

Health Systems and Healthcare Public/Private Actors: an Overview for Human Rights Practitioners

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The Global Initiative
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Healthcare Aspects

- ***A health system is the organization of people, institutions, and resources that deliver healthcare services to meet the health needs of target populations.***
- ***Healthcare Financing:*** the mobilization, accumulation and allocation of money for healthcare. It has a domestic component (how money are collected domestically) and external one (i.e. external aid, donors, etc.)
- ***Healthcare Provision:*** the combination of inputs, such as human resources, physical capital and consumables, into a production process.
- Entitlement to healthcare: how individuals access healthcare services and to what they are entitled?

Healthcare Systems Worldwide (Ideal Types and Typologies debates within Academic Literature)

- The most influential classification was developed by the OECD (1987) and distinguishes between **National Health Services (NHS)**, **Social Health Insurance (SHI)** and **private health insurance (PHI)** systems, which adequately depicted the case studies of the **UK, Germany and the US**, respectively.

Healthcare Systems Worldwide (Ideal Types and Typologies debates within Academic Literature)

**Table 10: Classification of 30 OECD Healthcare Systems,
RW-Typology (Böhm et al., 2013).**

Typology	Dominating Actor	Cases
National Health Service	State	Denmark, Finland, Iceland, Norway, Sweden, Portugal, Spain, UK
National Health Insurance	State/Private	Australia, Canada, Ireland, New Zealand, Italy
Social-based mixed	Society/State	Slovenia
Social Health Insurance	Society/State	Austria, Germany, Luxembourg, Switzerland
Etatist Social Health Insurance	State/Society/Private	Belgium Estonia, France, Czech Republic, Hungary, Netherlands, Poland, Slovakia, Israel, Japan, Korea
Private Health System	Private	USA

- Scholars worldwide have been debating on how to best classify healthcare systems for decades. Another example of healthcare systems' classification is shown in the table (Bohm et al. 2013)

(Table from Rossella De Falco, Ph.D. Thesis (2020))

Actors in healthcare

We suggest the following categories and sub-categories:

- Commercial (or for-profit) actors. This can include individual healthcare businesses,
- Non-commercial actors (of non-profit). This can include, but it is not limited to:
 - faith-based
 - NGOs
 - Foundations
 - Sickness funds
 - Self-organised, grassroots initiatives in communities
 - other
- Public actors

What is Healthcare Privatisation?



While there is no universal definition, privatisation can be defined as the transfer of the ownership or financing of any service from the public sector to the private one.



Marketisation: enabling state services to operate as market-oriented firms/the spread of market mechanisms within the public sector



Commercialisation: the progressive spread of market mechanisms in health, such as competition and performance incentives, to gain private benefits



Financialisation: Financialisation: the increasing influence of financial motives and financial markets in health, such as private investment in health-related b

























Conceptual Framework: Health and Decommodification

- In *The Great Transformation* (1944), Karl Polany described the rise of industrial capitalism as the progressive transformation of human labour in a **commodity**.
- In 1990, the Danish sociologist Gøsta **Esping-Andersen** coined the concept of **decommodification** applied to welfare states typologies.
- According to Esping-Andersen: “Decommodification occurs when a service is rendered as a matter of right, and when a person can maintain a livelihood **without reliance on the market**”. Applying this concept to sickness and unemployment cash benefits, Esping-Andersen famously built the three ideal-types of **liberal, conservative and social democratic** welfare states.

Data on health systems and health outcomes

- WHO Global Observatory - <https://www.who.int/data/gho>
- **World Bank Databank** <https://databank.worldbank.org/home.aspx>
- Afrobarometer: <https://www.afrobarometer.org/>
- USAID Data Library: <https://data.usaid.gov/>

WHO 2000 Health System Ranking based on their performance

Country	Attainment of goals / Health / Level (DALE)	Attainment of goals / Health / Distribution	Attainment of goals / Health / Overall goal attainment	Health expenditure per capita in international dollars	Performance / On level of health	Performance / Overall health system performance
 France	3	12	6	4	4	1
 Italy	6	14	11	11	3	2
 San Marino	11	9	21	21	5	3
 Andorra	10	25	17	23	7	4
 Malta	21	38	31	37	2	5
 Singapore	30	29	27	38	14	6
 Spain	5	11	19	24	6	7
 Oman	72	59	59	62	1	8
 Austria	17	8	10	6	15	9
 Japan	1	3	1	13	9	10
 Norway	15	4	3	16	18	11
 Portugal	29	34	32	28	13	12
 Monaco	9	30	18	12	12	13
 Greece	7	6	23	30	11	14
 Iceland	19	24	16	14	27	15
 Luxembourg	18	22	5	5	31	16
 Netherlands	13	15	8	9	19	17
 United Kingdom	14	2	9	26	24	18
 Ireland	27	13	25	25	32	19
 Switzerland	8	10	2	2	26	20
 Belgium	16	26	13	15	28	21
 Colombia	74	44	41	49	51	22
 Sweden	4	28	4	7	21	23
 Czechia	25	24	22	22	22	24

Beyond
healthcare
systems -
Health and
Inequality in
Societies:
What is the
link?

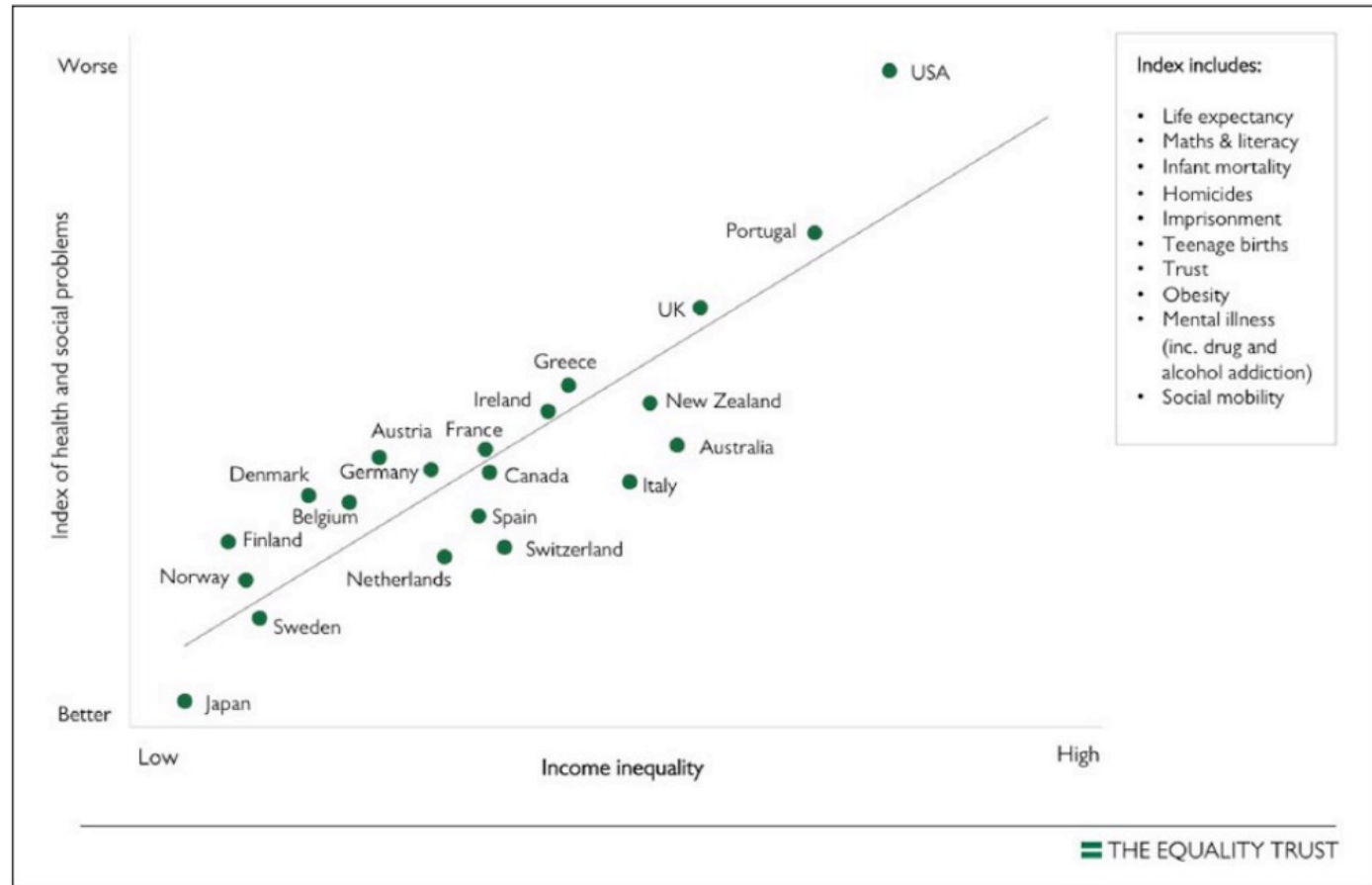
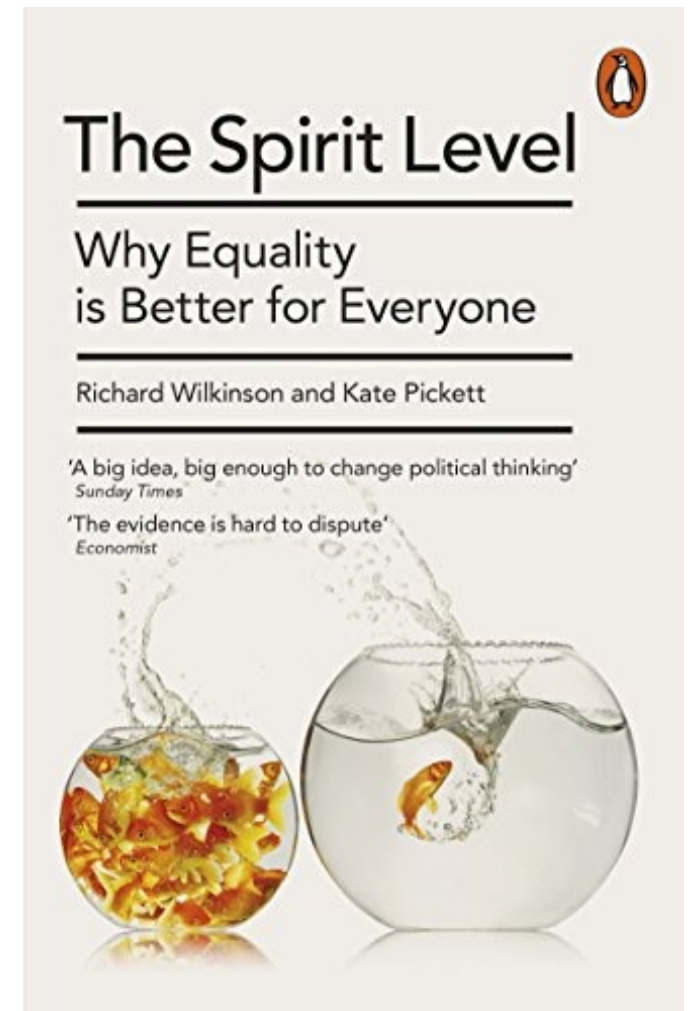
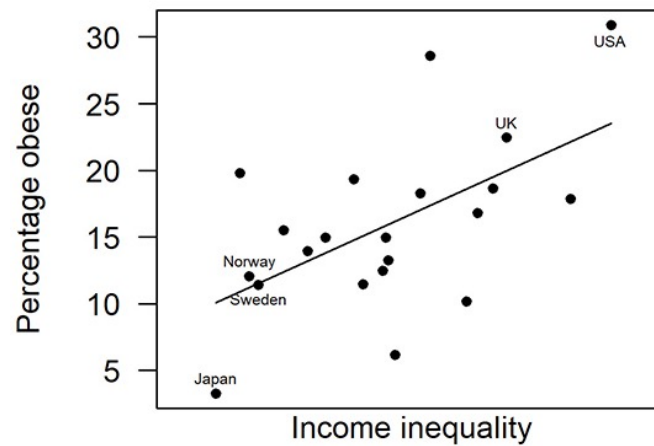
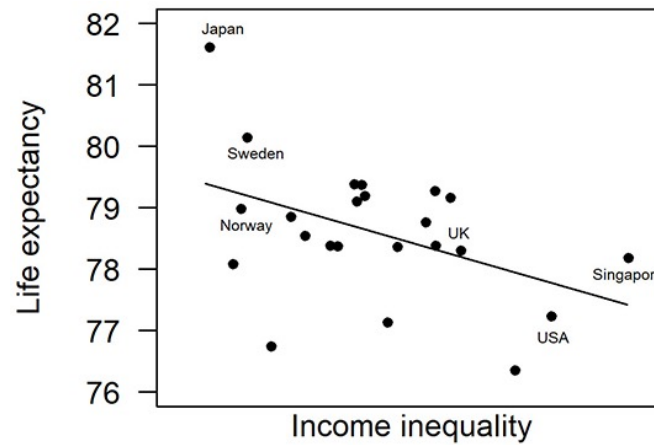
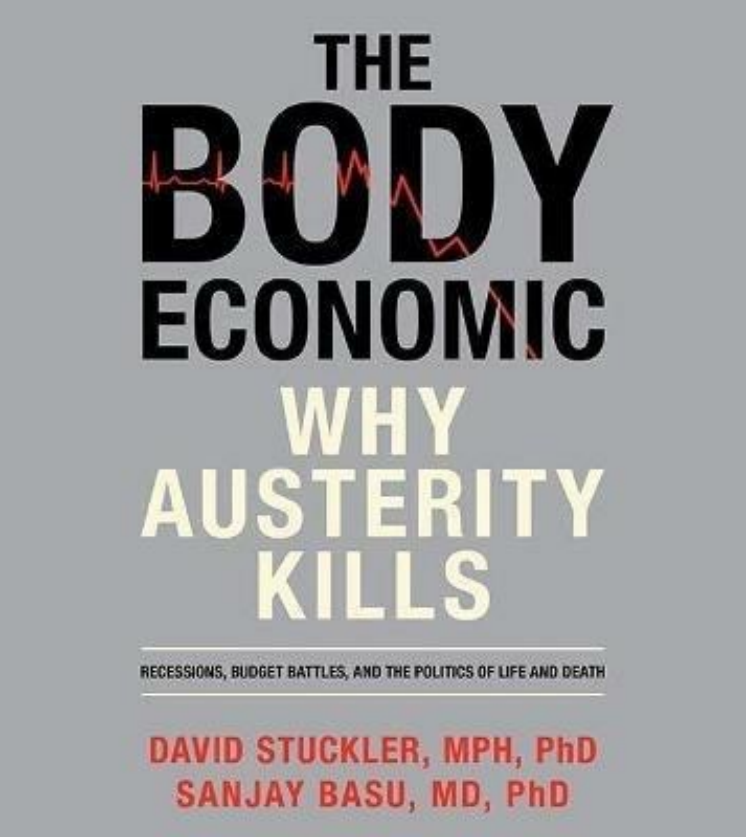
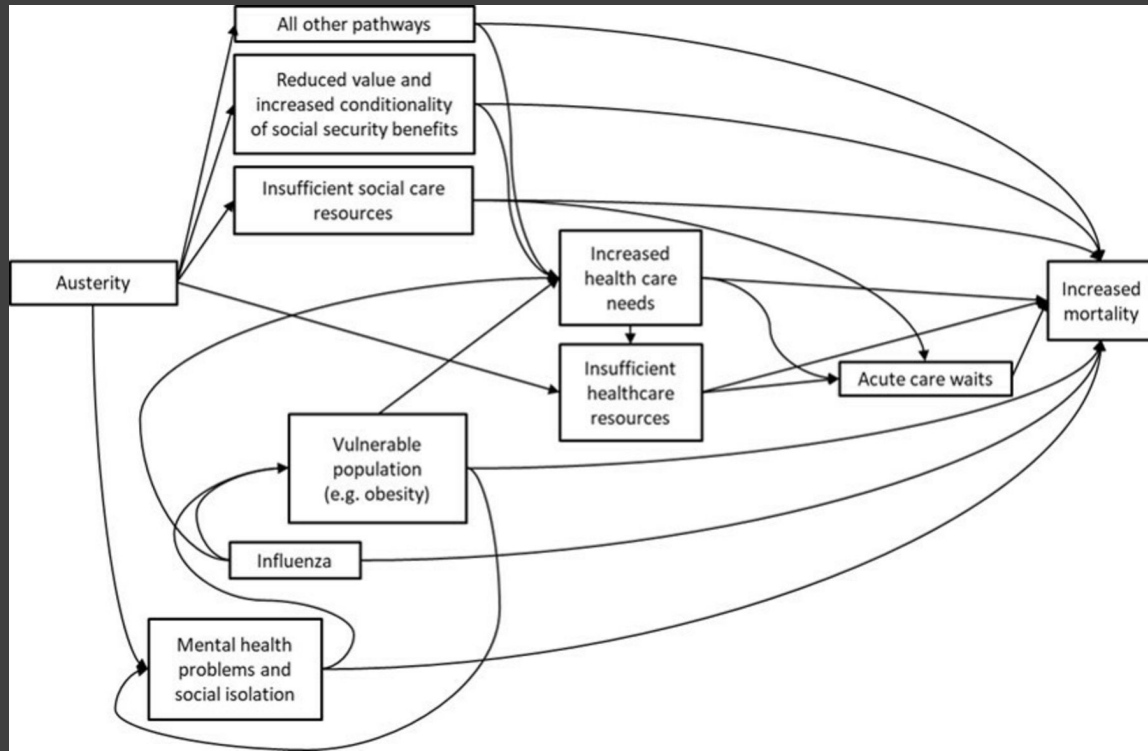


Figure 1. Health and Social problems are worse in more unequal countries.
Source: Reproduced with permission from Wilkinson and Pickett (2009: 174).

Income Inequality and health outcomes





Austerity kills?

Budget cuts on healthcare are correlated with worse health outcomes