



# Management of Social Services

**WEEK 4: HEALTH AS A SOCIAL SERVICE  
(NATIONAL HEALTH SYSTEM,  
STRUCTURE, COMPARATIVE ANALYSIS)**

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**Lecturer: Gloria Angela Mukova (MSc.)**

## Recap – previous week

### *Education as a social service: Education management and administration*

- **School licencing requirements in Uganda**
- **Actors in education management and administration**
- **Comparative analysis (Kenya, China, Netherlands)**

This week ...

# Health as a Social Service

Understanding health care systems and their role in society

Fig. 1: AI-generated



# Defining Health

## WHO Definition (1946)

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"

## Health as Resource

A resource for everyday life, not the objective of living.  
Emphasises social, personal resources and physical capacities.

# Two Pillars of Health

## Physical Health

- Regular physical activity
- Good nutrition
- Adequate rest
- Physical well-being development

Improved nutrition and healthcare generally increase population height and weight.

## Mental Health

- Cognitive well-being
- Emotional well-being
- Absence of mental disorders
- Ability to cope with stress

WHO: realising abilities, working productively, contributing to community.

**Fig. 2: Mental health**



# Uganda's Health System – trends

1960s

One of the best health systems in the region with well-equipped hospitals and connected health units

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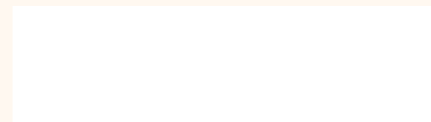
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Present

Rebuilt system with decentralised structure and strategic framework

1970-1985

Political turmoil and confusion disrupted and disorganised the health system



# Health system - Vision & Mission

## Vision

"To have a healthy and productive population that contributes to economic growth and national development"

## Mission

"To facilitate the attainment of a good standard of health by all people of Uganda in order to promote a healthy and productive life"



Fig. 3: AI-generated

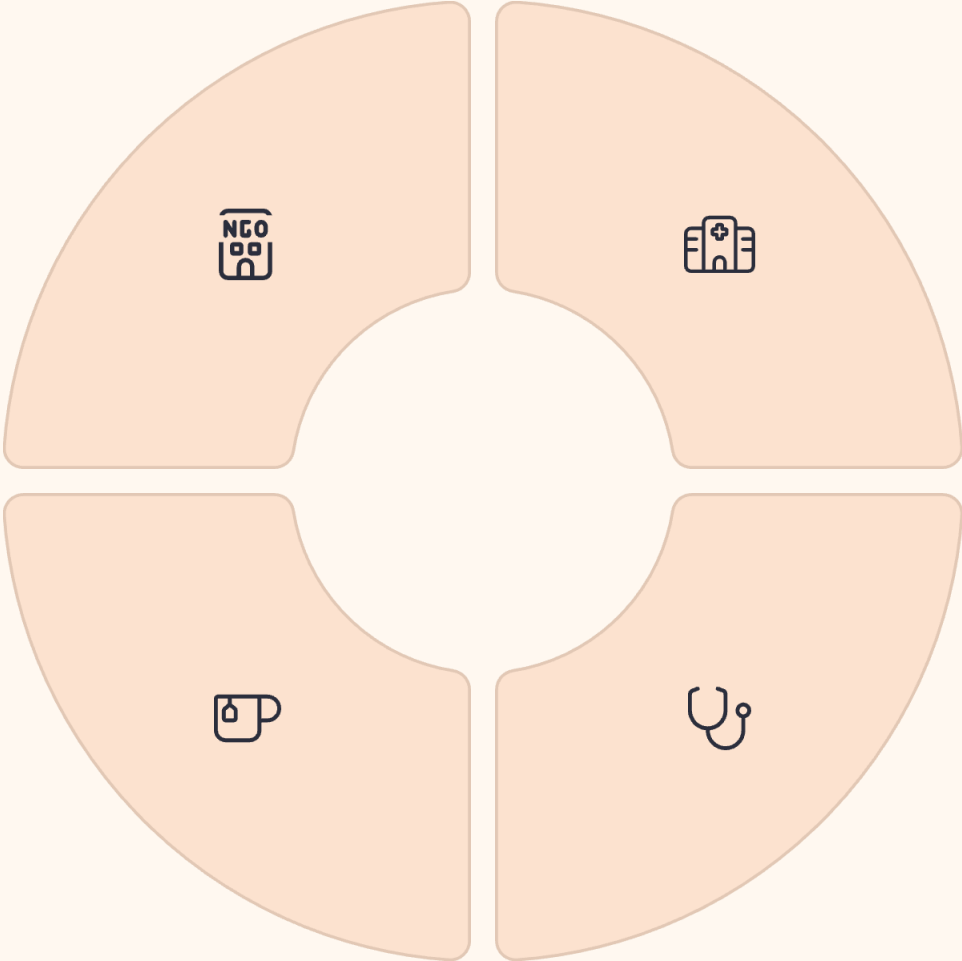
# Health Sector composition

## Public Sector

Ministry of Health, Defence, Education, Internal Affairs, and Local Government facilities

## Traditional Medicine

Herbalists, spiritual healers, traditional birth attendants, hydrotherapists



## Private Not-for-Profit

78% religiously based providers including Catholic, Protestant, and Muslim Medical Bureaus

## Private Health Practitioners

Clinics, medical practitioners, nurses, pharmacists, allied health professionals

# Key Healthcare Providers



## Religious Medical Bureaus

Catholic, Protestant, and Muslim

Medical Bureaus provide 78% of not-for-profit healthcare services



## NGOs

Prominent role in HIV/AIDS counselling and treatment services across communities



## Traditional Practitioners

Herbalists, spiritual healers, and traditional birth attendants serving local communities

# Healthcare Delivery

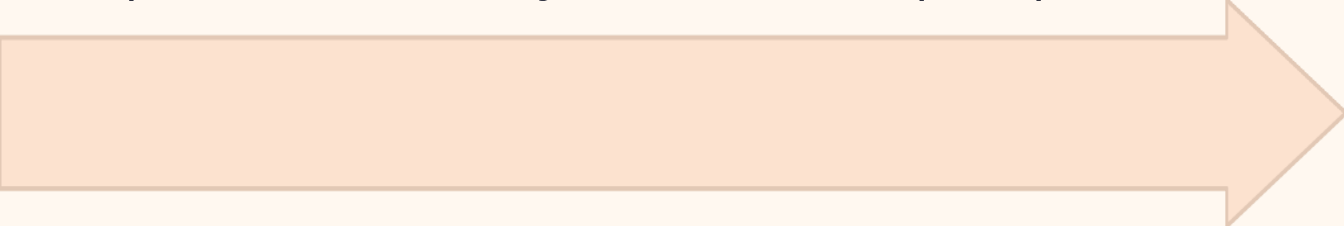
Health service planning, provision and delivery are **decentralised** and accessible to the population, guided by a strategic framework.



# Healthcare Facility Hierarchy

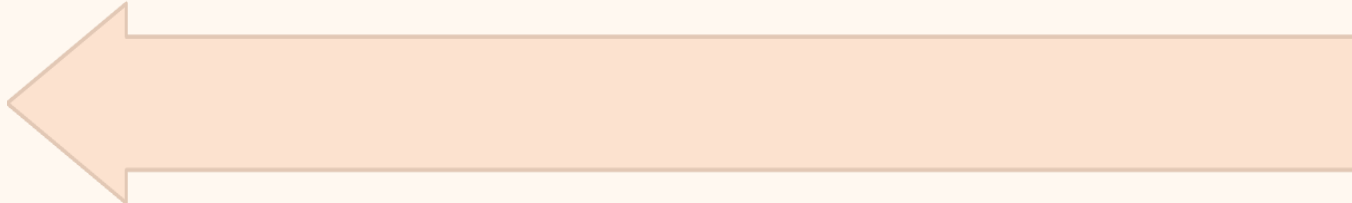
Regional & National Referral Hospitals

Specialised tertiary care and complex procedures



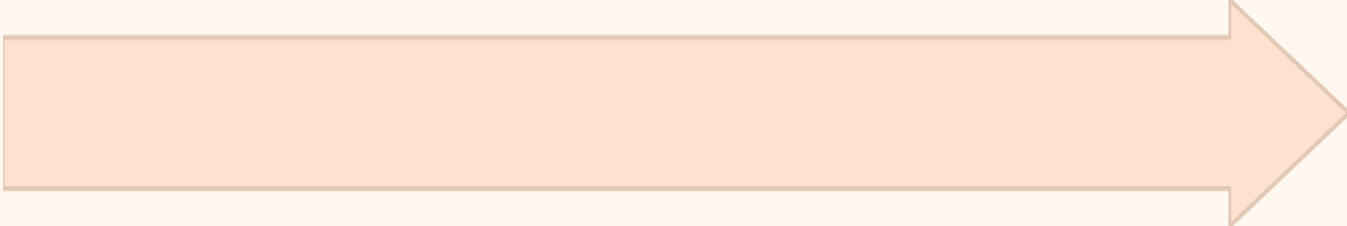
Health Centre IV & General Hospitals

Inpatient care and surgical services



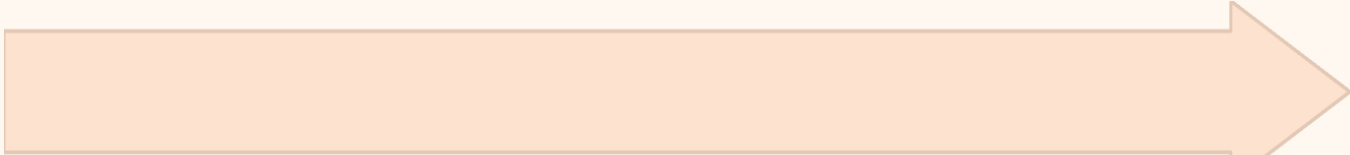
Health Centre II & III

Basic outpatient and maternity services

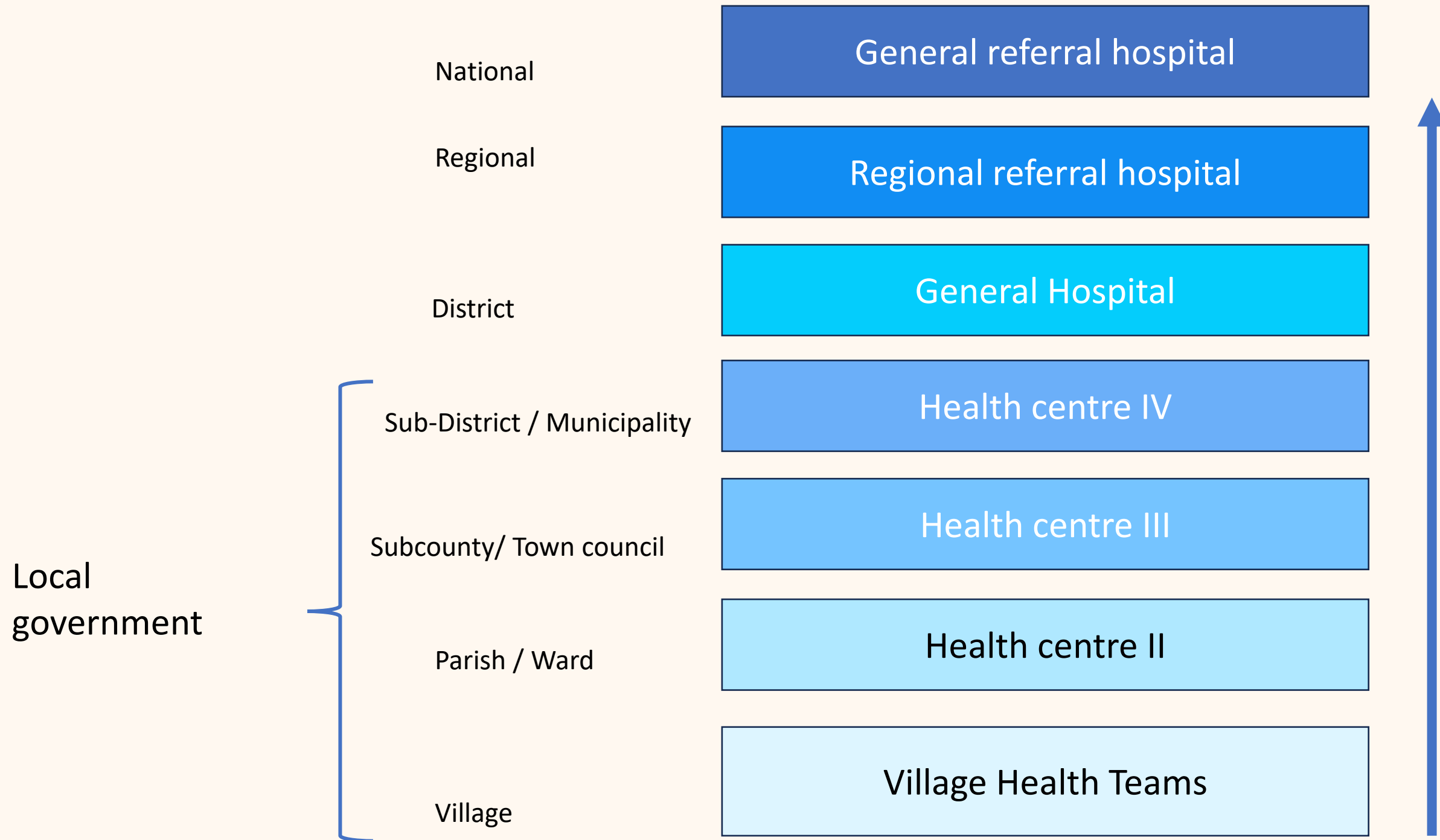


Village Health Teams (HC1s)

Community-based first point of contact



# Public Healthcare Delivery structure



# COMPARATIVE ANALYSIS



# Healthcare Provision and Delivery Structures: Kenya, China & The Netherlands

A comparative analysis of three distinct healthcare systems addressing universal coverage, innovation, and sustainability challenges in the 21st century.

***Fig. 4: Healthcare provision and delivery***

# Overview: Diverse Healthcare Systems, Shared Global Challenges

## Kenya

Decentralised, multi-level system with significant rural coverage challenges and ongoing devolution reforms

## China

Large-scale, tiered system balancing public and private roles amid rapid modernisation and digital transformation

## Netherlands

Universal access via insurance-based, high-quality, innovation-driven care with strong international partnerships

Global health threats like pandemics and climate change demand international cooperation and knowledge sharing across these diverse healthcare models.



# Kenya's Healthcare Structure: Six-Tiered System with Devolution

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## Community Services

Level 1-2: Village health and dispensary care

02

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## Primary Healthcare

Level 3-4: Health centres and sub-county hospitals

03

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## Secondary & Tertiary

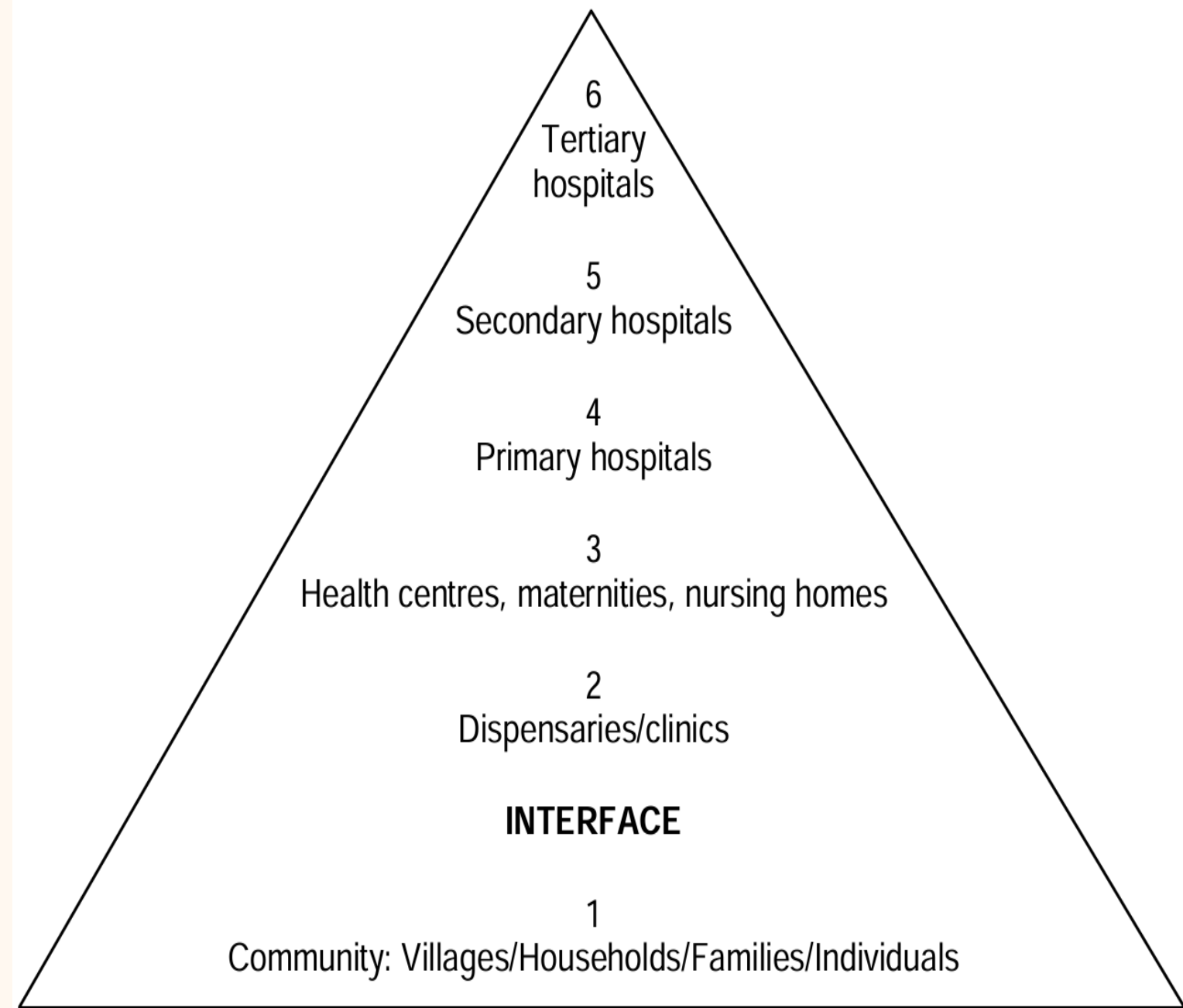
Level 5-6: County and national referral hospitals

**Fig. 5: Kenya's health system**

# Kenya: Public healthcare delivery structure

**National referral hospitals** - at the apex of the health care system, providing sophisticated diagnostic, therapeutic, and rehabilitative services.

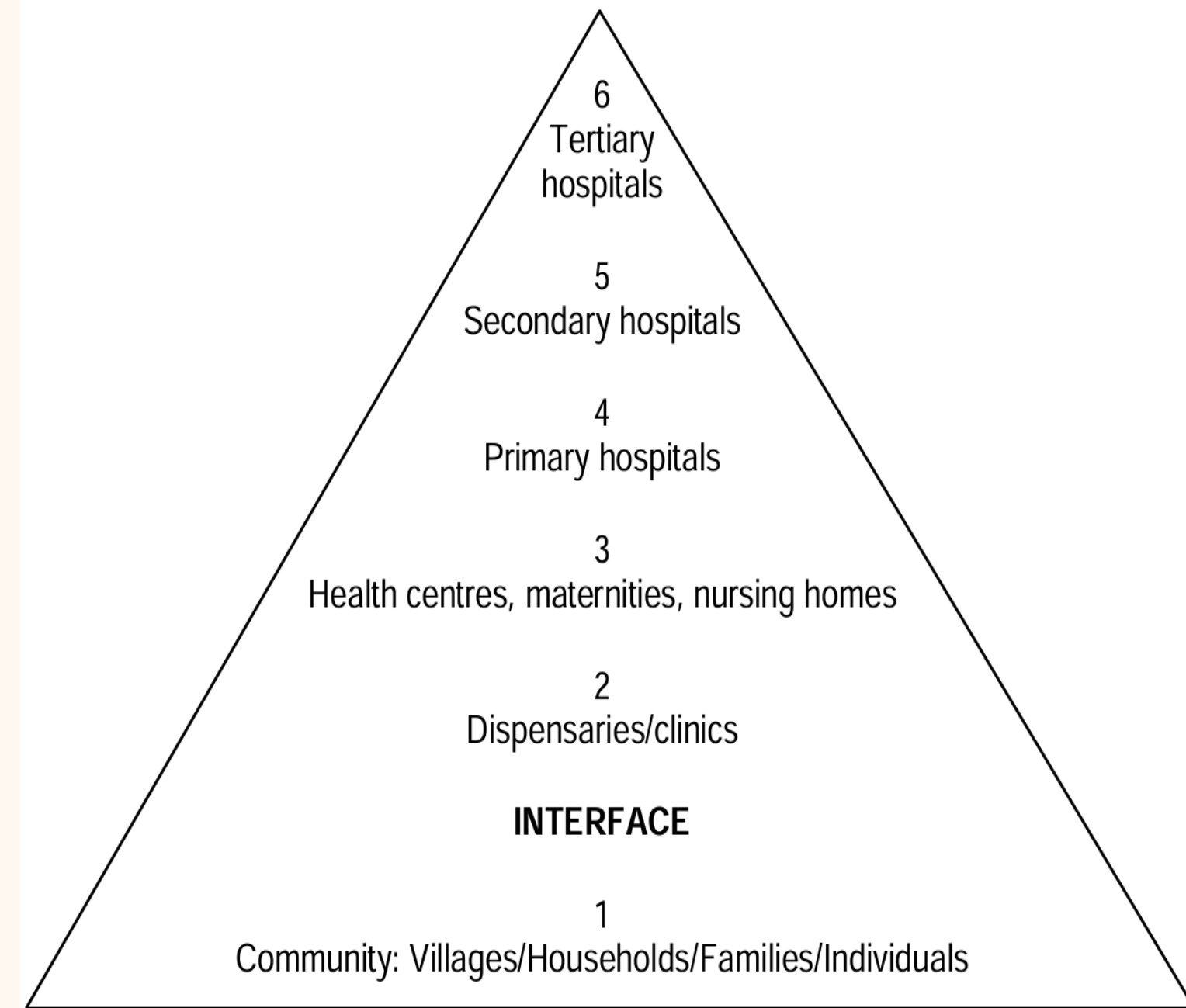
**Provincial hospitals** - act as referral hospitals to their district hospitals. Also provide very specialized care.



*Source: Muga et.al*

**District hospitals** - concentrate on the delivery of health care services and generate their own expenditure plans and budget requirements based on guidelines from headquarters through the provinces.

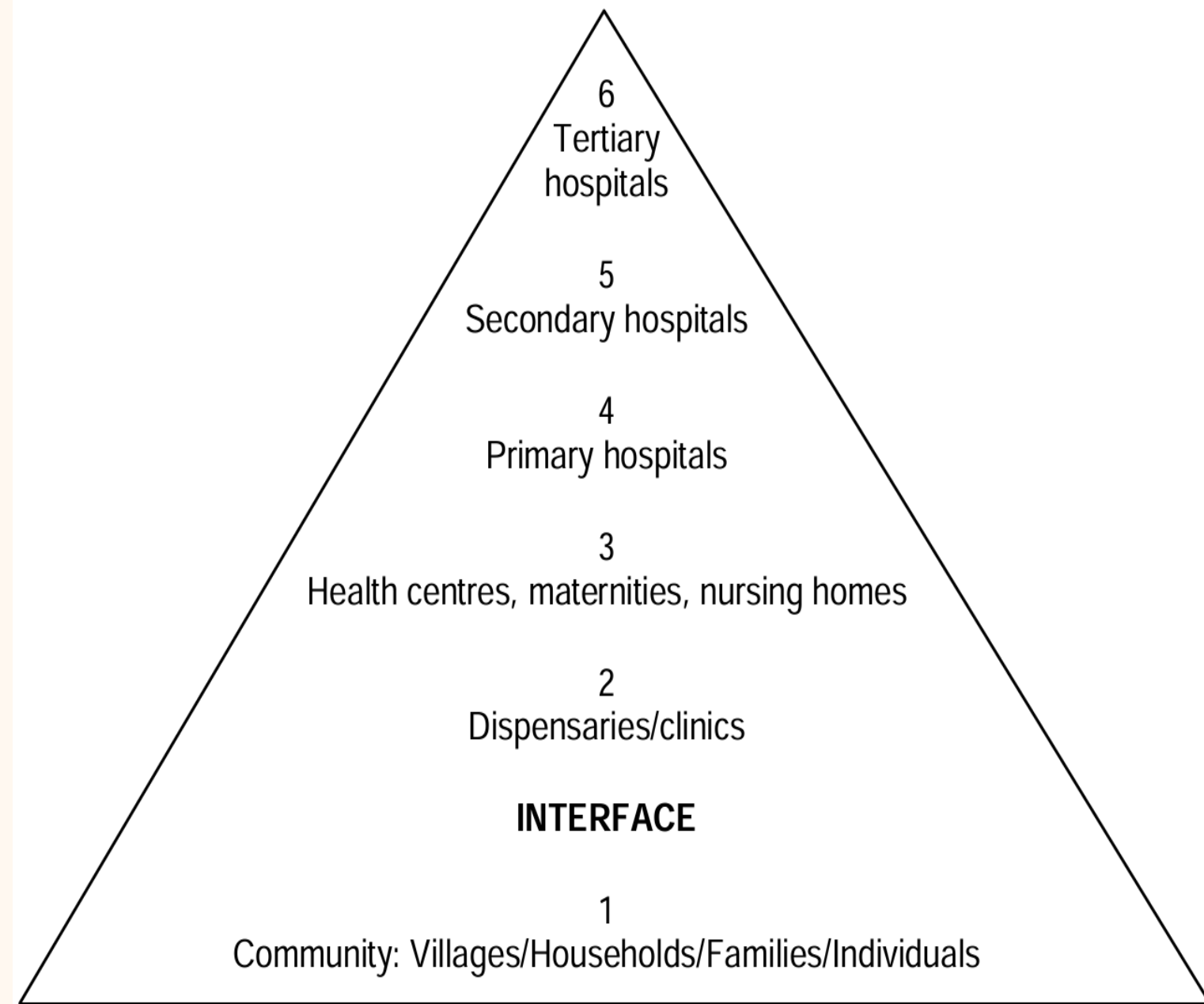
**Health centres** – Network provides many of the ambulatory health services. generally offer preventive and curative services, mostly adapted to local needs.



*Source: Muga et.al*

**Dispensaries** - meant to be the system's first line of contact with patients, provide wider coverage for preventive health measures.

The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organisations' hospitals and clinics.



*Source: Muga et.al*



# Kenya's Healthcare Structure

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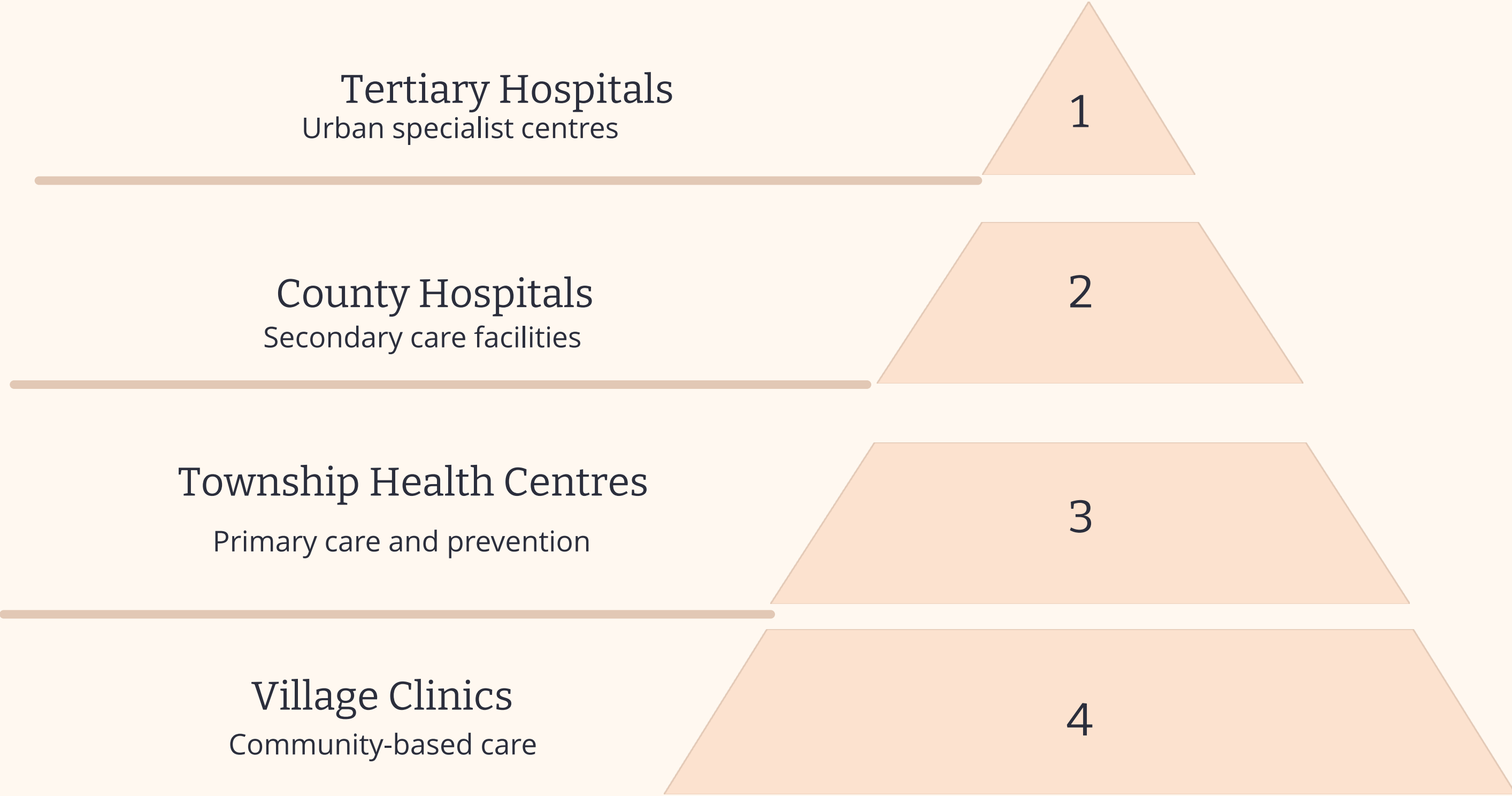
## Key Statistics

- Nearly 50% lack essential health services
- 75% rural population
- 47 counties manage service delivery

## Major Challenges

- Funding shortages and delayed disbursements
- Low insurance uptake (NHIF covers ~17%)
- Limited equipment and infrastructure

# China's Healthcare Delivery: A Tiered, Rapidly Evolving System



# China's Healthcare Delivery

## Coverage & Innovation

- Public insurance covers over 95% of population
- Mix of public and private healthcare providers
- Digital health and AI integration advancing rapidly

## Sustainability Focus

- Reducing environmental impact of healthcare delivery
- Switching to intravenous anaesthesia methods
- Antimicrobial resistance control programmes

# The Netherlands

The Dutch system emphasises solidarity, quality control, and cost management while maintaining exceptional healthcare outcomes and international collaboration.

***Fig. 6: Netherlands health system***



# The Netherlands: Universal Coverage & Innovation

## Universal Insurance

Mandatory health insurance with regulated private insurers ensures complete population coverage

## Innovation Leadership

AI-driven COVID dashboards, low-cost ventilators, and robotics for elderly care development

## Global Partnerships

GHPP promotes knowledge exchange with Kenya, China, and other developing healthcare systems

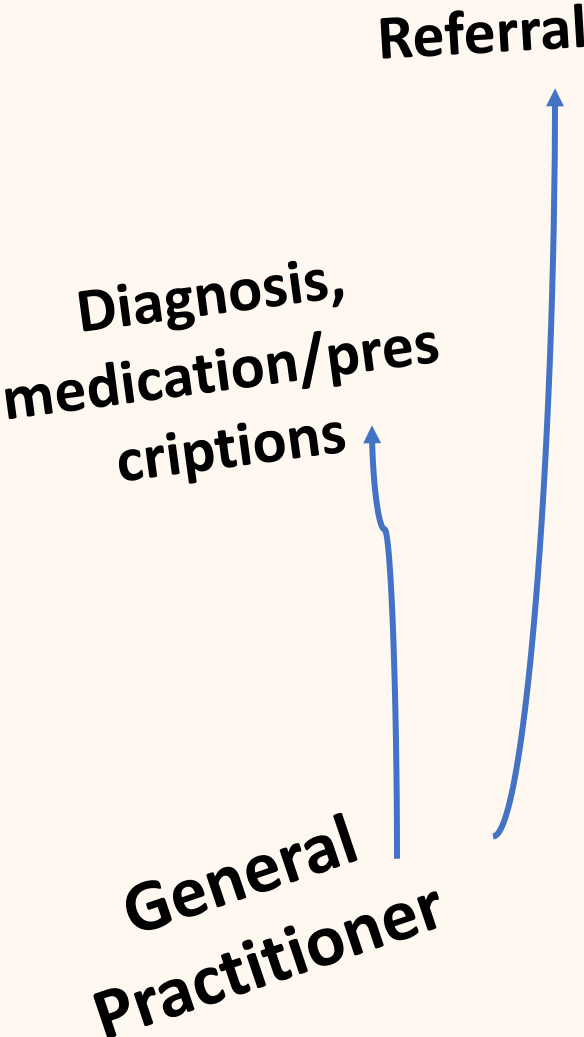


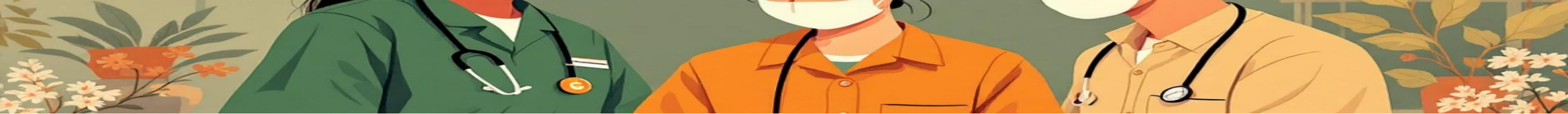
# The Netherlands: Universal Coverage & Innovation



## Universal Insurance

Mandatory health insurance with regulated private insurers ensures complete population coverage





# Comparative Insights: Strengths and Challenges

## Kenya



**Strengths:** Community-level innovation, international partnerships, devolution reforms

**Challenges:** Funding gaps, infrastructure limitations, equitable access barriers

## China



**Strengths:** Extensive coverage, rapid modernisation, large-scale digital integration

**Challenges:** Environmental sustainability, quality consistency, antimicrobial resistance

## Netherlands

**Strengths:** Universal access, cutting-edge innovation, global knowledge sharing

**Challenges:** Ageing population, cost sustainability, maintaining quality standards



# The Road Ahead: Towards Universal, Sustainable Healthcare



## Kenya's UHC Goals

Expand universal coverage through increased funding, digital health integration, and enhanced private sector engagement



## China's Balance

Focus on balancing rapid growth with environmental sustainability and antimicrobial resistance challenges

## Netherlands' Innovation

Continue to innovate and share expertise globally, reinforcing health security and sustainability leadership



# Health System Success Factors



## Strategic Framework

Clear guidance ensuring all actions improve population health



## Fairness in Financing

Equitable access to healthcare services across all population groups



## Responsive System

Healthcare delivery that responds to legitimate health needs of communities

# Conclusion: Learning and Leading Together

## Shared Vision

Healthcare systems differ but share fundamental goals: universal access, quality care, and environmental sustainability

## Accelerated Innovation

International partnerships drive innovation and build resilience against global health challenges



*Fig. 7: AI-generated*

# Conclusion: Learning and Leading Together

## Global Progress

Uganda, Kenya, China, and the Netherlands exemplify how diverse healthcare models can inspire worldwide health advancement

**Call to Action:** Strengthen international collaborations to build a healthier, more equitable future for healthcare systems worldwide



# Reference list

- Muga, R. et al. (2022). Overview of the Health System in Kenya. Demographic and Health Survey. Chapter 2.
- World Health Organization
- Fig. 1-7: Healthcare structure. Gamma app

# Next week

Health as a Social Service:

Health policy and implication