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Derleme / Review Article

Sağlık hizmetlerinde krizlerin şekli ve yapısı: Bir derleme

Construction and contours of crises in health care: A review

Kesavan Rajasekharan Nayar, Jacob Kuruvilla, Muhammed Shaffi

[1]Santhigiri Social Research Institute, Thiruvananthapuram, Kerala, India
[2]Global Institute of Public Health, Thiruvananthapuram, Kerala, India.

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Yazışma Adresi/Address for correspondence:
Kesavan Rajasekharan Nayar, Santhigiri Social Research Institute and Global Institute of Public Health.
krnayar@gmail.com

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ÖZET

Krizler çoğunlukla hizmetlerin, insan kaynakları veya finansal kaynakların elverişsizliğini aksettirir. Dünya genelinde birçok düzeyde sağlık hizmetlerinin başına bela olan birçok kriz bulunabilir. Fakat literatürde krizlerle ilgili ideolojik farklılıklar da vardır. Bu literatür derlemesi, küreselleşme öncesi ve küreselleşme sonrası çağları karşılaştırmalı olarak tanımlamaktadır. Ayrıca derleme, yüksek gelir grubuna sahip ülkelerle karşılaştırıldığında geriye kalan gelişmekte olan ülkelerde sıklıkla bahsedilen, yüksek maliyetli sağlık bakımı, kötü tıbbi malzeme, yetersiz sağlık çalışanı, sağlık sigortası eksikliğinin yol açtığı sağlık bakımının reddedilmesi ve yüksek hastalık yükünü karşılaştırmaya çalışmaktadır. Derleme, sağlık alanındaki krizlerin izole olarak görülemeyeceğini ve toplumsal krizlerden büyük oranda etkilendiğini göstermektedir. Elde edilen bulgular, sağlık alanında yatırım yapılmaması yoluyla kriz olarak yansıyan sağlık hizmetlerinin kalitesinin bozulmasını tahmin eden neo-liberal reformları işaret ediyor. Reformlar, azalan sağlık hizmetlerine erişim açısından yoksul haneleri etkileyerek hükümetlerin refah/sosyal yardımlaşmadan çekilmesinin ortamını hazırlamıştır. İnsanlar arasında yoksulluk, büyük bir toplumsal krizi gösterdiği ve bu aynı zamanda sağlıkla ilgili krizle de ilişkili olduğu için, sağlık insan kaynakları açısından krizin homojenize edilmesi aşırı basitleştirme olacaktır. Sağlığın evrenselleşmesi yolunda herhangi bir politika girişiminin sağlık hizmetlerindeki krizlerin altında yatan geniş bağlantılı sosyo-politik süreçlerin bilinmesine ihtiyaç duymaktadır.

ABSTRACT

There may be a number of crises which plague the health services across the world, multi-level in nature; but there are also ideological differences in the way in which this crisis is posed in literature. The crises may be broadly reflected as unavailability of services, of human resources or financial resources. This review of literature, comparing and contrasting crises depiction in the pre- globalization era and post- globalization era, also tries to compare the crises between countries falling onto the categories of high-income group vis-a-vis the rest Increasing cost of care, poor medical supplies, shortage of staffs, lack of insurance coverage leading onto denial of health care, high burden of communicable diseases in developing countries are the commonly mentioned health crises. The review shows that crises in health care cannot be seen in isolation but is largely influenced by societal crisis. The evidence that emerge, points to neo-liberal reforms as a predictor of deterioration of quality of services reflected as crises, through dis-investment in health care. The reforms paved way for withdrawal of governments from welfare schemes, impacting the poor households in terms of decreased access to health care. Homogenizing the crisis just in terms of availability of health human resources will be over-simplification of the issue, since poverty among people indicating a large societal crisis is closely linked to health crisis as well. Any policy initiatives towards universalization of health need to understand these broad linkages and socio-political processes underlying the crises in health care.

GİRİŞ

We often come across statements regarding a crisis in health care services in academic journals and popular media. There may be a number of crises which plague the health services across the world, multi-level in nature; but there are also ideological differences in the way in which this crisis is posed in literature.

As Navarro put it way back in 1986, the crisis had been telescoped on the institutions of medicine and their practices. The 'gaze' never extended to the larger social structures and other sectors which engender health or which produce ill health [1]. According to him, the so-called societal crisis was also portended as mere aggregates of different sectoral crises, rather than as the product of a society in crisis. In many countries, the health service system has collapsed in varying degrees due to a number of factors and largely as an outcome of society in crisis. The present crisis in public health has also to be seen against a background of the retreat of the ideals of primary health care and the consequent acceptance of techno-centric packages and unscientific policies, plans, programs [2]. This review paper takes these arguments forward and shows that in the present context of developed and developing countries, a political economy approach will help in unraveling the dynamics between a health service system crisis and the societal crisis.

The main objective of this review paper is to understand the depictions of crises in health care in different countries and during different time-periods in order to place them in a socio-historical context.

FRAMEWORK AND METHODOLOGY

A sociological approach to crisis in terms of institutional breakdown may be insufficient for explaining health care crisis. The inclusion criteria should be more broad-based and multi-level for an organized complexity such as health services which is involved in preventing disease, prolonging life and promoting health. Although, some of the depictions that are outlined in this paper could be read as problems, issues or deviations, they are symptomatic of ' conditions of instability leading to a decisive change '(the dictionary meaning of crisis) within the health services and therefore need to be considered as crisis situations. Problems such as over-crowding or problems due to physical spaces or any problem, which may be considered as routine, or day-to-day problems are excluded from the review.

This paper is based on a review of documents collected through a systematic search using different search engines including pubmed data base, J Stor and google scholar using the keywords: "health crisis", "crisis in health care", "crisis in medicine", "state of health care". We used the criteria to include papers with the selected keywords, in a period of 10 year before Structural Adjustment Programs (SAP) and reforms happened globally (mid-90s) to 10 years post such reforms were initiated. More than 70 papers thus collected covered the period from 1986 to 2009, out of which 38 papers (Table 1) were selected that closely fit into the search criteria. Papers chosen are not limited; but these are the ones, which are available on various databases. We also excluded papers, which duplicated the issues. These papers were categorized under two broad categories (Table 2) viz. high-income countries and low and middle-income countries, based on World Bank Classification. Finer categorization in terms of economic development was not possible given the extent and coverage of countries in the papers.

Categorization on the basis of chronology (Pre-1990, post 1990 and post 2000) was attempted to understand whether there exists any differences in the depiction of crisis between the three periods. However, there are very few papers pertaining to the pre-1990 especially with regard to low and middle-income countries. A few relevant papers, which analyzed the societal trends, were also reviewed to reinforce the arguments.

The papers were read to understand the key issues and problems that were discussed and to derive the salient concluding points. This helped in developing a representation of the patterns of crises in different countries. For the analysis based on economic and chronological categorization, some additional compression of the original themes was done to understand the pattern and these categories were more abstract and reflect the broader depiction of crises than the categories mentioned as salient for individual countries. The paper is an attempt at deriving some trends in the conceptualization of crises in health care. The economic categorization is the first step towards a broader political economy analysis, which is only possible by iteration. The process of evolving the themes was by abstraction from the topic discussed in the paper especially the conclusions and when several papers discuss the same issue or the same paper discuss the issues which could be carried to a higher level of theme, some condensation was inevitable

THE INTERNATIONAL CONTEXT OF CRISES

In international public health, the usual depiction of crisis is in terms of higher cost-lesser care – one of the perennial issues which emerge during elections in many developed countries, the questions of affordability which led to the emergence of managed care in the US, issues regarding chronic care and inability of the health services to handle such issues in countries such as Germany etc. In recent years a series of 'constructions' of crisis have appeared in journals such as the Lancet. It is also possible that some of these crises depictions reflect the perceptions and views of the authors. Most of these depictions remain within the health services system and internalised to that system. However, a review of international depictions of crises, attempted in this section, is especially relevant given the recent thrust on neo-liberal reforms, the challenge in many African countries due to HIV/AIDS and the epidemiological 'mix' due to prevalence of communicable diseases, emerging diseases and non-communicable diseases.

The review shows a divergent pattern across different countries although some common themes such as problems of human resources can be identified. It can be generally stated from the review that the neo-liberal health reforms across the world have led to marked deterioration in the quality of health services. The deterioration of public sector health services and the welfare orientation was accelerated by a reform agenda, which adopted a so-called pragmatic approach to care. However, this so-called 'pragmatism' has led to widespread commercialization and commodification of health care, which further created more crises in health care in different continents.

One of the basic depictions, which can be derived from the review, is the problem of access due to increasing

Table 1. Contours of health crisis in the world –Content analysis of major crises 1986-2009

Country/Region	Crisis situation 1	Crisis situation 2	Crisis situation 3	Crisis Situation 4
North America including Canada [3-12]	Lack of universal coverage and insurance	Deteriorating quality and high cost of care, poor management	Discrimination and exclusion of women, blacks and migrants etc.	Increasing Expenditure for geriatric care
Europe [9,13, 14]	Crumbling welfare system including health	Deteriorating quality	Gap between demand and affordable care	High cost in care
Africa including sub-Saharan Africa [15-21]	Rising toll due to HIV/ AIDS	Unavailability and inaccessibility of MCH care	Migration of skilled personnel Ghana lost 35 million pounds due to migration	Declining investments, institutional decay and collapse of public health services
China [22]	Wide health disparities between rural and urban areas	Declining state investments	Lack of coverage	
Japan [23-24]	Aging and increasing health budgets	Larger claims on insurance		
Thailand [25]	Reduction in health expenditure by households	Institutional care replaced by self-care	Severe stress on the poor	
Malaysia [26]	State driven welfare replaced by family driven welfare which impacts the poor and the marginalized			
North Korea [27]	Health status in a perilous state	Life expectancy dropped by 5.5 years since 1993	Massive shortage of drugs and equipment	
Burma [28)]	Severe staff shortage in primary, secondary and tertiary services	Widespread infectious diseases	High MMR	
Taiwan [29]	Bureaucratic inflexibility and centralization	Inefficient use of health resources		
South America- Argentina, Nicaragua, Peru, El Salvador [30-36]	Lack of access and increasing number of uninsured due to neo-liberal reforms	Falling public expenditure on social sector, inefficiencies, institutional fragmentation	Deficient medical supplies	Physician out-migration to other countries and brain drain
Post Communist societies [37-40]	Increase in mortality rates	Rising cost of health care	Human resource shortage in all levels of care	
India [41]	Availability and affordability of essential medicines			

costs of care. Other salient depictions include poor medical supplies or deteriorating quality of care, poor management, declining investments in health and severe staff shortages. In the pre-1990 period, apart from issues regarding quality and cost of care, non-accessibility and non-availability of care due to lack of insurance coverage and contraction of welfare programs have been widely discussed in the literature pertaining to developed countries (Table 2). Literature with respect to developing countries during this period is scanty but issues such as non-availability of health services, and high disease load due to communicable diseases have been mentioned.

NEO-LIBERALISM AND HEALTH CRISES

Between 1990 and 2000, many scholars in developed countries had raised cost of care as an important issue. Neo-liberal policies such as cost containment and budget cuts have also been responsible for the increasing inaccessibility of care to the marginalized sections in different countries. Declining investments

Table 2. Crises depictions during different periods in two different categories of countries

Pre-1990		1990-2000		Post-2000	
HIC	**LMIC**	**HIC**	**LMIC**	**HIC**	**LMIC**
Capitalism and crisis in medicine	Non-availability and inefficiency of health care	High cost of care and inequity	Retreat of welfare approach	Human resource Shortage especially of health workers including nurses	Human resource shortage in all levels of care
Contraction of welfare programs and care	Collapse of health services	Economic crisis and mortality increase	Economic decline and institutional decay	Increasing market orientation	Out-migration of health workers and negative impact on health programs
Uninsured and under-insured	Persistence of communicable diseases	Cost containment	Market orientation and problems of access	Neo-liberal policies and negative impact of health reforms	Poor working conditions/low wages of health workers
Dissatisfaction with physicians		Problems of chronic care and poor quality of long-term care	Failure of insurance	Lack of insurance coverage for elderly	Vulnerability of rural poor and problems dues to privatization
Rising prices and non-availability		Budget cuts with respect to clinical and preventive services	Massive reduction in household expenditure and increase in self-care	Increase in dependency and lack of informal support by families	Break down of social security
Low quality of clinical services			Increasing prevalence of communicable diseases	Centralization of power and increased disparities	Existing neo-liberal/ structural reforms and worsening of pre-existing inefficiencies
Chronic human resource shortage					Increase in poverty, malnutrition
Problems of elderly and their care					Conflict/war and public health problems

HIC-High Income Countries LMIC-Low and Middle Income Countries; Source: 1; 3-41; 44

in the health care is also pointed out as one of the factors, which exacerbate problems of access. It was during this period that we witness the retreat of welfare approach and increasing market orientation in both developed and developing countries. In short, the impact of these trends on poor households in developing countries in terms of accessibility to health care is the major theme addressed in many papers. In the post 2000- literature, the impacts of neo-liberal policies and market orientation on the health of the people have gained prominence. Increasingly, there is an effort to homogenize and universalize the crisis by depicting issues such as human resources and their impact on health services. It is in the literature pertaining to developing countries that increasing poverty among the people and vulnerability of the poor is mentioned, an indication of the larger societal crises. It is evident that the reform agenda has taken a heavy toll on the state of health and health services in developing countries or it could be that these crises depictions led to tightening of the regime of health reforms.

COUNTRY SPECIFIC CRISES

A review of crisis situations in some selected countries could help in understanding the dynamics between the two levels. Writings on crisis in health care started appearing in the seventies when the US health care was in shambles. This was the result of 'public consternation over the crisis in medical care stimulated by rapidly rising prices and growing dissatisfaction about the availability of services' [3]. Both in the United Kingdom and United States concern about quality of care led to a number of initiatives such as ensuring patient safety, quality management and evaluating hospitals for specific conditions etc. [42]. However, they did not lead to marked improvement in the services as such reforms did not explicitly follow a multi-level approach which include individual, group, organization and the larger system.

In Argentina, the health crisis is linked to the economic crisis as well as failed neo-liberal policies imposed by the World Bank and the International Monetary Fund

[30]. In a similar analysis with respect to Chile, the linkages between macro-economic policies, decline in health care funding and declining health status between 1974 and 1992 is clearly established [35]. In Nicaragua, high prices and reduced subsidies resulted in reduced food consumption thereby negatively impacting the health status of the population. Due to significant reduction in the public expenditure on social sectors especially cutbacks in health care expenditure as a part of the structural adjustment, the epidemiological profile remained unchanged which was characterized by the persistence of nutritional and communicable diseases [33].

China too is facing a health crisis in terms of wide disparities in mortality rates between urban and rural areas, resurgence of infectious diseases including Tuberculosis as well as increasing environmental vulnerability with a knock-on effect on health [22]. These are attributed to declining state investments and decline of the Cooperative Medical System – both of which have seriously affected the accessibility of health services in the rural areas.

One of the most convincing examples of linkages between the two levels is the scenario in Russia and other former soviet republics and ex-socialist countries immediately after the collapse of the Soviet Union. Following the observation of French Demographer Roland Pressat [cited in 38], scholars have reiterated that many of the phenomena including increase in mortality were unprecedented in 'peace time' [37, 38, 43]. Kontorvich in a paper published in Communist and post-communist studies shows drop in life expectancy at birth and mortality rates in a number of ex-socialist countries between 1989 and 1998. The epidemiological 'katastroika'1 has been attributed to the societal and environmental crises in Russia. Although many scholars link the crises in Russia to the collapse of the socialist system, some argue that the unprecedented push to impose capitalism and wrong macroeconomic policies advocated by foreign experts and supported by local policy makers in Russia are responsible for the collapse of GDP growth rate between 1990 and 1996 [43]. The post-socialist policies have been responsible for the sharp decline in all human development indicators and compounded by the internationally unrecognized famine during 1990. However, the post-soviet transitional scenario was side lined by many Western scholars in their eagerness to discredit the socialist system [43]. Notwithstanding the ideological differences in the analysis, the linkages between societal crisis and the health crisis is discernible in all the above examples

1 Katastroika refers to a crisis in health status, as a fall-out of significant government reforms; similar to what happened in the former Soviet republics along with the collapse of the Soviet Union, reflected by a rise in crude death rate, drop in male life expectancy, increase in morbidity and deterioration of the health of pregnant women and the newly born

CONCLUSIONS

The review leads to a tentative conceptualization of crises in health care, based on the functional categories with respect to the health services and the structural categories with respect to the organization. There are also factors, both exogenous and endogenous, which impinge both the functional and structural aspects. Enveloping this is the larger societal factors, which shape the health service system.

The review shows that the crises depictions within the health services itself indicate the influence of a larger societal crisis. This review also portends the interdependence of the two levels. However, we also argue that since health services is a subsystem of the larger society, it is sensitive to the larger forces within the society and indications of a society in crisis can be derived from an analysis of the health service system. We conclude that any policy initiatives towards universalization of health need to understand these broad linkages and socio-political processes underlying the crises in health in order to be meaningful.

LIMITATIONS

Even though the papers were selected from available databases, the methodologies of the select papers are not analyzed in-depth but only the broad categorization of the type of papers. This is a limitation of the review. We tried to summarise the articles in a table, across time-periods and across country groups. But we understand the limitations of sub-categorization in the table when you are dealing with largely medical literature as literature pertaining to a period cannot be put under such categories very easily unlike other data analysis. The periods under which Structural Adjustment Programs (SAP) and reforms were introduced in different countries were in different periods of time and the inability to take that into consideration in the table is a limitation of this review.

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