THREE BOOKS ON HEALTHCARE DELIVERY SYSTEM IN A NUTSHELL

By Dr. Myint Htwe

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The essential tasks of the public health realm were divided into fourteen technical areas by the author. The chapters pertaining to fourteen technical areas are shown. It is expected that readers will not miss the fourteen important technical areas in the three books. Depending on their needs, readers will be able to quickly find and read the pertinent chapters in the three books.

We need to strive together to make our healthcare delivery system more effective and efficient. We must be attentive since the operations of healthcare delivery systems are continually evolving. We hope that the discussion topics and concepts put out in the three books mentioned above will aid us in achieving our goal.

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I would like to express my appreciation to Dr. Soe Kyaw, editor, and MEDIAART, Academic Publishing Consultancy for the book’s distinctive publication design as well as to Dr. Moe Ko Oo and his team from the MBDS Secretariat for their insightful ideas to enhance the book’s overall aspect. Beyond the scope of their responsibilities, Dr. Soe Kyaw, Dr. Moe Ko Oo, and the MBDS secretariat assisted in formatting and proofreading the materials.
Enhancing the effectiveness and efficiency of the healthcare delivery system (HCDS) in developing countries is the key goal for writing these three books. In that context, certain important issues affecting the performance of the HCDS are explored, challenges identified, and some recommendations are put up for the consideration of the responsible officials in charge of overseeing the HCDS. These three books contain articles that are based on the ground situation happening in developing countries.

The articles in the three books are intended to: (i) act as a catalyst to make the HCDS more effective and efficient; (ii) generate innovative ideas and futuristic thinking to deal with unexpected events in the HCDS; (iii) stimulate and improve the epidemiological thinking skills among junior public health professionals and young epidemiologists; and (iv) reinforce the production of technically savvy, ethically conscientious, and forward-looking professionals in the field of public health.

THE THREE BOOKS

These three books are: (i) *Reflections of a Public Health Professional*; (ii) *Health System Challenges: A Developing Country Perspective*; and (iii) *Tackling the Challenges of the Healthcare Delivery System in Developing Countries*.

The “Reflections of a Public Health Professional” book featured thirty articles that covered public health and research-related subjects. A wide range of public health themes are covered, including reviewing and revising the national health plan and approaches to achieving universal health coverage. These would serve as crucial inputs if we wanted to improve the effectiveness and performance of the HCDS. The importance of assisting research institutions, research policies, and programs aimed at promoting research in developing countries was also discussed.
Twenty-one articles in the book “Health System Challenges: A Developing Country Perspective” outline and examine typical challenges that are experienced when carrying out HCDS tasks. There were hints on how to get the most out of reading the articles as well as information on how a seasoned public health specialist thinks. With reference to the SARS-CoV-2 pandemic, the “Principles and steps for managing an epidemic/pandemic”; “Preparation for future waves of COVID-19”, and “Be prepared to tackle future pandemics” were covered in-depth. In order to stimulate the imaginations of aspiring public health professionals, “what if” scenarios were offered. The “Viewpoint on the two books” as mentioned in annex 2 gives a bird’s-eye view of the contents of the first two books.

In its thirty-one articles, the book “Tackling the Challenges of the Healthcare Delivery System in Developing Countries” offers suggestions and strategies for resolving the challenges, problems, and difficulties typically encountered in developing countries. A short statement, “Message to My Fellow Health Professionals,” briefly highlights the intention of the author. Three articles that call for particular attention are “Thinking outside-the-box in the context of developing countries’ health situations,” “Managing a health program with a suboptimal number of health staff,” and “Decision making in public health.” These three articles will alert future public health professionals who will be in charge of managing the HCDS in the upcoming years.

COMPONENTS OF THE HCDS AT A GLIMPSE

The HCDS has two major domains, i.e., clinical and public health. These two domains are inextricably linked, and actions in one can have multiple consequences in the other. Thus, they are complementary to each other. To improve the performance of the HCDS, these two domains must work in tandem to support each other. We also need to support the two domains simultaneously and continuously by providing the necessary support.

There are a number of sub-components or disciplines under these two categories. Each component has a distinct purpose. It functions like an organ in the human body, i.e., its anatomical and physiological aspects should work in harmony. Likewise, the components need to function properly and synchronously like a pinion and cogwheel. A problem in one area can trigger a chain reaction of issues in another.
DETAILED TECHNICAL AREAS COVERED IN THE THREE BOOKS

The articles in these three books cover most of the key components and the whole range of issues encountered in implementing the activities of the HCDS. They have a serious bearing on the functions of the HCDS.

1. **The quality of available human resources for health is the major predictor of the good outcome of the HCDS.** Various perspectives on enhancing human resources for health are discussed and actions proposed in the following articles: (a) **Role of Myanmar Medical Association in human resources for health development**; (b) **General practitioners: A strong workforce for promoting public health**; (c) **Message to MPH students and junior public health professionals**; (d) **Being a versatile public health professional**; (e) **Producing ethically minded and future-oriented health professionals**; (f) **Producing well-qualified graduates**; (g) **Reinforcing human resources for health**; (h) **Reinforcing the nursing professionals**; (i) **Backing up the paramedical professionals**; (j) **Reinforcing human resources for health**.

2. **Collaboration and coordination** issues are critical for improving the performance of the HCDS. These aspects are discussed and actions proposed in the following articles: (a) **Tripartite collaboration for promoting public health**; (b) **Strengthening international health coordination**; (c) **Getting the most out of WHO support**; (d) **Networking of health institutions**; (e) **Harnessing the contribution of NGOs**; (f) **Promoting tripartite collaboration**; (g) **Collaborating with WHO and external entities**; (h) **Removing the demarcation line between the clinical domain and the public health domain**; (i) **Intensifying the collaboration among ministries: road traffic accidents vis-à-vis the cost to the Ministry of Health**.

3. **Promoting public health** can strengthen the hospital system and improve the overall activities of the HCDS. Some aspects of promoting public health are discussed in the following articles: (a) **Genuine power of public health**; (b) **Improving the domain of public health**; (c) **Public health approaches and epidemiologic thinking**; (d) **Rational decision-making in public health**; (e) **Strengthening the public health domain**; (f) **Stopgap measures to increase the effectiveness of public health programs**.

4. **Strengthening the information systems** plays a pivotal role in making the HCDS efficient and responsive. Some aspects of strengthening information systems are discussed in the following articles: (a) **Quick assessment of health information systems**; (b) **Transforming data into information**; (c) **Consolidating the health information systems**; (d) **Enhancing the effectiveness of disease surveillance systems**.
5. Planning to have **compact and responsive health programs** is important. Some aspects of planning to have compact and responsive health programs are discussed in the following articles: (a) ¹Basic characteristics of a good health program development; (b) ¹Eight basic probes before initiating a health program: “Drinking water and health”.

6. Having a **sound national health policy and plan** is important. Some aspects of having a sound national health policy and plan are discussed in the following articles: (a) ¹Epidemiological methods for policy analysis; (b) ¹Reviewing and revising national health plan: a practical perspective; (c) ¹Research and health policy formulation. (d) ¹Are we ready for health care reform?

7. There should be a **system of training** to increase the caliber of staff. Some aspects of a system of training are discussed in the following articles: (a) ³Increasing the effectiveness of capacity-building activities; (b) ²Producing ethically minded and future-oriented health professional; (c) ²Producing well-qualified MPH graduates; (d) ²Strengthening the nursing domain: an issue of critical importance; (e) ³Conducting-capacity-building activities; (f) ³Launching staff briefing programs for new employees; (g) ³Reinforcing the nursing professionals; (h) ³Backing up the paramedical professionals.

8. Due to rapid transportation, shifting lifestyles of the population, and changing epidemiological situations of diseases, **epidemics** and sometimes **pandemics** are happening. Some aspects of epidemics and pandemics are discussed in the following articles: (a) ²Principles and steps for managing an epidemic/pandemic; (b) ²Preparedness for future waves of COVID 19; (c) ³Be prepared to tackle future pandemics.

9. **Research support** is required to increase the performance of the HCDS. Some aspects of research support are discussed in the following articles: (a) ¹Characteristics of a good health research institution; (b) ¹Strengthening health research institutions in support of public health; (c) ¹Research institutions and national health development; (d) ¹Strengthening health research information system; (e) ¹Formulation/reformulation of Myanmar National Health Research Policy and Strategies; (f) ¹Promoting utilization of research findings; (g) ¹Research prioritization; (h) ¹Promoting health policy research; (i) ³Conducting implementation research.

10. Some **background information** for health staff is required for performing the tasks assigned. Some aspects of important background information for the staff are discussed in the following articles: (a) ¹Achieving long-term dividend in population health; (b) ¹Approaches to achieving Universal Health Coverage; (c) ²Can we improve the effectiveness and efficiency of the healthcare delivery system?; (d) ²Role of population **vis-à-vis** Health status of the country; (e) ²Basic health services staff **vis-à-vis** Achieving UHC;
Improving the health status of the population; (g) Viewpoint: Disease surveillance system; (h) Enhancing the effectiveness and efficiency of the healthcare delivery system; (i) Senior officials of the Ministry of Health vis-à-vis Strategic challenges.

11. There are major determinants affecting the effective functioning of the HCDS. Some aspects of major determinants affecting the effective functioning of the HCDS are discussed in the following articles: (a) Supply chain management: the backbone of the health system; (b) Updating the standard operating procedures and guidelines; (c) Establishing resilient national health supply chain management system; (d) Initiating rational budget allocation; (e) Launching staff briefing programs for new employees; (f) Expanding the use of computerized systems.

12. There are programs or initiatives that are cost-effective. It could have a high potential for improving population health. Some aspects of cost-effective programs or activities are discussed in the following articles: (a) Expanded program for immunization: A priority focus of attention; (b) Health literacy promotion: A far-sighted strategy; (c) Domino effect on population health; (d) Enhancing the work efficiency of the Director of Communicable Disease control; (e) Decision-making in public health.

13. We need to promote the practice of thinking outside-the-box for our staff with the ultimate objective of sharpening their critical and epidemiological thinking skills. Some aspects of thinking outside-the-box are discussed in the following articles: (a) What if scenarios “A”; (b) What if scenarios “B”; (c) Restructuring the Ministry of Health; (d) Ringing the bell for the Ministry of Health; (e) Thinking “outside-the-box” in the context of developing countries’ health scenarios; (f) Managing a health program with a suboptimal number of health staff.

14. The clinical or hospital domain is complementary to the public health domain. These two major domains need to be strengthened simultaneously. The complementary nature of public health and hospital aspects is discussed in the following articles: (a) Challenges in managing a hospital; (b) Reducing the number of patients in hospitals; (c) Minimizing the challenges observed in the hospital domain; (d) Stopgap measures to ease the challenges of the hospital system.
It is recommended that the ideas and suggestions put forth be carried out gradually and in phases. To be able to adjust the course as needed, a workable mechanism for tracking the effects of the recently modified activities should be made available. Coordination, concerted, and focused efforts are needed to make the HCDS more responsive, effective, and efficient.

It is advisable to discuss each article with a group of professionals or a group of postgraduate public health students rather than get an answer or inference from one individual. It should be emphasized that various types of solutions may be required for the same challenge seen in two different geographic areas.

Different professional groups that are knowledgeable about the topic at hand should debate each of the fourteen categories listed above. Realistic results depend on how carefully each category’s members are chosen. Strong epidemiologic, administrative, organizational, and logistical reasoning must underpin all proposed solutions.

A variety of public health training courses, including those for bachelor’s, master’s, and doctoral degrees, could benefit from using the articles in the three books as discussion starters. Many excellent ideas can become crystallized with this. Overall, enhancing public health can only be accomplished via concerted effort.

It is sincerely believed that reading the articles in the three books would help aspiring public health professionals develop their epidemiological thinking abilities. The views and solutions expressed in the three books are those of the author and may not necessarily reflect those of the WHO, the Ministry of Health and Sports of Myanmar, or any other associations the author has had for a long time. Thank you.

**NB**

Superscript 1 refers to chapters in the book titled “Reflections of a Public Health Professional.”  
Superscript 2 refers to chapters in the book titled “Health System Challenges: A Developing Country Perspective.”  
Superscript 3 refers to chapters in the book titled “Tackling the Challenges of the Healthcare Delivery System in Developing Countries.”

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