4).

III. Operational Aspects of Health Care at the Local Level

It is impossible to precisely define all the features of health care at the local level, as these will depend on the characteristics of each country and on its historic and political-administrative background. Nevertheless, certain features have been identified in the region which could be considered basic components to be included in health care at the local level.

PAHO, in a recent document, proposed that the countries take into account the following considerations in relation to local health systems (5):

- A health care system at the local level is a means for the division of labor within national health systems, based on population and geographic criteria in urban and rural areas;
- The geographic area and population to be served are influenced by the needs of the population defined in terms of health impairments and risks;
- The responsibility of the local level is to provide health care for individuals, families, social groups, communities, and the environment, coordinating available resources from both the health sector (including public, social security, and private resources) and sources outside the sector, thus facilitating social participation;
- It is at the local level that it is possible to integrate health resources, including hospitals, health centers, and health posts, in a network of interrelated services with levels of care appropriate to the health needs of the population;
- Health care at the local level is a fundamental part of the national health system, lending it

dynamism and a new sense of direction. Health care at the local level should therefore be viewed as a basic organizational unit fully integrated into the overall national health system;

- The participation of the community through the establishment of a relationship of reciprocal responsibilities is of vital importance for local-level development;
- The magnitude of the infrastructure and the size of the population served by the local level will vary depending on the situation of each country, but it is desirable that at least secondary-level care be available locally, combined with efficient use of resources;
- It is at the local level that it is most possible to integrate programs aimed at meeting the population's needs into the existing infrastructure and installed capacity;
- The local level should have not only sufficient technological capacity to address the health problems in the area it serves, but should also have sufficient technical and administrative capabilities in the areas of planning, management, information, and epidemiology, as well as a minimum supply of adequately trained human resources.

IV. Local-level Development as an Instrument for the Formulation and Execution of Integrated Health Programs: The Integrating Role of Maternal and Child Health

In light of the foregoing considerations, local-level health care should be seen as a key strategy for reorganizing and reorienting the health sector with a view to achieving equity, efficiency, and effectiveness through application of the primary health care strategy.

Local strategic administration (6), management, and programming, applying a risk approach, are inseparable components of this concept. This means organizing and integrating programs and activities for the care of individuals, families, and the community, as well as the environment, in a coherent, harmonious, and logical manner and in keeping with the true needs of the population. Establishing health care at the local level also means going beyond isolated efforts to carry out a joint effort of the entire health system. Local-level health care is therefore an integrated approach, from both a conceptual and an operational viewpoint.

Local strategic administration should be flexible and capable of continuously adapting in response to changing epidemiological and social needs and to the findings of evaluations of local health services in terms of equity, efficiency, and effectiveness. Hence, the local programming alluded to here should not be confused with certain current practices in local services, where "programming" consists of proposals for isolated activities, often without any possibility of integration or any provision for continuous evaluation. The local programming needed for the development of a health system and for the reorganization and reorientation of the sector will require a profound conceptual and methodological change in the majority of current health service programming practices. The first of these changes must be a clear formulation of health policy that not only recognizes the existence and importance of the local level but also gives it real responsibility as an active participant in carrying out the health policy of the State.

The health policy must be communicated to and respected by all levels of the health system. This means, among other things, a change in the role of the central level, which must support development

at the local level without creating parallel or vertical organizations for each area of interest. The form and division of labor in research, production, and organization of knowledge cannot be the same as in the delivery of this knowledge to the population. In the case of research and production of knowledge, a division of labor by disciplines or specialties is acceptable. In the delivery of knowledge, however, the information must be organized according to the needs of the population, which will make it possible to plan integrated activities to address the various health problems of needy groups. It is here that programming by age group—for children, adolescents, and mothers—becomes very important. Although at first glance these ideas would appear to be simple and widely accepted, in reality they represent one of the major challenges to be overcome. Applying them implies a substantial change in the way health activities are formulated, programmed, and implemented, moving away from the traditional division by disciplines or specialties to an integrated approach organized according to sets of problems or risk groups.

Together with this redefinition, in policy and conceptual terms, of the role of the central level, forms of financing and budget allocation must also be reexamined. Rather than allocating funds by "vertical program" or by pathology, the central level should channel budget allocations to the local level to enable it to carry out integrated health activities targeting the population for which it is responsible. By changing from allocation by pathology to allocation by population, it is possible to prioritize based on the needs and risks of the population at the local level.

These changes in the policies and technical-administrative roles of the central level should be complemented by changes in technical and administrative approaches and attitudes at the local level. Personnel at the local level should not be seen as passive recipients of health programs developed at other levels, but rather as real actors in the integration of all the medical, epidemiological, and social knowledge required to address the specific needs of the population. Operational weakness at the local level is one of the main reasons why programs that originate at other levels are sometimes executed without the necessary integration.

It is at the local level, with the participation of all health personnel, the community, NGOs, and civil and municipal authorities, that this knowledge is integrated. The local level should also be the reservoir to which the various disciplines and specialties contribute their knowledge, which should then be combined and applied in keeping with the needs of the population, the prevailing operational strategies, the availability and training of human resources, and the epidemiological profile of the population and the risks to which it is exposed. This combination of the knowledge of different specialties and disciplines can thus be transformed into integrated approaches to prevention, treatment, rehabilitation, and health promotion aimed at caring for both individuals and the environment. It is in this way that health care at the local level, in the wholeness of its conceptual and methodological development, can provide the operational response to the strategy of primary health care for the organization of local resources, and in this way the entire health system can be reoriented toward achieving equity, efficiency, and effectiveness.

V. Conclusion

The establishment of policies and conceptual and operational guidelines must be accompanied by action in two fundamental areas: (1) a process of research to evaluate experiences underway and (2) ongoing training of all health personnel and of the community with a view to attaining the goal of health for all by the year 2000.

It will therefore be essential that the effort at decentralization and development of the local level, as a strategy for reorganizing and reorienting the sector, be accompanied by a scientific-participatory movement aimed at the development or renewal of policies, concepts, and methods. No attempt will be made here to present an exhaustive list of research topics, since these will arise in response to changing realities and problems; however, it is possible to identify several issues that need to be addressed, based on various recent documents and experiences currently under way in the region.

One of the first issues to be resolved is how to ensure an adequate supply of care at the local level? How can equity, efficiency, and effectiveness be achieved within a geographic or social space? What health care units should be established and what level of care should they provide? How can a balance be achieved between geographic accessibility and the minimum concentration of resources needed to ensure quality, efficiency, and continuity of care? Obviously, there is not just one answer to these questions. In each country the political and administrative, sociocultural, and demographic situation will lead to different decisions.

Just as it is necessary to achieve a balance between the strategies of the central and local levels, a similar balance must be sought within the local system itself. This raises another important research issue, namely, how to achieve unity of action among human resources. How can health care activities be provided without separating disciplines and specialties? How can the quantities, types, and distribution of existing resources be effectively coordinated in order to resolve the priority problems of the population?

The answers to these questions will also differ according to the place and situation in which they are posed, the epidemiological profile of the population, and the type or level of intervention desired.

More information is also needed with regard to issues of accessibility and service coverage. For example, an attempt should be made to determine the true extent of coverage, i.e., the care received by each person, family, or population group in response to their needs for health promotion, disease prevention, treatment, and rehabilitation. This approach to measuring service coverage, which is population-based and takes into account integrated health actions and the needs of the population, provides an assessment of the distributive equity of health services.

In addition to these epidemiology- and population-based areas of health services research, there are other areas relating to the specific structure and internal management processes of health

systems. Health care models and technologies should be evaluated based on their suitability for resolving the majority of the population's health problems within an articulated system of services with various levels of complexity.

With regard to human resources, continuing education for all members of the health care team must be accompanied by research aimed at developing and evaluating methods that will facilitate the educational process and the study of specific matters relating to the characteristics and organization of human resources.

Undoubtedly there are many other areas that should be studied with a view to promoting the development of this approach, but rather than specifying any particular one, it is important to emphasize the need to systematically incorporate health services research as an indispensable component in any reform process aimed at the reorganization and reorientation of the health sector and to assess the relationship between the proposed reorganization and the degree of equity, efficiency, and effectiveness achieved.

Nevertheless, the need for further research should not be used as a reason for postponing or limiting action. On the contrary, it should provide motivation and support for making decisions that cannot be postponed in order to solve problems that must not be allowed to persist. This is our true challenge: how to think and act together in order to advance toward the goal of health for all by the year 2000.

VI. References

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