



Working Towards a Common HS(P)A Approach

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Health system or health *care* system?

Definitions vary and to some extent must remain arbitrary (Field, 1973) e.g.:

“all activities whose primary purpose is to promote, restore or maintain health” (WHO WHR2000)

“the way in which health care services are financed, organized, and delivered to meet societal goals for health. It includes the people, institutions, and organizations that interact to meet the goals, as well as the processes and structures that guide these interactions (Commonwealth Fund, 2006).

“combined functioning of public health and personal health care services” that are under the “direct control of identifiable agents, especially ministries of health” (Arah, 2006)



Health system boundaries

Advantages:

- Easier to hold relative stakeholders to account
- Identifies areas which relative stakeholders have the capacity to make changes

Advantages:

- Provides a more realistic view of all factors that influence health
- Identifies interactions between sectors, institutions, people that can influence health

MEDICAL CARE



HEALTH SYSTEM BOUNDARY



ALL DETERMINANTS

Disadvantages:

- Most factors influencing health are not included in the framework
- It may be difficult to disentangle the effect health care has on outcomes from other determinants

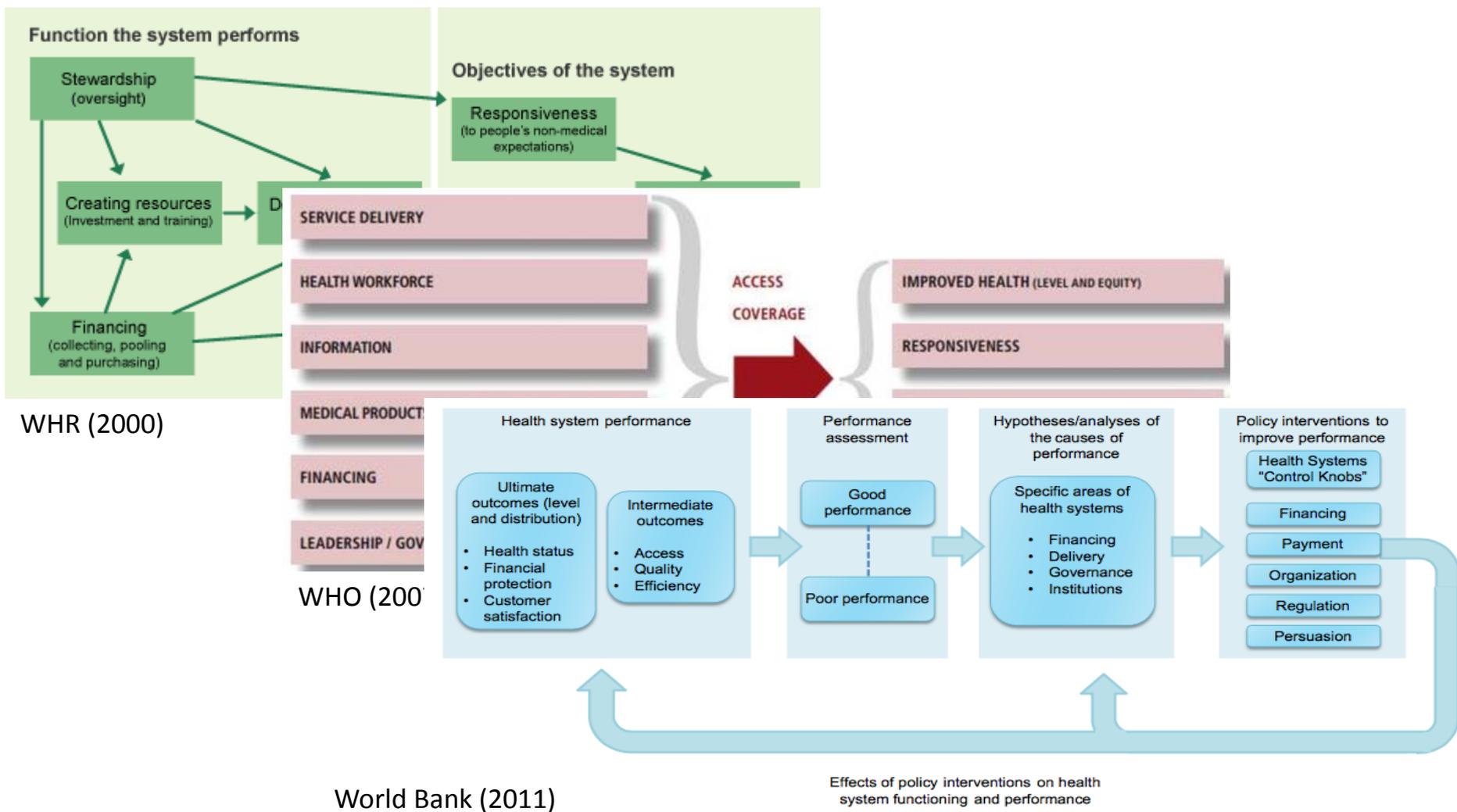
Disadvantages:

- Many determinants identified are difficult, if not impossible to change in the short run
- Does not provide clarity on managerial roles
- More difficult to assign responsibility and hold stakeholders to account

Papanicolas & Smith, 2010



HS(P)A frameworks have described 'functions' and/or 'components'





Defining health system functions

J Frenk (1994):

- On the state: The state as “the institutions of government providing the administrative, legislative, and judicial vehicles for the actual exercise of public authority and power”
- On the health system: Central components of the health system are the population, the providers, and the collective mediator (=the state)
- On the health system functions: The “functions”, i.e. participation of state in health care “through three major mechanisms: regulation, financing, and direct delivery of services.”
- On the role of functions for performance: “the analysis of health systems must specify their *architecture and functions* ... *Architecture* refers to the set of component elements (the building blocks) and the structure of their relations, both among themselves and with their external environment. Regarding the *functions*, the health care system ... includes the set of social *instrumentalities* (for example, legislation, organizations, and technologies) *that are responsible for mobilizing resources to transform them into health services guided by policies and information on health needs and on the system’s performance*”



What do we mean by ‘health system performance assessment’?

“Health system performance assessment is a country-specific process of **evaluating and communicating the achievement** of high level health system goals based on health system strategies”

WHO (2012)

Performance measurement “seeks to **monitor, evaluate and communicate** the extent to which various aspects of the health system **meet their key objectives**”

(Smith et al. 2009)



Purpose of the proposed common HS(P)A approach

*To synthesize a harmonized, basic but comprehensive (i.e. covering all key aspects) method for health system assessment, which focusses on **evaluation of performance** of the health system functions and **agents / organisations responsible** for carrying them out, and identifies specific areas, which undermine or strengthen the achievement of health system goals*



Why focus on functions?

- **Alignment with HSPA purpose**

Definition of (health system) function is closely aligned with the process of evaluating the attainment of health system goals (performance)

- **Reducing inconsistency in terminology and concepts**

e.g. financing is defined as a function even in building blocks framework

- **Reducing complexity and overlaps**

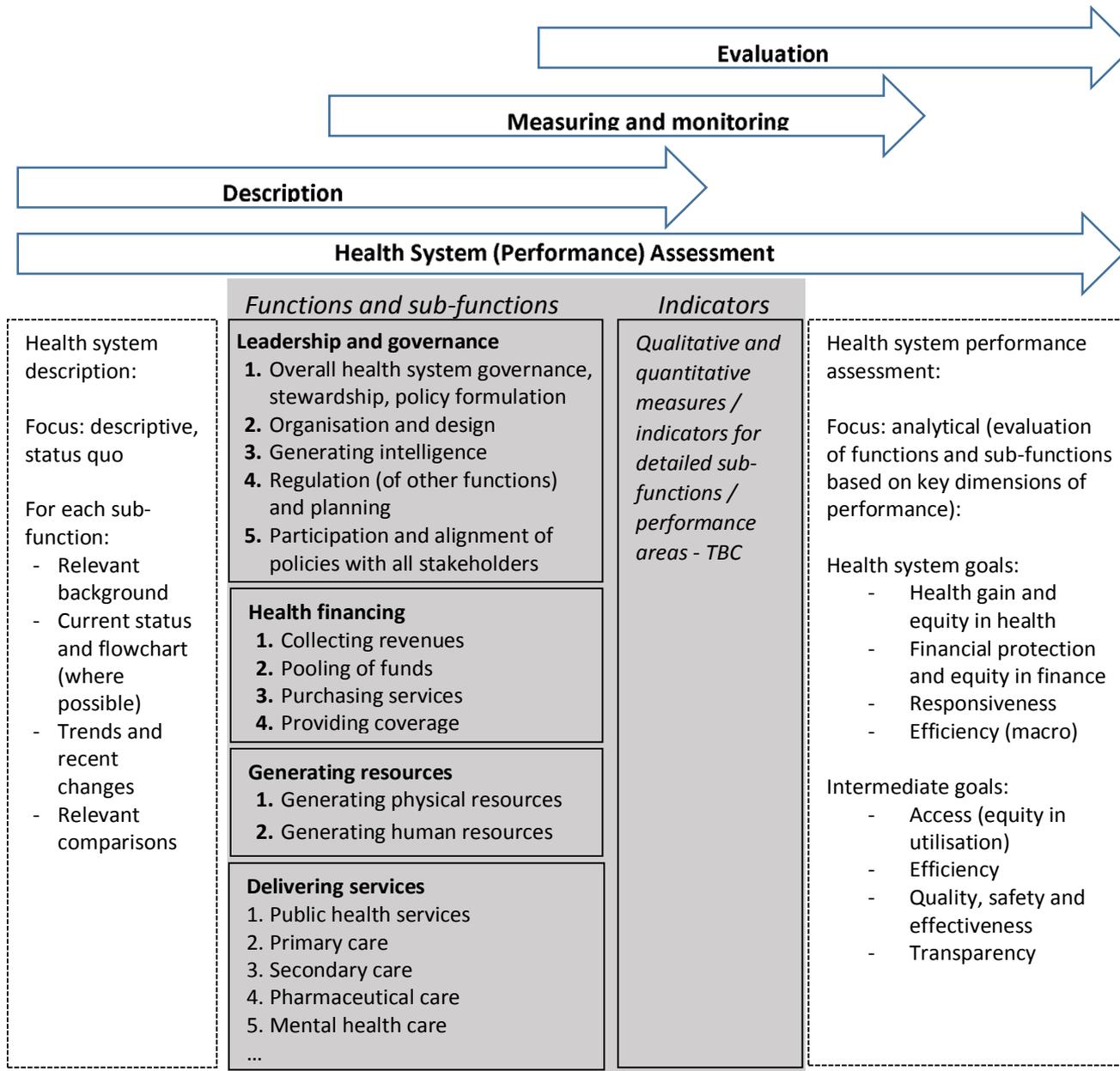
four core distinct functions include sub-functions and assessment areas which cover all high-level health system objectives



Criteria for establishing sub-functions

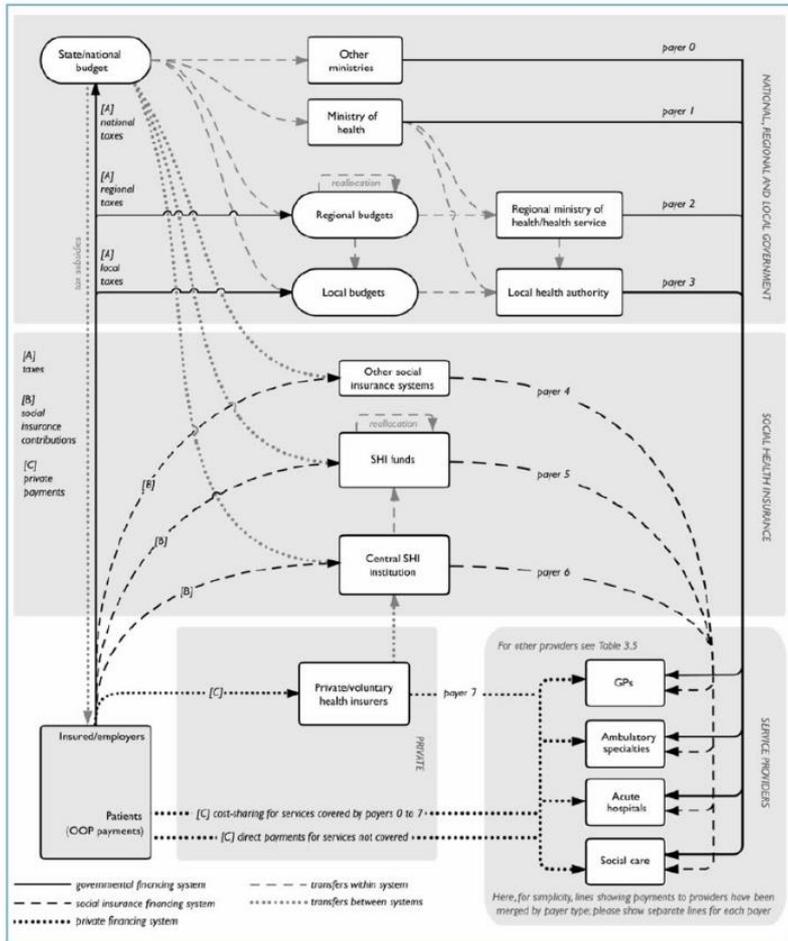
- reflect and are a logical (preferably self-contained/complementary) components of the core functions;
- expressed as specific actions, conducive to the achievement of the high-level health system goals;
- assign accountability for actions/processes to a specific actor, agency or organization responsible for carrying out those actions within the health system;
- can be described or measured, monitored and assessed in relation to the high-level goals.

Proposed Health System (Performance) Assessment approach





Detailed sub-functions / performance areas: e.g. of financing



Financing

Sub-function	Detailed sub-function / performance area	Measures:	Objectives
Revenue collection	Mechanisms of revenue collection Scale of compulsory pre-payment to finance health sector Scale of private financing Level of income redistribution	NHA indicators (e.g. share of public financing as % of GDP, per capita, as % of total public expenditure, % of THE; role of tax and CHI; share of private financing as % of THE, OOPS as % of THE, VHI as % of THE Taxation: regressive, proportionate, progressive	Adequate funding Stable funding Administrative efficiency Financial protection Equity in financing
Pooling	Pooling arrangements Fragmentation of pooling	Pooling size, risk mix, participation (compulsory vs voluntary) + implications Level of fragmentation	Financial protection Equity in service use (linked to distribution of resources)
Purchasing	Purchaser-provider relations Payment methods: Incentives and payment mechanisms	Level of fragmentation in purchasing Use of strategic purchasing Planning for population needs and preferences Types of payment mechanisms (FFS, Case, Capitation, Global budget)	Efficiency, Equity in resource distribution and utilization, responsiveness, access
Coverage	Population coverage, service coverage (benefit package), cost (user charges) Gaps in coverage	Levels of population coverage Benefit basket User charges (level and design) Role of VHI in covering gaps Levels of catastrophic and impoverishing payments	Access Equity in access Financial protection Efficiency



Need for clarity on health system objectives

Intermediate goals	Final goals
Access	Access Access (level and distribution)
Choice	
Coverage	
Effectiveness	Effectiveness
Efficiency Efficient care Productivity	Efficiency Efficiency (macro and micro)
Equity	Equity
	Fairness in financing
	Financial sustainability of health care
	Financial risk protection
	Health (level and distribution) Health (long, healthy and productive lives) Health and well-being Health improvement Health status
Innovation and improvement	
Quality Quality of care and services	Quality of care
	Responsiveness (level and distribution)
	Satisfaction
Safety	
Volume of care and services	

Comparison of performance objectives from 11 frameworks

Key terms:

Health – commonly featured as final goal, but conceptualisation varies

Quality – usually refers to quality of care or service, but also can be captured through effectiveness, responsiveness, accessibility and include safety

Efficiency – can be defined in terms of production (or technical) efficiency and allocative efficiency; micro- and macro-economic efficiency; not wasteful care; goal attainment given the resources available

Responsiveness – encompasses patient satisfaction, acceptability, experience; patient-centredness; included in definitions of quality and access

Equity – captured by distribution of health outcomes, access and financing; assesses fairness of distribution of health care and payments.

Access – assesses ease of service reach, or participation, or affordability; also captured as component of responsiveness and equity

Adapted from Papanicolas & Smith (2013)



Separate set of objectives for certain functions? e.g. Governance

- Detailed sub-functions / performance areas may have / need more specific objectives, e.g.:
- In sub-function “**overall governance** and policy formulation” – governance as “the process and institutions through which decisions are made and authority in a country is exercised
- Assessing elements: e.g. using TAPIC (Greer et al, 2016) framework (Transparency, Accountability, Participation, Integrity, Policy capacity) for strengthening health system governance

THANK YOU!



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