

# Health Systems in Small States Challenges, Opportunities & Future Research

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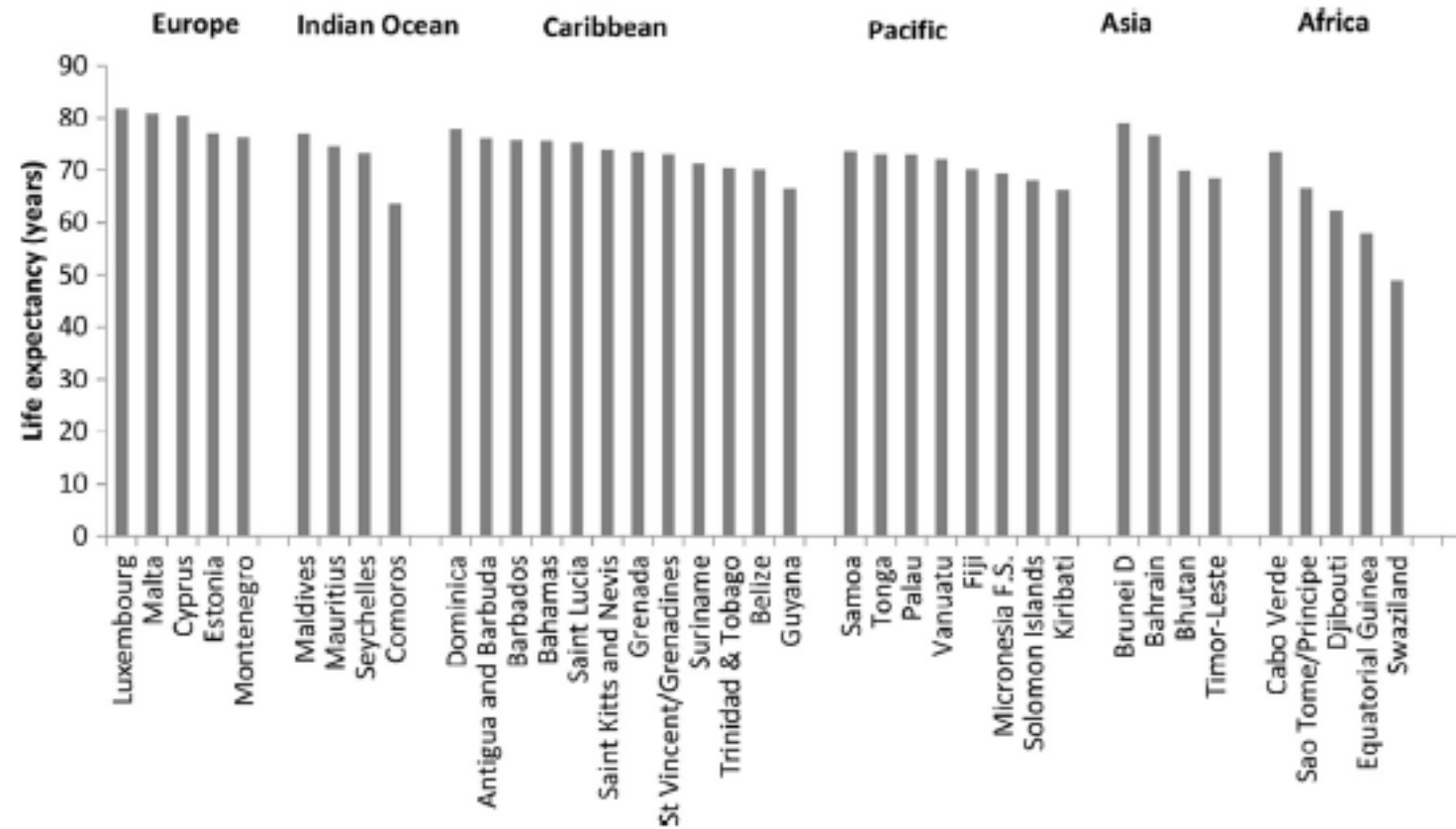
She is also a Senior Lecturer at the University of Malta where she jointly heads the WHO Collaborating Centre on Health Systems and Policies in Small States.



# Aim & Objectives

- To explore health sector features in small states
  - Identify specific epidemiological challenges
  - Describe challenges and opportunities for health systems
  - Explore associations between country size and selected variables associated with health

# Diversity in health outcomes

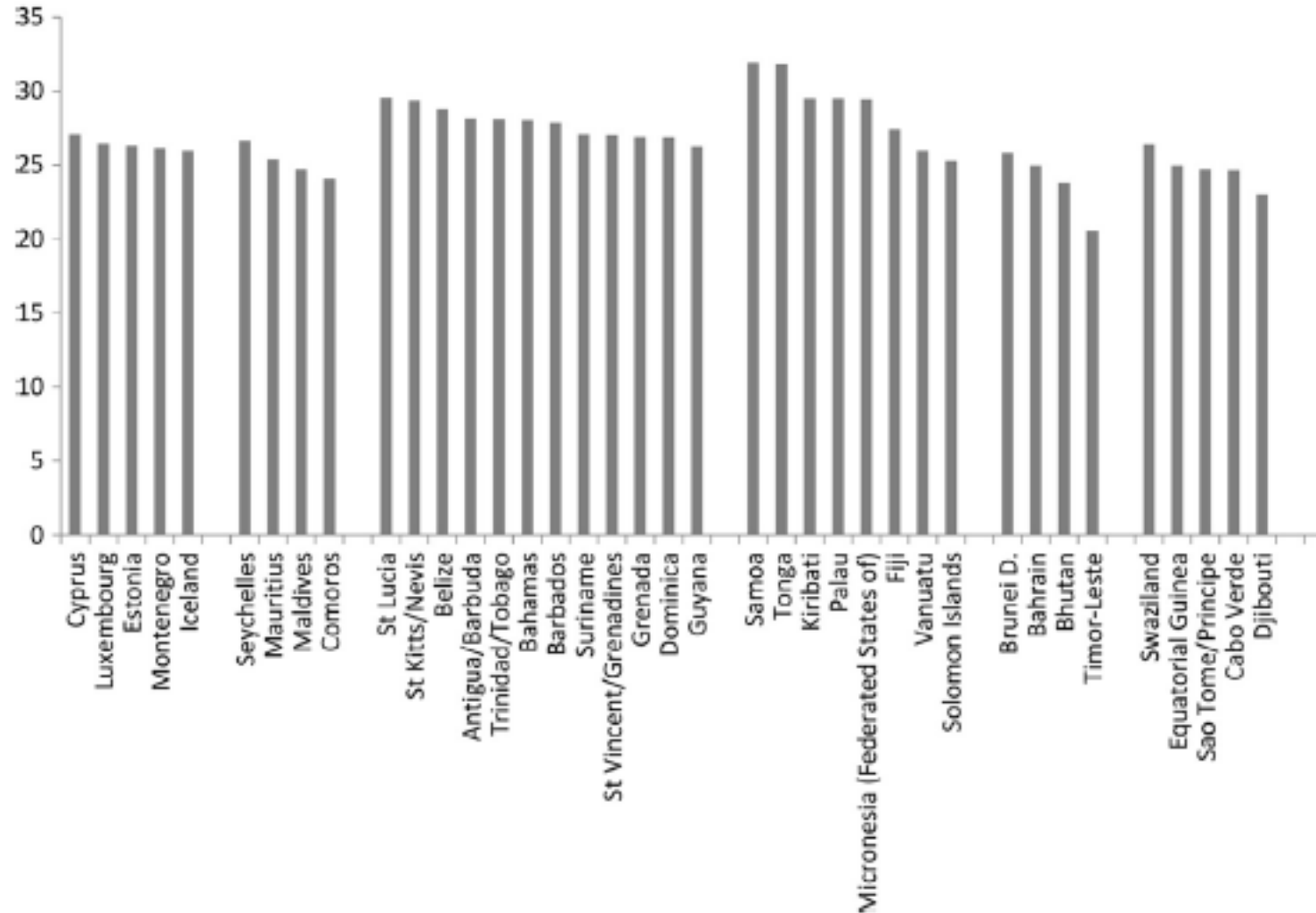


Life expectancy in small states by region

# Epidemiological challenges

- Non communicable diseases highlighted as a particular problem in small islands developing states
  - e.g. In English speaking Caribbean countries, age-standardised mortality from NCDs 30-50% higher than in North America
- Obesity is an important risk factor
  - Many small countries (particularly islands) obesity prevalence >30%
  - Weak tendency for small states to register higher BMI scores
- Double disease burden (communicable –non-communicable)
  - Pacific island countries, African states

# Body Mass index



Average Body Mass Index in Small States by region (=>25 overweight, =>30 obese)

# Health System Performance

- World Health Organisation ranking (2000) featured several small states in top ten ranks e.g. Iceland, San Marino, Malta
- Health care access and quality index (Institute of Health Metrics & Evaluation, Seattle – Global Burden of Disease Consortium) – several small states in top decile, no small states in the bottom decile
- Is small size an advantage? Or Do small countries do well in spite of their small size?

# Inherent Weaknesses

## - Arising from Small Population Size

- Lack of capacity in the delivery of health services
  - Outmigration of health workforce (English speaking)
  - Lack of training programmes & facilities (Pacific islands)
- Inability to provide certain specialized services
  - Lack of self-sufficiency in provisions (European small countries)
- Founder mutations, in breeding - genetic predisposition



# Inherent Weaknesses

## - Market Constraints & Governance

- Small market size
- High transportation costs
  - Medicines and supplies shortages (lack of secure supply chain)
  - Unaffordable medicines (lack of negotiating power)
- Indivisibilities leading to overhead costs
- Oligopolistic & monopolistic structures

# Little attention given in literature

- Large differences observed between small countries
- Insignificant impact in terms of global burden of disease
- Little research capacity to flag specific issues
- Compensatory efforts masking the inherent disadvantages

# Evolution on the global agenda

- Barbados Programme of Action 1994
  - No reference to health
- Mauritius 2005
  - Communicable disease, maternal & reproductive health, data, financing
- Samoa 2014
  - NCDs, Universal Health Coverage
- WHO 2018
  - Tedros Special Initiative on Health & Climate Change in SIDS

# Opportunities to turn small size into an advantage

- Identify and address shortcomings in health care
- Policy makers tend to have a ‘helicopter view’ of health issues, rendering health-related policies more implementable
- Social cohesion, often a characteristic of small states, may permit a more comprehensive population health surveillance.
- The small population size renders it easier to keep national registers and leads to a ‘shorter distance’ between research, policy and practice, enabling more rapid uptake of the policy intervention

# *Does size matter for health system performance?*

- 1) The variables used to test the correlations with country size might have captured the net effects of the countries' inherent vulnerabilities and the spontaneous and policy-induced measures taken by the community and by the government to build resilience, in which case the health vulnerability of small states would not be manifested in the data.
- 2) The issue of limited capacity and economies of scale constraints were also found to be relevant with regard to the provision of government services by small states, including those relating to health.

- Small state health systems exhibit several common challenges, yet their health outcomes and the extent to which they are able to mitigate these challenges appears to be affected mainly by their
  - stage of development (proxied by GDP per capita)
  - geographical location, rather than country size per se

# Concluding remarks

- Major health determinants, NCDs, particularly subject to global market forces
- Health systems increasingly complex to manage and deliver
- Small states risk getting left behind
- Need research to keep the specific issues facing small states high on the policy agenda
- Small states can provide opportunities for change and policy learning