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Investigating Health System Policies and Providing a Policymaking Model

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Abstract: In this study, we investigate health system policies and will finally provide a model for policymaking in this area. In many countries, the health sector is an important part of their economy. Some have likened the health sector to a sponge that absorbs vast quantities of national resourcesto pay to its employed staffand some believe that it is the driver of economy which drives innovation and investment in areas such as biomedical technologies or production and sale of pharmaceutical products or in the area of insuring a healthy population that is economically productive. The results show that current style of policymaking is based on a kind of pragmatism and ideology and evidences have no place in this style and evidences and their use are not among the values of policymakers. Policymaking is often based on personal preferences. However, sometimes there are disintegrations; so that, "when the policymaker needs some reasons and evidences, no evidence exists and when there is some evidence, this time he will refuse them or does not know about them or does not see them". "In many cases, planning is not based on policies or strategy is not based on policy or it is not policy-oriented. Policy has not been institutionalized; sometimes there is no policy document and if it exists, it is not connected to the target chain".

Key words: Health system, model, policymaking, kind, producd

INTRODUCTION

Health is one of most basic human needs and all members of society need it. Individual and community health depends on providing quality services tailored to the needs of people. According to the 29th constitution, benefit from social security including pension, unemployment, senescence, disability, loneliness (having no caretaker), being stranded, accidents, disasters and the need for insured health services and medical care are all public rights and government must provide these services and financial supports for all members of society from national revenues and through public contributions. However, government has allocated most of its power and resources for provision of these services and areas of policy making, monitoring and evaluation are more or less neglected (Maleki *et al*., 2011).

"Amartya Sen" who is a Nobel Prize winner believes that like education, health is also among the basic skills that gives value to human life (Jahani *et al*., 2010). According to "Kofi Annan" (former UN General Secretary), good health is the demand of all human beings, both men and women all over the world and premature deaths due to different diseases are among the main concerns of all societies and health is a basic right for human beings (Lankarani, 2010). Prevailing wisdom in all cultures says: "health is wealth" because health creates developmental capacity in people and guarantees their moral security in the future. Health is the basis of job productivity, learning capacity (at school) and the ability for physical, emotional and intellectual growth (Sayari and Maftun, 2002; Motlagh *et al*., 2011).

MATERIALS AND METHODS

Problem statement: In many countries, the health sector is an important part of their economy. Some have likened the health sector to a sponge that absorbs vast quantities of national resourcesto pay to its employed staffand some believe that it is the driver of economywhich drives innovation and investment in areas such as biomedical technologies or production and sale of pharmaceutical products or in the area of insuring a healthy population that is economically productive.

In economic terms, health and education are two fundamental aspects of human capital and according to Nobel Prize winners, "Theodore Schultz" and "Gary Becker," they are the bases of human beings' economic productivity and key factors in poverty reduction, economic growth and long-term development of all communities (Monfared *et al*., 2008).

Major advances in the economy of countries such as rapid growth of England after the Industrial Revolution,

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rapid growth of US and Japan in the early 20th century and have all occurred as a result of improvements in public health, disease control and improvement of nutrition (which have increased labor energy and productivity and have reduced vulnerability to infections). Economic cost of preventable diseases is very high; disease decreases per capita income during one's lifetime. In developing countries, infectious diseases, maternal mortality and malnutrition make poor people more vulnerable and these groups are at higher risks in terms of diseases. Because firstly: They have less access to health, nutrition, healthy life and health care and less knowledge in these areas. Secondly: due to high costs, they are less likely to seek treatment for their diseases and thirdly: direct payment for medical expenses plunges them into poverty, more and more.Statistical estimates show that a 10% improvement in life expectancy at the birth time brings at least 30-40% of economic growth (Damari *et al*., 2010). Economic growth not only requires health and education but it requires other supplementary investments, such as proper division of labor between public and private sectors, markets with good performances, good governance and institutional arrangements to encourage technological development. Although, we cannot say that investment in the health sector can solve development problems; however it could be argued that investment in this sector should become the main axis for development and the main focus of poverty eradication strategies. Also in our country about 5.7% of GDP is spent on healthcare costs; however, the study of household expenses shows that nearly 60% of healthcare costs are paid directly by the publicand about 4% of families are forced to incur huge expenses due to incidence of diseases (Motlagh *et al*., 2015).

Health is affected by different decisions; for example poverty, water pollution, poor condition of sewerage and other inappropriate environmental factors affect public health. On the other hand, economic policies such as cigarette and alcohol prices can affect the behavior of people. Increasing obesity among many communities is due to factors such as increasing excess caloric intake, availability of cheap fast-foods,selling some drinks at schools and reducing available time for exercises and physical activities. Therefore, it is important to understand the relationship between policymaking in health sector and health (as a consequence of employed policies) (Motlagh *et al*., 2014).

RESULTS AND DISCUSSION

Discussion and description: Five basic forms of policies in the area of health. In the health sector, policies are generally seen in five forms.

Laws: Principles which have been compiled officially by organizations related to legislation or by authorities who control the society.

Rules/regulations: Principles which are designed to direct the implementation of laws. Principles which the government uses toaffect individuals and different institutions in order to change their behaviors are considered as rules/regulations.

Operational decisions: Decisions which are made for law enforcement;including developing protocols and operational guidelines. Compared to regulations, they are less fixed and stable (they are more likely to change).

Evidence-based policymaking: Policies that are created based on decisions made in the judicial system.

Macro policies: Extensive policies which pursue health in the society through basic and fundamental approaches such as the 5 year economic and social development plan, with a 20 year perspective.

Factors affecting policymaking: Regarding factors which affect policymaking and decision-making, scholars have presented different ideas and some of these ideas are provided as: Weiss (1977) has mentioned four factors (4I) as factors affecting policymaking:

- Ideas and knowledge
- Interests
- Ideologies
- Institutions

Davis stated that in addition to evidence, there are 7 other factors which affect policymaking (especially governmental policymaking):

- Experience and expertise
- Judgment
- Resources
- Governing principles and values
- Customs and traditions
- Pressure groups
- Contingencies and practices

Vincent Cable has enumerated five factors (Five S) as factors that restrict (inhibiting factors) evidence-based policymaking.

Speed: Policymakers are under time pressure.

Superficiality: Any policymaker must understand different issues and areas. So, he cannot have adequate

knowledge on all issues and in all areas. Therefore, he is dependent on information that the others provide to him.So, it is important for policymakers to pay attention to the recommendations of right people and to judge their recommendations and advices properly.

Spinning priorities: Public opinions are significantly important in the world of politics. For example, although evidence has shown that the policy of beating is not the most affordable and effective way to use Police Department's resources; however, this behavior is still prevalent among police forces because majority of people believe that this can promote public security.

Secrecy: The way policymakers relate and deal with confidential evidences is very important. Tony Blair's confidential note regarding applying mass destruction weapons in Iraq is an example (Shirvani *et al*., 2009).

Scientific ignorance: Suspicion is growing among people regarding science and scientists and this issue will affect policies.An example in this regard is public demand for zero rail accidents and this is while road accidents have imposed terrible damages on people.

This public demand and scientific ignorance will push policies toward more and more investment in the area of rail safety (Shirvani *et al*., 2009; Maleki *et al*., 2011). Leicester has mentioned seven factors as the enemies of evidence-based policymaking.

Bureaucratic logic: A logic which says "things are correct because they have always been done in this way".

The bottom line: The logic of business environment and associated throughput tools; for example, the amount of profit should never be less than this bottom line.

Consensus: Consensus requires extensive consultations to achieve what is desiredand following these consultation, many work activities are required by all of those who are interested in the issue of consensus in order to determine limitation and to satisfy everyone.

Politics: Is the architect of "possible things"; not something that may work in the best way.

Civil service culture: This attitude refers to extreme distrust about information, generated outside the system.

The school of cynicism: An intellectual attitude that allows us to move in line with the perspective of our organization or in line with our common sense; even if we know that our vision is wrong.

Time: There is very limited space for evidence-based policymaking and we rarely have enough time for contemplation.

Walt and Gilson have enumerated important factors affecting policymaking as "health policy triangle" (Fig. 1) (Shirvani *et al*., 2011). This triangle is a simple approach toward intersectional relationships to determine policies in the health sectorand insists on this principle that four important factors affect health policy.These four factors interact with each other. For example, operators are affected by context in which they live and work. Context is affected by several factors such as instability, ideology, history and cultureand the policymaking process is affected by operators, their status in the power structure and their values and expectations and the content of policy represents some or all of these aspects (Chaman *et al*., 2011).

Operators include natural persons, groups or organizations that affect policymaking at the international, national and regional levels; such as the President of a country, child protection groups, Non-governmental Organizations (NGOs), the World Bank and etc. For example, operators who are involved in health policy in the area of HIV/AIDS in Iran include (Rashidians *et al*., 2010, Motlagh *et al*., 2008):

- Government (Ministry of Health and Medical Education, Medical Science Universities, health centers across cities and their affiliated units, including: health care centers, health stations and health houses)

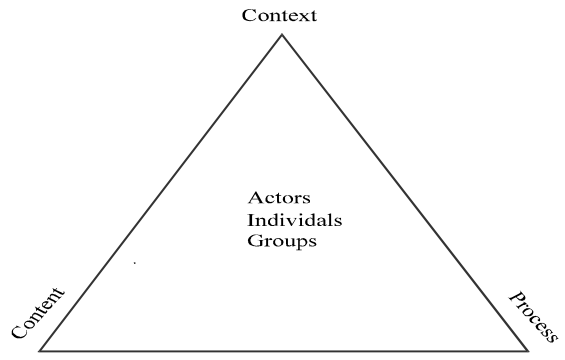

Fig. 1: A conceptual model

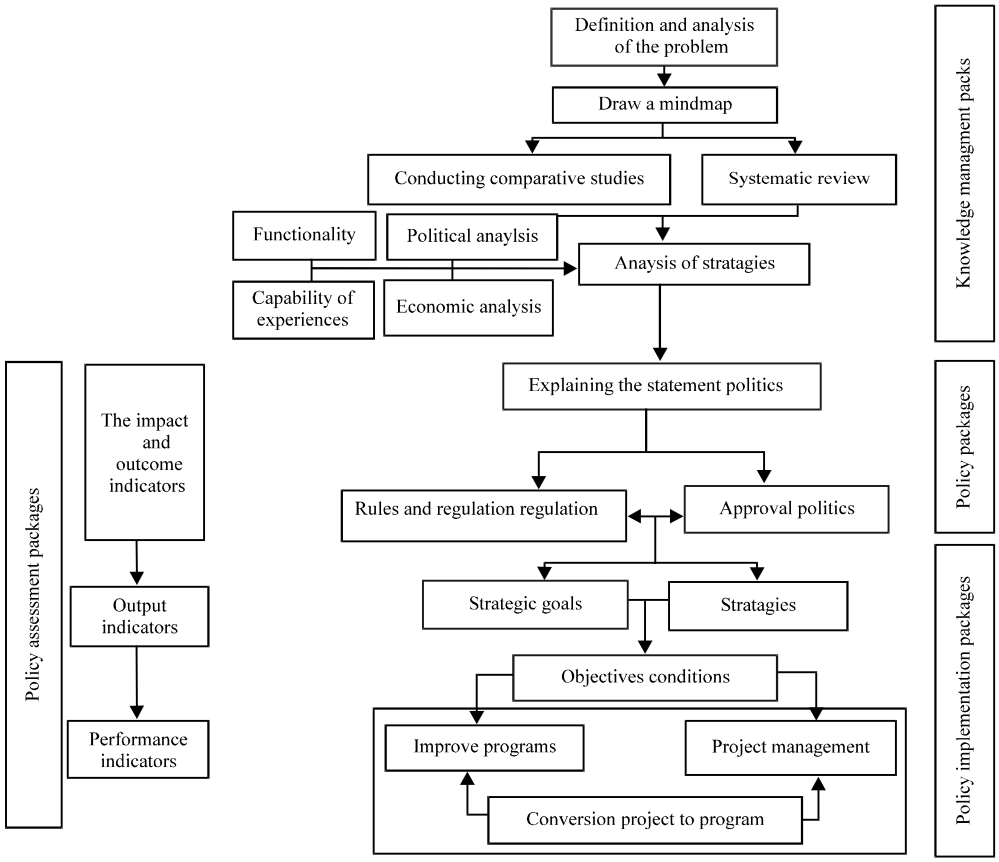

Fig. 2: Model of health system policy

- Non-Governmental Organizations (NGOs) Such as Society for supporting patients with AIDS
- International organizations (such as WHO, UNDIDS, the World Bank and Global Fund)
- Associations for supporting patients with HIV/AIDS in Iran

Context includes general factors (political, economic and social factors) at the national and international levels, which affect health sector policies. Contextual factors can be classified by in different ways. One of the useful methods in this regard is Leichter's classification that has classified contextual factors into four categories.

Situational factors: Generally, temporary and non-permanent conditions which can affect policy (such as war, famine, natural disasters like earthquakes and etc.).

Structural factors: Relatively unchanging elements of society. These factors include: political situation, economic situation and the status of employment, demographic characteristics and technological advances in the society.

Cultural factors: For example, in societies that culturally, women cannot easily have access to health care services (because they must refer along with their husbands) or in areas where developing some diseases (such as tuberculosis or AIDS) is considered as a stigma, provision of services at home may be considered in the health policy. On the other hand, religious factors have significant impacts on policymaking. For example, some religions do not confirm birth control methods.

Foreign or international factors: Some health-related issues, in addition to regional and national levels are considered to be very important at foreign and international levels as well. For example, polio has been eradicated in many areas of the world and currently the wild poliovirus exists only in very restricted areas of the world. There is a potential to transmit the virus to

neighboring countries and this issue should be considered in the neighboring countrie's health policy (Motlagh *et al*., 2009; Ismaeil *et al*., 2010).

The main components of health policy at the Ministry of Health and Medical Education: According to Table 1 and Fig. 2 in Ministry of Health and Medical Education of Iran, there are three components that have the main responsibilities for policymaking in health sector and they include:

- Decision-making councils and relevant secretariats
- The health policy document writing units
- Systems which provide evidences and statistics for programmers and writers of policy documents
- Challenges in the area of policymaking for Iranian health system

In many countries, existence of multiple national and social institutions to monitor the quality of services and satisfaction of people about health services is considered as strength. Therefore, in some countries including Australia, France and Sweden several commissions, central and state organizations monitor health services on behalf of people and the government and the feedback of this monitoring is evident in their national, regional and local policies. So, when it comes to the discussion of policymaking and goal setting for national health development and its macro-strategies,there should be a powerful organization in the country for scientific and comprehensive policymaking in order to conduct national management and planning (Motlagh *et al*., 2013).

CONCLUSION

Since policymaking, setting priorities and provision of a framework for taking important decisions are among the priorities of health systems and are considered among its main functions, it is now two decades that the Ministry of Health and Medical Education has conducted great efforts to found an institution, center or council for policymaking in the area of health. However, despite infrastructural activities and provided functions it has not still found its appropriate position and has not enough political power and it still has numerous weaknesses and problems. In a study conducted with qualitative method and through using in-depth and structured interviews, 25 legislators, policymakers, administrators and experts who had at least 2-4 years of experience in the legislation and macro decision-making in the area of health or people who had published analytical and research articles in the area of health system were determined for study. Considering relatively longtime interviews, eventually 12 people were selected who included: two former Ministers of Health and Medical education, two representative of Islamic Consultative Assembly and members of the Health Commission of the Islamic Consultative Assembly, with a record of at least one period of representation, two former Deputy Ministers with >10 years of experience in the area of management in the Ministry of Health and Medical Education and finallysix experts and scholars who cooperated and participated in activities including: development of health policies regarding development plans for healthcare networks, health system reform program, development of family physician programs and referral system and finally program for integration of education in the health services.

Current style of policymaking is based on a kind of pragmatism and ideology and evidences have no place in this style and evidences and their use are not among the values of policymakers. Policymaking is often based on personal preferences. However, sometimes there are disintegrations; so that "when the policymaker needs some reasons and evidences, no evidence exists and when there is some evidence, this time he will refuse them or does not know about them or does not see them". "In many cases, planning is not based on policies or strategy is not based on policy or it is not policy-oriented.

Policy has not been institutionalized; sometimes there is no policy". In fact "political changes are very fast and policies are changing constantly; in such a situation, we need this policymaking system to solve most problems with the existing resources". Regarding the requirements of such systems, it is believed that "it is essential for Deputies and the body of ministries to adhere to thedecisions made by the policymaking council". Another drawback is that "many of health care system managers and experts do not know what they are looking for;because they are never asked". Of course, managers and experts with insufficient knowledge about the importance, necessity and principles of policymaking do not feel any need for further knowledge.

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