

Healthcare Management Masterclass Series 2022

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Vertical and horizontal health systems - Is integration key to health reform in the South Africa?

On 18 April 2022, Regent Business School hosted Professor Penelope Engel-Hills in an inaugural webinar for our Healthcare Management Masterclass Series. Penelope, as a health care practitioner, educator and active researcher (C2 NRF rating), is an adjunct professor in the faculty of Health and Wellness at Cape Peninsula University of Technology (CPUT), advisory member of the Professional Education Research Institute (PERI) and associate member of the Applied Microbial and Health Biotechnology Institute (AMHBI). She holds ministerial appointments on the National Health Research Ethics Council (NHREC) and the Health Professions Council of South Africa (HPCSA).

The discussion on vertical and horizontal health systems included key examples and comparisons, their relevance to healthcare, and effective utilisation of information gathered from such systems.

Considerations for implementing a particular health system include the selected approach (disease-specific vs comprehensive), programme (specialised or broad-based), healthcare system environment (need-focused versus permanent), organisational structure, and intervention being introduced.

Vertical systems target specific diseases or health problems, with specific objectives in response to a dynamic environment. Benefits include easier funding (donors and grants), which in turn makes monitoring and control much simpler. Vertical programmes have been successful in resource constrained environments. Local examples include HIV clinics, palliative care facilities, faith-based organisations and NGO/NPOs, and even the Covid-19 infrastructure deployment. The targeted response to a need make vertical systems attractive. Problems occur when these systems extend beyond a particular need, giving rise to uncoordinated responses. Focused responses also risk generating inequity.

Horizontal systems strive to improve and promote overall population health, by reducing healthcare fragmentation, empowering capacity at local and national level, deployment of mass responses like immunisation, and community or primary healthcare approaches. They are complex with integrated programmes and decentralised control aimed at providing a comprehensive service to meet population needs. The referral-based system from primary/community clinics to regional facilities to tertiary/academic facilities is an example in South Africa. Another is the private health care system. National funding with decentralised control are advantageous, with private healthcare to supplement needs and demand. A drawback is the inherent disparity in our dual public/private system, a gap that the National Health Insurance aims to close by striving for Universal Health Coverage.

Penelope also described how health programmes can generate routine health information. The health information cycle entails what information we collect, what we do with it, how we present it, and how we use the information. Data can be invaluable to identify health needs and service delivery deficiencies, improve decision-making, enhance staff motivation and advocate for sectoral changes. This helps allocate resources effectively and make informed plans for future service delivery. Developing a MINDSet (minimum information data set) that maximises use of information collected includes all the 'need to know' (absolutely necessary information) and some of the 'useful to know' (valuable information) in the data set. The premise is that less information translates into more accuracy.

Selecting the correct type of data set is important. These include data-led systems (identifies data and typically developed in a top down manner), action-led systems (focused on goals and targets, desirable but can be mechanistic), or information-led systems (includes both necessary and valuable information, maximises use of data by using multiple indicators from minimum amount of data).

The cost-benefit value of information is aimed at minimising costs and maximising benefits. Collect only information that will be used, with regular reviews from collectors and users; terminate collection of information no longer in use; and collect new information identified as useful and needed. Develop an understanding of the health system and data being collected to ensure meaningful and useful outputs.

In South Africa, a country that has experienced tremendous hardship in horizontal health system improvements, solutions are mostly reactive (opposed to proactive) to identified health problems. 'A constellation of vertical health systems' merge to meet population needs. Integration of systems, or a diagonal approach, addresses specific health problems and includes holistic health care provision across the broad spectrum of disease burden, whilst addressing generic health system issues. This could build a resilient, strengthened system for long-term success. This ideation is further suited to the ultimate goal of Universal Health Coverage.

The discussion provided great expert insight into health systems, just one in our line-up of industrial expertise masterclasses aimed at providing the Regent MBA in Healthcare Management graduate with a holistic, current and dynamic learning experience as we continue to Disrupt, Rethink and Innovate.

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