

Reading Material- For session on Understanding Health Systems

THE USE OF “HEALTH SYSTEMS” IN THIS REPORT

Before elaborating on theories and concepts of learning, and how they can be applied to understand learning health systems, it is important to clarify what is meant by the term “health systems” in this report. All too often, health systems have been taken to be synonymous with health care systems or health services (Institute of Medicine, 2011; Smith et al., 2013). Some initiatives that use the terminology of learning health systems have focused on decision-making in health care settings, reflecting the conflation of “health systems” with “health care systems” or “health services” (Olsen et al., 2007; Institute of Medicine, 2011; Smith et al., 2013). This report, however, adopts a broader understanding of health systems.

The global health and development community has, for the past 30 years, advanced and applied an understanding of health systems that extends beyond health care services, to include *multiple functions* that provide mutual support for each other (WHO, 2000, 2007, 2011). Furthermore, the “health system” is not synonymous with the health sector. A health system promotes, restores and maintains health (WHO, 2000), not only through direct efforts to improve health but also through efforts to improve the determinants of health, many of which lie outside the health sector itself (WHO, 2000, 2007, 2011; Witter et al., 2019a, Witter et al., 2019b). A health system is most simply described as being made up of component parts (e.g., stakeholders and organizations), and interactions (e.g., functions) that promote, restore and maintain health and that, taken together, form a unified whole (WHO, 2000).

Health systems are ultimately *social systems* that reflect the way in which societies organize themselves and are, in addition to the tangible structures and functions mentioned above, driven by their *software* – the “ideas and interests, values and norms, and affinities and power” (Sheikh et al., 2011:2) that shape all human behaviour. People are central to the functioning of health systems — as policy-makers, implementers, managers, providers, community members and service users. Health systems operate through complex and interlinked webs of relationships among different actors — and their performance depends on the nature and quality of these relationships (Abimbola et al., 2014; Sheikh et al., 2014a, 2014b; Whyle & Olivier, 2020).

Finally, health systems are *complex and adaptive*. In other words, they self-organize, change, adapt and evolve with time. They are *complex* in that they have multiple interacting structures and functions that are tightly linked and interconnected, and are, therefore, governed by both positive and negative feedback. Health systems are *adaptive* because their structures and functions communicate with one another, and because they change and adjust on the basis of feedback and experience. This means that change and adjustment are non-linear and unpredictable, and may sometimes be counter-intuitive (De Savigny & Adam, 2009).

In summary, health systems (as referred to in this report) span many functions and structures that aim to improve health, are embedded in society and reflect its dynamics, and are both complex and adaptive.

A FOCUS ON PEOPLE AND EQUITY

Just as health systems are rooted in society and in people, learning in health systems is people-centred. It involves people first and foremost – as individuals, in groups or teams, and as part of organizations within the larger system. Learning in people-centred health systems must, therefore, be informed by people-centred values such as equity, justice and solidarity (Sheikh et al., 2014b; WHO, 2015). It is important to recognize that not all learning leads to positive change in health systems. Some types of learning may lead to maladaptive change and to undesirable outcomes, and it is important to identify the values of a learning health system and emphasize the need to learn to advance those values. A focus on people and equity underpins the concept of learning health systems throughout this report, expressed as follows:

by recognizing and promoting the role of people – with diverse roles in health systems – in creating and benefiting from learning;

in broadening the scope of kinds of learning that are recognized and valued by health systems – embracing codified information as well as deliberative and experiential means of learning based on human relationships and experiences; and by identifying health equity as a key goal of learning health systems – advancing ways and types of learning that improve policies and practices that, in turn advance health equity.

Source :

From chapter 1: Introduction in Sheikh K, Abimbola S, editors. Learning health systems: pathways to progress. Flagship report of the Alliance for Health Policy and Systems Research. Geneva: World Health Organization; 2021. Licence: [CC BY-NC-SA 3.0 IGO](#).