

# Public and Patient Involvement in Health Policy Development in Response to Covid-19

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## Abstract

Following the acceptance of universal health coverage as a worldwide aim, countries must address the quality of care offered by their health systems if they wish to improve health outcomes. The growth of health care spending and an increase in service coverage were both sparked by the Millennium Development Goals. The scope of global health ambition included in the Sustainable Development Goals, however, necessitates that policymakers go beyond coverage to comprehend what occurs when individuals arrive at a health institution or establish contact with health services. High-quality health systems are those that "optimise health in a particular environment by consistently delivering care that improves or preserves health, being respected and trusted by all people," according to the Lancet Global Health Commission on High Quality Health Systems in the SDG Era<sup>4</sup>. New approaches to defining, measuring, and enhancing the performance of health systems are also suggested by the Commission [1]. It says that rather than inputs like employees and equipment, the quality of health systems should be largely assessed in terms of the care procedures and health consequences. We set out to investigate how, since 2000; important health systems frameworks and policies have incorporated the idea of health system quality. We looked for World Health Publications, frameworks, and reports on the WHO website that mentioned health systems in the title or as one of their primary objectives. We limited our attention to the WHO since it is the top technical health agency of the UN, focuses on health systems, and plays a significant role in global health [2].

**Keywords:** Health System Reform; Reform Resilience; Covid-19; Ireland; Health Policy

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## Introduction

We chose to include the flagship reports because, in their mission statement, they state that they want to "stimulate thinking and discussion about emerging gaps and problems in improving health systems [3]." We also included the UHC monitoring reports from 2015 and 2017 due to the direct relationship between UHC and the calibre of the healthcare system. Documents that were condition-specific were not included [4]. Each document was meticulously examined for references to and discussions of "quality." We looked for alternative health system ideas, such as "service access" and "coverage," where quality was not specifically stated [5]. The information was then summarised and subjected to a theme analysis. We also contrasted the information

with the Commission's structure and definition. 20 papers were retrieved: 13 from the WHO and 7 from the Alliance (table) [6]. The definition of quality was not specifically discussed in five texts. Three patterns showed up [7]. The first was that older papers emphasised equity of access while more current ones focused on access to health care [8]. The World Health Report provided a framework for comprehending health systems and made it obvious that the political and scientific agendas should place a high priority on how well LMIC health systems operate [9]. Quality care for those who experience the "lowest levels of responsiveness they are treated with less regard for their dignity, given fewer options for service providers, and offered lower-quality amenities" was briefly mentioned in the study [10]. Soon after, disparities in access to care were brought to light in the

Alliance biennial report strengthening health systems: the role and potential of health policy and systems research [11]. The World Health Report in 2008 discussed how basic healthcare may help bring health progress "back on track [12]." Not take steps to increase equity. Achieving universal health coverage requires "reaching remote and conflict-affected populations where the challenges of deteriorating infrastructure and the shortage of qualified, skilled human resources are enormous," according to the World Health Report 2013: research for universal health coverage, which also expanded the definition of equity. Although the study acknowledged that both the quantity and quality of services matter, the majority of its recommendations for quality enhancement were on system inputs rather than care processes or health outcomes [13]. A major element of universal health coverage (UHC) is "ensuring access to excellent health care," according to the 2015 and 2017 Tracking reports<sup>1</sup> [14]. Both studies emphasised the importance of quality for effective health coverage. The second recurring element was that discussions on quality in the analysed papers have centred on what the Commission refers to as "foundations," notably the personnel and tools [15]. The elements influencing the environment in which care is provided are included in this aspect of care. However, the method or effects of care are not covered. Prior to 2007, quality improvement was addressed in the reports that were evaluated in relation to greater infrastructure and a trained staff. 5,10 The WHO issued Framework for action improving health systems to improve health outcomes in 2007. This document expanded the components of a well-functioning health system and served as the foundation for evaluating the performance of the system. The pillars include medical goods, vaccines, and technology; medical services; health workforce; health information; and health funding. The results of such a system were highlighted as quality and accessibility. The paper recommended using the building blocks to keep tabs on performance and system developments in the healthcare industry. The underlying premise is that having the building blocks in place causes excellent service quality to automatically follow, but it does not describe how the building pieces could combine to generate quality and, ultimately, better health. The fundamentals for comprehending and analysing health systems were also employed in other health papers. For instance, the WHO High-level Consultation and Task Force Report Scaling up research and learning for health systems<sup>13</sup>, the Alliance report Sound choices: Enhancing capacity for evidence-informed health policy and the 2009 Alliance report Systems thinking for health systems strengthening<sup>14</sup> focused their quality measures.

## Discussion

The third topic was the growing importance of people-centered care. The World Health Report noted that "people-centeredness" becomes the "clinical method of participatory democracy," measurably improving the quality of care, the success of treatment, and the quality of life of those benefiting from such care. It also included responsiveness and, within that, respect for persons as a key component of health system performance. This need for "integrated, high-quality, patient-centered services at all levels of primary through tertiary care" was reaffirmed in the World Health Report 2013<sup>8</sup>. These reports' inclusion of

patient-centered services has strengthened the case for patient-centered care in the debate over quality. The WHO Framework on integrated, people-centered health services<sup>16</sup> was published in 2016 and addressed the needs and preferences of people at all levels. Many countries continue to have poor levels of health system responsiveness and satisfaction. The report notes that "hospital-based, disease-based, and self-contained 'silo' curative care models further undermine the ability of health systems to provide universal, equitable, high-quality, and financially sustainable care," marking a shift in global health policy from the vertical to the horizontal and from the technocratic to the user-focused. The framework's vision of a health system on the way to UHC is one in which "all people have equal access to quality health services that are co-produced in a way that meets their life course needs, are coordinated across the continuum of care, and are comprehensive, safe, effective, timely, efficient, and acceptable; and all careers are motivated, skilled, and operate in a supportive environment." Quality leadership is essential to "raising the performance of the health system well above the welter of complexity," as stated in the Alliance study Open mind sets: participative leadership for health. In the same year, the WHO Global plan on human resources for health: workforce 2030<sup>18</sup> acknowledged the need for a workforce that is "motivated to give excellent treatment and create a positive relationship with the patients," in addition to the availability of health professionals. The 2017 World report on health policy and systems research<sup>19</sup> and the Alliance's demand for an interdisciplinary strategy to enhance user quality with a focus on user experience both reflected these ideals.

## Conclusion

Receptiveness or people-centeredness were aspects in the 2017 Tracking universal health coverage report An overview of the role quality has played in health system policy since 2000, as developed by the WHO and the Alliance for Health Policy and Systems Research, is provided in this Comment. Our conclusions apply to this collection of reports. We didn't look at the numerous publications on quality of care that are disease-specific or more narrowly focused, such as reports on TB, HIV, and maternal health, or on patient safety or antibiotic resistance. Additionally, there are several documents created by organisations other than the WHO, like the World Bank, UNICEF, and UNFPA. Future research in this area would be appropriate for health system academics. WHO and other international actors will need to continue to work with nations as they advance toward UHC and execute the SDG3 agenda more broadly. In Lebanon, an LMIC in the EMR, a retrospective policy analysis exercise was conducted. It tries to produce in-depth insights into how policies are developed, identify the variables that affect policymaking, and determine how much evidence is utilised during this process. This policy analysis uses the Lebanese National Social Security Fund voluntary insurance policy as a case study to examine how and why this policy was developed and how it was implemented, to explain its impact, to draw lessons for future public policymaking, and to provide insights for structuring the decision-making process, especially for big decisions. Research evidence is used in the policy-making process.

## Acknowledgement

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## Conflict of Interest

None

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