Shiraz E-Med J. 2018 October; 19(10):e83320. doi: 10.5812/semj.83320.

Published online 2018 September 4. **Brief Report**

Health Policy-Making Requirements to Attain Universal Health Coverage in the Middle-Income Countries: A Brief Report

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Received 2018 August 14; **Accepted** 2018 August 20.

Abstract

Background: The middle-income countries (MICs) target universal health coverage through varieties of policies. However, they face many struggles such as socio-economic and political problems along with flawed policy-making process.
Objectives: The current study aimed at presenting a very brief situational analysis of the health policy making and its outcomes in the MICs and accordingly some strategic suggestions to improve this process.
Methods: The current brief review study was conducted on the existing evidence on challenges of health policy-making in MICs and its combating solutions. To search literatures, an unlimited time review was conducted in medical databases with predefined keywords. To classify the barriers and their solutions, the current study employed the World Health Organization (WHO) health systems framework; i.e. six building blocks.
Results: Reviewing literatures conducted the researchers to the main challenges of health policy-making process in the MICs including poor governance, imperfect health information system, weak resource management, piecemeal plan instead of inclusive national plan, low efficiency, and equitable outcome of their public policies.
Conclusions: To improve health policy-making process in MICs, a wide variety of strategies is applicable. These strategies are: (1) Replacing passive problem-solving approach with an active informed-policy making; (2) Preparing a master plan based on sustainability and reality, prediction power of the future events, and active participation of all stakeholders; (3) establishing a health system with focus on primary health care, service leveling, referral system, and integrated and quality care; (4) Effective health interventions, reducing corruption, managed use of private beside the public sector, and improvement of their contracting systems, equitable distribution of all resources, and establishing and/or strengthening health technology assessment (HTA) Committee; (5) Reinforcing the role of governance to control health market, community involvement, and mandatory health attachment to all policies.

Keywords: Middle-Income Countries, Health Policy-Making, Challenges, Strategies

1. Background

As a matter of fact, health policy-making is a complex process in all communities regardless of their economic situation (1). Environmental factors such as socio-economic and geopolitical context could aggravate this complexity in middle-income countries (MICs) (2). For instance, health in these countries is often perceived as a technical field with limited political gravity; therefore, it is not at the top politicians' priority. On the other hand, heavy triple burden of diseases (i.e. communicable and non-communicable diseases, and socio-behavioral illness) along with high transition of the population health needs, and their technical and technological dependency on abroad make this process more complex (3). Low equity, quality, service utilization, and responsiveness of health system are some consequences of the existing health policy-making in such countries (1), since most of MICs target universal health coverage without improvement in their policy-making processes (4). Based on the aforementioned issues, the current study aimed at presenting a very brief situational analysis of the health policy-making and its outcomes in the MICs and accordingly some strategic suggestions to improve this process.

2. Methods

The current study was a brief review including an integrated and descriptive summary of the existing evidence

on challenges of health policy-making in MICs and its combating solutions. To search the literatures, an unlimited time review was conducted in medical databases including PubMed, Medline, Scopus, and Google Scholar. Based on the World Health Organization (WHO) health systems framework, the six building blocks including governance; healthcare financing, health workforce; medical products, technologies; information and research; and service delivery were applied to describe and analyze the health policy-making in the MICs. The algorithm of the searching strategy for those aspects is illustrated in Figure 1. Considering the above-mentioned aspects, and with the focus on the outcome of each aspect, keywords used in the searches were policy-making and health system, or health sector and middle-income country and process, as well as challenges or strategy or suggestion, or information technology, governance, service delivery, financing, or health technology. To further access some topics, WHO, World Bank, and United Nations official websites were also considered.

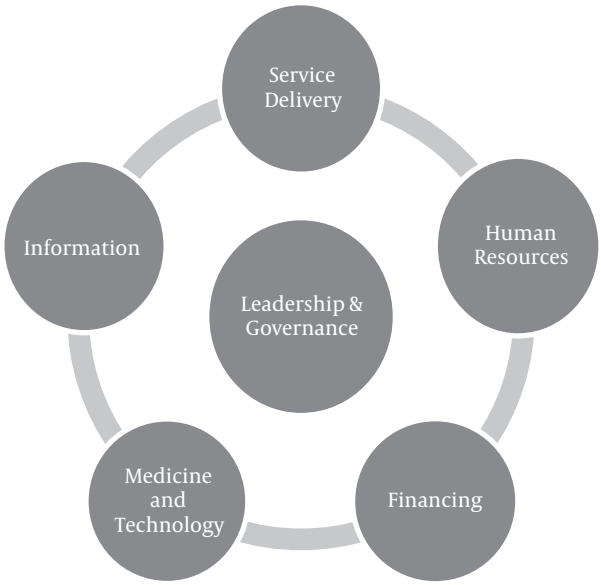

Figure 1. The World Health Organization health systems framework

3. Results

Reviewing literatures conducted the researchers to the barriers of a well-established health policy-making process in the MICs summarized on the basis of WHO health system framework to six categories in Table 1.

4. Discussion

Through an abstract approach on Table 1, there are five main challenges to improve the health systems in MICs including inappropriate informed policy-making process, lack of a customized and inclusive national plan to frame the health policies, low efficient and equitable healthcare system resulted from long-term flawed public policies, shortage and misallocation of resources, and poor governance. Hence, to combat these five struggling areas, it is recommended that health policy-makers in MICs apply the following suggestions:

(1) Passive problem-solving is the common approach to policy-making in MICs, while it should be switched to active informed policy-making. Obviously, this change should be accompanied by building capacity such as accurate processing information system, training policy-makers to apply robust evidence, applying national evidence as well as international ones, and finally establishing a good health system research beside the routine monitoring and evaluation reports (5, 6).

(2) There are too much short-term piecemeal plans for the MICs health system that most of the times are in conflict with each other (7). This phenomenon could be simultaneously a cause of wrong policy-making as well as its effect. This shortcoming could be solved through applying a three-pillar approach including (A) choosing long-term, sustainable, and realistic policies, (B) prediction power of the future events and risks regarding geopolitical or socioeconomic issues, (C) encouraging the active participation of all stakeholders including community (2).

(3) The accompanying of the long-term flawed policies in health and public sectors result in low efficiency and equity in the health systems of MICs (8). In this regard, the first and foremost strategy is to establish primary health care with focus on marginalized, deprived, and vulnerable groups to guarantee equity and efficiency (9). The second strategy should be leveling the health services with an appropriate referral system that leads to the reduction of the service cost and enhancement of service utilization (10). Evidently, the other strategy is to integrate healthcare vertically and horizontally through team working with focus on primary prevention (11). The last, but not least, strategy is to consider quality as well as quantity of health services in all levels (12).

(4) Resource limitation and misallocation is another common challenge of MICs (2). In response, including effective health interventions into the basic service package, reducing corruption, managing the employment of private beside the public sector, and improvement of their contracting system are suggested operative strategies to combat shortage of resources (2). However, misallocation

Table 1. The Barriers of a Well Evidenced-Based Health Policy-Making Process in the MICs

Barrier	Building Block					
	Governance	Information	Financing	Service Delivery	Human Resources	Medicine and Technology
1	Market rules governing the health system	Lack of performance based multi-dimensional research	Low share of GDP	Low attention paid to PHC	Lack of proper training and management of managers in the health structure	The desire to buy and use expensive technology
2	Strong dependency between evolution of existing frameworks and institutions and their historical, cultural, and political genesis	Fragmented and duplicated national health information system	Inequitable and ineffective financing system	Lack of clear definition for public-private partnership	Brain drain	Imperfect drug supply system
3	Multiple and closed reforms	Low-quality data and information	Inequitable financial contributions	Low service performance	Lack of a national HRH[a] strategic plan	Politicized decision-making
4	Politicized decision-making instead of evidenced-based decision-making	Poor infra-structure for effective health information system	Chaotic risk pooling policy	Inequity of health services utilization	Shortage of the number of human resources	Low-quality and -quality data
5	Difficult adaptation to globalization	High dependency on external technical support	Shortage of public funding	Low-efficacy health interventions	High staff turn-over	Lack of experts and capabilities
6	Fragmentation of health system	Low investment in NHIS	Lack of strategic purchasing in health care	Epidemiological transition in diseases pattern	Unequal distribution in rural/ urban areas	Poor structure
7	Centralized decision-making system	Limited managerial and healthcare providers skills	High level of out of pocket	Low quality of care	High workloads	Shortage of frameworks and guidelines
8	Consolidated purchaser- provider		Unstable financial resources due to geopolitical issues		Lack of skill in supervision	Limited access to new medicines and technology due to the budget constraint
9	Administrative complexity/ inefficiency		Health insurance problems		Low-motivated human resources	
10	Poor inter-sectorial collaboration				Low-performance healthcare staff	
11	Low commitment on NHS				Inappropriate ratios of healthcare workers	

[a] Human Resources for Health

of resources provokes its limitation (13); therefore, equitable distribution of all resources regardless of the socioeconomic status of the target population should be considered in all health policies. In many cases, health policy makers in the MICs allocate huge amount of money to import advanced health technology from the abroad and provide access to privileged people, based on the political purposes. Therefore, establishing and/or strengthening health technology assessment (HTA) committee is crucial to use appropriate technology (14).

(5) Poor governance is prominent over the other health policy-making challenges in MICs. The foremost problem is free market approach to health system that should be replaced by legitimate/managed market, since health system is a failure rather than perfect market. Despite some controversies, in general, decentralization of policy-making is a good strategy to overcome challenges such as inefficiency and inequity in MICs health systems (2). In addition, community participation in policy-making process could enhance social capital in health sector and improve the effectiveness of health policy-making (15). Finally, health attachment to all public policies should become mandatory by the governance to make all policies in line with restoring and promoting health (16).

Acknowledgments

The authors would like to thank Deputy of Research, Shiraz University of Medical Sciences for technical support.

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