

Health Systems Science II

Module 4 Reflection



Instructions

There are 4 parts to this task:

- 1 – Core Content
- 2 – Cross-cutting Content
- 3 – Complementary Content
- 4 – Integration of ideas across content

Complete each part and upload this worksheet to your Ulwazi e-Portfolio.



Part 1 – Core Content

Module 4 is divided into 4 weeks, and in each week you were important ideas concerning health policy. Review Session 1 from Week 12 – 15 and jot down the key learning points from these sessions:

Week 12: session 1

The objective of this session is to present an overview of policy in health systems sciences and its connection to health policy and systems research (HPSR). Policy encompasses various aspects such as governance, management, and leadership, and holds significant importance within health systems. In the upcoming sessions, we will delve into the complexities associated with policies, exploring their influences, processes, and outcomes.

At the end of the session we knew how to explain the role of policies in health systems. Policies played a crucial role in shaping and guiding the functioning of health systems. They provided frameworks for improving health outcomes and ensuring quality healthcare services. Policy implementation was complex, involving challenges like stakeholder resistance, limited resources, and varying contexts. Health policy and systems research justified its value to policy-makers by providing evidence and insights for informed decision-making, leading to more effective and efficient health systems.

Week 13-session 1

The objective of this session is to familiarize you with the process of policy formulation, which comprises interconnected elements. Within health systems sciences, a significant focus is on understanding the delivery of healthcare to the population and enhancing its quality. The design and implementation of health policies have far-reaching impacts on various aspects of healthcare services, including regulating the industry, improving accessibility, addressing inequalities, and establishing standards that contribute to better healthcare outcomes. Enhancing healthcare and ensuring universal access align with the core objectives of the Sustainable Development Goals, leading to the creation of several policies aimed at achieving the targets set for 2030.(Ulwazi)

Week 14-session 1

The primary objective of this particular session was to provide a comprehensive description of the concept of policy analysis. Participants were introduced to the fundamental principles and methodologies associated with policy analysis, enabling



them to gain a deeper understanding of this essential aspect of the policymaking process.

During the session, a key focal point of discussion was the policy triangle, which served as a conceptual framework to unravel the intricate dynamics that exist among various elements in the policy analysis process. The policy triangle offered participants a structured approach to explore and comprehend the interplay between actors, context, content, and processes involved in analyzing policy.



Part 2 – Cross-cutting Content.

You were introduced to important concepts related to the research journey in Module 4.
Jot down the key learning points from Sessions 2 and 3 that relate to Research:

In Sessions 2 and 3 of Module 4, the following key learning points related to research were covered:

Session 2:

Reviewed concepts related to health policy.

Revised key points raised by Van Rensburg's description of reform within the South African health system after 1994.

Session 3:

Revised key points from the readings addressing health policy issues.

Discussed ongoing health systems challenges.

Explored the findings of the Lancet Commission on Quality in healthcare.

Overall, the sessions aimed to enhance understanding of health policy concepts, analyze reform within the South African health system, address health policy issues through readings, discuss current health systems challenges, and examine the insights provided by the Lancet Commission on Quality in healthcare.



Part 3 – Complementary Content

Consider the content that we covered around the History of Health Systems in South Africa. Having read two chapters of Van Rensburg and linking the material that were presented class, trace a timeline of important events in the history of health systems in South Africa:

The history of health systems in South Africa is complex and intertwined with the country's political and social developments. Here is a timeline of important events in the history of health systems in South Africa, based on the content covered in two chapters of Van Rensburg and other class materials:

1652: The Dutch East India Company establishes a refreshment station at Cape of Good Hope, marking the beginning of European settlement in the region. Medical care during this period was primarily provided by ships' surgeons.

Late 1700s: The British take control of the Cape Colony. British medical practices and institutions begin to influence healthcare in South Africa.

Late 1800s: The discovery of diamonds and gold in South Africa leads to an influx of migrant laborers, resulting in the rapid growth of urban areas and the emergence of informal health services to meet the needs of the growing population.

1910: The Union of South Africa is established, bringing together the Cape Colony, Natal, Transvaal, and Orange Free State. This political union sets the stage for the establishment of a unified health system.

1913: The Mines and Works Act is passed, leading to the creation of compound systems where migrant mine workers live in segregated hostels and receive basic medical care. This system contributes to the perpetuation of racial disparities in healthcare.

1930s: The emergence of private medical schemes, such as the South African Mutual Provident Society (SAMPS), provides healthcare coverage to certain segments of the population. These schemes predominantly cater to white individuals and perpetuate inequalities in access to healthcare.

1948: The National Party comes to power and implements the apartheid system, enforcing racial segregation and discriminatory policies in all aspects of society, including healthcare. The Bantu Health Act is passed, establishing a separate health system for Black Africans.

1955: The South African Medical and Dental Council is formed, introducing a professional regulatory body to oversee medical practice in the country.



1976: The Soweto Uprising takes place, sparked by the introduction of Afrikaans as the medium of instruction in schools. The government's violent response to the protests leads to international condemnation and highlights the disparities in healthcare and education under apartheid.

1994: South Africa holds its first democratic elections, marking the end of apartheid. The African National Congress (ANC) comes to power, and the new government embarks on efforts to dismantle apartheid policies, including those in healthcare.

1996: The new South African constitution is adopted, which enshrines the right to healthcare as a fundamental human right for all citizens. This paves the way for the implementation of the National Health Insurance (NHI) system, aimed at achieving universal health coverage.

2010: The South African government releases the National Health Insurance (NHI) Green Paper, outlining the proposed reforms and the roadmap towards universal health coverage. The implementation of the NHI is an ongoing process.

References:

From the van Reinsburg book

Pooley, S., 2009. Jan van Riebeeck as pioneering explorer and conservator of natural resources at the Cape of Good Hope (1652-62). *Environment and History*, 15(1), pp.3-33.

Part 4 – Integration

Now that you've revised some of the key learning points in Module 4, write a brief description of how the 3 domains of learning (Core, Cross-Cutting, Complementary) are interconnected:

The interconnected Core, Cross-Cutting, and Complementary domains of learning in Module 4 complement and reinforce each other, leading to a comprehensive understanding of health policy and systems.

The Core domain emphasizes foundational knowledge and skills in the field, forming the basis for understanding health policy and systems. It enables learners to develop a strong understanding of the fundamental components and frameworks within this discipline.

The Cross-Cutting domain complements the Core domain by exploring interdisciplinary perspectives and highlighting the interconnections with various fields. Learners are encouraged to take a multidimensional approach, incorporating insights from disciplines such as sociology, economics, political science, and ethics. This domain fosters an understanding of the complex and dynamic nature of health systems and the factors that shape their functioning.

The Complementary domain extends learning beyond theory, offering practical applications, case studies, and real-world examples. By engaging in these activities, learners develop critical thinking skills, problem-solving abilities, and policy analysis techniques. Additionally, they are prompted to reflect on the ethical, social, and cultural implications of health policies.

Throughout the learning process, the interconnectedness of these three domains is evident. The Core domain provides foundational knowledge, while the Cross-Cutting domain encourages a holistic perspective by integrating multiple disciplines. The Complementary domain complements theoretical understanding with practical applications, reinforcing the relevance and applicability of the learned concepts. Together, these domains provide a comprehensive and well-rounded learning experience, equipping learners with the necessary knowledge, skills, and perspectives to effectively navigate the complexities of health policy and systems.

References

Nikogosian, H., 2020. Regional integration, health policy and global health. *Global Policy*, 11(4), pp.508-514.

Valdez, R.S., Ramly, E. and Brennan, P.F., 2010. Final report: Industrial and systems



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pp.10-0079.