



Technical Working Group on Health Systems Assessment

LINKING HEALTH SYSTEMS ASSESMENTS TO PERFORMANCE DIMENSIONS

Meeting Report from the second face-to-face meeting

6-7 November 2018, Geneva, Switzerland

1. INTRODUCTION

The UHC2030 technical working group (TWG) on Health Systems Assessment (HSA) was formally constituted in 2017 with the rationale of jointly studying the various HSA approaches to find a way to harmonize and align them. The impetus to do so was the acknowledgement that many countries, especially aid-dependent ones, were faced with a growing burden of multiple and sometimes contradictory HSAs, with high transaction costs, and low usage of results.

A review of existing HSA tools was then conducted to gain insight into the various approaches used to assess a health system, and the objectives behind such processes. It became increasingly clear that an analysis of health systems *performance* was more unevenly done in countries, and that large-scale whole-of-sector performance analyses were more institutionalized in higher-income countries.

The TWG, through its diverse country and institutional membership, saw its value-add to not only harmonize and align HSA approaches but also create a more explicit link between HSA data and health systems performance.

The terms of reference of the TWG are as follows:

Deliverable 1: Development of a recommended UHC2030 annotated template to conduct health systems (performance) assessments, including taxonomy, working definitions, a set of core indicators.

Deliverable 2: Development of UHC2030 process guidance on HS(P)A, integrating performance assessment and based on the principles of country ownership and leadership.

Deliverable 3: Development of a UHC2030 knowledge platform around HS(P)A and support to cross-country learning.

Deliverable 4: Advocacy to gain stakeholder buy-in on UHC2030 TWG deliverables to promote a more accountable HS(P)A environment.

This report reflects discussions at the 2nd face-to-face HSA TWG meeting which took place on 6-7 November 2018 in Geneva. The main objective of the meeting was to make progress on deliverable 1. Currently, the task at hand is to link the HSA tool content to an assessment of systems performance. The 2nd face-to-face meeting discussed a proposed common approach to HS(P)A, which reorganizes and simplifies that draft taxonomy into four health systems functions and related sub-functions, while proposing explicitly linking these to intermediate goals and health system goals.

The primary objective of the 2nd TWG face-to-face meeting was to discuss the development of the proposed HSA-to-HSPA approach, reflect on the merits and potential challenges of the functions and sub-functions approach, examine the appropriateness and suitability of proposed sub functions and consider potential indicators for assessment, and agree on next steps for this work.

Expected outcomes of the meeting:

- agreement on the approach to effectively link health systems assessments with an analysis of systems performance

- agreement on how to organize the TWG into sub-groups to take forward the analysis of health systems functions and sub-functions
- agreement on the way forward for the draft annotated template to conduct health systems (performance) assessments

Box 1. Membership of the working group

- International Health Partnership for UHC2030 hosting organizations:
 - WHO (country offices, regional offices, headquarters)
 - WB
- Countries: Belgium, Gabon, Guinea, Hungary, India, Liberia, Nigeria, Tanzania, Thailand, Turkey
- Bilateral: AFD, DFID, European Commission, GIZ, OECD, UNICEF, USAID, others
- European Observatory on Health Systems and Policies
- Global health initiatives: Gavi Alliance, Global Fund
- Philanthropic organisations: Gates Foundation
- Consultancy: Abt. Associates
- Civil Society: IPPF; Family Health International (FHI360); Action Contre la Faim

2. REPORT ON MEETING

This report is meant to reflect discussions by the TWG on the 4 functions of health systems, as described below. The time allotted to the working groups was not sufficient for a thorough reflection on the issues at hand but did allow for an initial orienting brainstorming to direct further technical work by the Secretariat as well as future TWG online discussions.

The information as presented below is not meant to be seen as a final product of the TWG. The exchanges which took place at the meeting, as described here, do not necessarily represent a consensus decision – in fact, no final decision per se was taken but the information below will be very useful to point towards further areas of necessary background research to be presented to the TWG in 2019 for discussion.

2.1 HEALTH SYSTEMS FUNCTIONS AND SUB-FUNCTIONS: DEFINITIONS AND CRITERIA FOR PERFORMANCE ASSESSMENT

This session was introduced with a presentation which described the aim of a proposed common HS(P)A approach, and its development. The overarching aim is to

synthesize a harmonized, basic but comprehensive (i.e. covering all key aspects) method for health system assessment, which focusses on the evaluation of the performance of 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.

It introduced four overarching functions and a set of proposed sub-functions as a way to link health systems assessment and health systems performance assessment. The proposed sub-functions were formulated to provide a starting point for subsequent working group discussions and were not meant to be prescriptive. In principle, they were supposed to be questioned and, if needed, changed.

The presentation reflected on the reasoning for a ‘functions’ approach as a guiding principle for the TWG, highlighting that it:

- facilitates alignment of HSA with the aims of performance assessment: the definition of (health system) function is closely aligned with the process of evaluating the attainment of health system goals (performance)
- reduces inconsistencies in terminology and concepts: different HSA tools use the underlying notion of ‘function’ (e.g. ‘financing function’)
- reduces complexity and overlaps: the proposed four core distinct functions include sub-functions and assessment areas which cover all high-level health system objectives

The further identification of ‘sub-functions’ then allows for explicitly linking health systems assessment to performance measurement, with the definition of sub-functions to be guided by a set of criteria as follows:



Reflect and are a logical
(preferably **self-contained**
/complementary) components of the
core functions;



Assign **accountability** for
actions/processes to a specific actor
within the health system;



Expressed as **specific actions**,
conductive to the achievement of the
high-level health system goals;



Can be **described** or **measured**,
monitored and **assessed** in relation to
the high level goals;

Key discussion points / points of reflection were:

- There was general agreement on testing the functions to performance approach as a way to make health systems strengthening actionable.
- The functions approach was seen to be more dynamic compared to a more static ‘building blocks’ approach; can link more easily to outcome/performance.
- The ‘building blocks’ approach remains an important principle in many countries: Ministries / Departments of Health are often organised around health system building blocks, as are national health strategies.
- Given the continued relevance on the building blocks approach, the proposed ‘functions’ approach for HS(P)A should ensure that the building blocks are captured appropriately
- The HS(P)A approach should support countries in identifying the strengths and weaknesses of their systems and so inform policy development and action.
- Comparability across countries is not the primary objective at country level although a common approach should facilitate comparison to enable cross-country learning.
- The HS(P)A approach should be able to draw on (existing) in-country information and data to assess performance. The main goal is very much a national objective
- There was general agreement on the proposed criteria for selecting the sub-functions, however the objectives for the sub-functions should also be considered, with suggestions from the TWG for criteria encouraged as the work progresses.
- Level of granularity on sub-functions will be an important decision to take while progressing with the template.
- Identification of indicators and linking them to each function and sub-function will be discussed at a later stage
- It was suggested that once agreement has been achieved on the functions and sub-functions, the TWG would need to reflect further on better defining intermediate goals and final goals
- There was also a more general suggestion that root cause analysis should be a part of the HSA-HSPA continuum

2.2 REFLECTIONS AND LINKAGES BETWEEN HEALTH SYSTEMS FUNCTIONS AND SYSTEMS PERFORMANCE: CASE STUDIES

The aim of this session was to take the audience step by step through the logical sequence from a health system function and sub-function towards quantitative indicators and qualitative information on performance. Two case studies were presented to illustrate linkages between health systems functions and performance.

The first case study focused on understanding and assessing coverage, which is often linked to the function of health financing but affects almost all potential intermediate goals (efficiency, access, equity in use, effectiveness, quality, safety, satisfaction) and also potential final health system goals (i.e. financial protection).

A second case study offered an example of coordinating diabetes care in Slovenia between primary and secondary level. This was an operational illustration on how to understand and assess service delivery as a health system function, using a qualitative inquiry approach.

Key discussion points / points of reflection:

- Coverage:
 - There is a major focus on assessing coverage globally given the links with the SDGs and UHC agenda and the number of indicators available at global level. However, coverage is a cross cutting issue among all other functions, and there was a suggestion whether it might be better placed as an intermediate health system goal.
 - There is a need for a clear terminology to avoid confusion between means and ends, having in mind two distinct outcomes:
 - 1) final outcomes (health systems performance dimensions)
 - 2) intermediate outcomes (where coverage could be placed)
- Service delivery
 - Service delivery is a function but could also be conceptualized as an ‘outcome’ of the other three functions, which requires further reflection.

2.3 TAXONOMY: HOW CAN WE MAKE ITS CONTENT USEFUL FOR PERFORMANCE?

Work undertaken by the TWG in 2017 brought together the content of all 7 reviewed HSA tools into a single Excel file with the objective of comparing and contrasting the different subject areas assessed by each tool. This file’s content, dubbed ‘taxonomy’, was originally organized according to the structure of the tools themselves, namely according to building blocks.

TWG teleconferences leading up to the 2nd Face to Face Meeting evinced a need to re-structure the taxonomy along the lines of health systems functions. The taxonomy information for each function formed the basis of the ensuing working group discussions.

The working groups were asked to cover, as far as possible, the following topics:

- Preliminary findings and results (do you agree to those functions, do you have new ones, where should they be placed)
- Challenges
- Possible ideas

- Open questions
- Support that might be needed for next steps

2.4 WORKING GROUPS TO EXAMINE SUB-FUNCTIONS (AND INDICATORS) UNDER EACH HEALTH SYSTEM FUNCTION

Each working group presented preliminary findings, unresolved questions, and challenges in identifying common patterns and grouping information coherently. Major aspects and points of discussion are summarized below according to each function. All of the below-mentioned issues will be further re-examined by the TWG Secretariat and fed back to the TWG in teleconferences planned for the 1st quarter of 2019.

Governance/Stewardship

The variety of co-existing terms and definitions was highlighted, with different working group members preferring different terminology based on institutional affiliation and habit. Further challenges go back to the cross-cutting nature of this function, and potential links to other functions, such as service delivery and financing.

The working group agreed that the governance/stewardship function should cover both the system level and the institutional level. It was agreed that the general system level governance functions would be under this function but each one of the other 3 functions would also include more specific governance questions. It would be important to cross-link between them.

As to the sub-functions, the following were proposed. Again, the usual caveat applies that these were simply discussed by the group in this initial brainstorming session but is not meant to represent any final TWG decision.

1. Setting strategic direction: policy formulation (i.e. strategic plans, guidelines, ...)
2. Participation (i.e. consensus-building, coordination, collaboration, partnerships, ...)
3. Legislation
4. Regulation
5. Generating the use of intelligence (i.e. performance review, monitoring and evaluation)
6. Architecture of the health system (including decentralization, where applicable) and institutional design (i.e. governance of the public private mix)
7. Functional management capacity (i.e. budget, human resources – day to day)
8. Transformation capacity (i.e. leadership – at a more global level)
9. Intersectoral collaboration (i.e. across ministries and topic)

One public health lawyer in the group had a very strong view that the legislation function and the regulation function should be separated out. The rationale is that legislation (by passing a law) supports the creation of enabling environments, while regulation is about changing behaviours in the system and does not only refer to legislation. Many of the other governance working group members felt that the 2 functions should be grouped together. This issue remains unresolved.

Meanwhile, functional management capacity and transformation capacity shall address operational aspects with regards to implementation. The discussion further raised the importance of integrating

issues around decentralization. Finally, accountability and coverage have been considered as intermediate goals and should therefore not be regarded as a sub-function.

Health Financing

The working group on health financing proposed the following sub-functions.

1. Collecting revenues
2. Pooling
3. Purchasing services

It was suggested to provide for each sub-function a description of formal structures and mechanisms that are currently in place and aspects that enable an effective functioning alike. Concerning pooling, it was suggested to rename ‘pooling of funds’ to ‘pooling of health risks’ to avoid confusion with financial risks. During discussions, a proposition was made to add another sub-function, to explicitly make the case for ‘investments’ in health; however, group members argued that this could also be part of the purchasing sub-function or added to the governance/stewardship function.

With regards to intermediate goals, it was suggested that providing coverage should be considered as an objective and outcome of the overall financing function rather than a sub-function in itself. Ensuing discussions considered how coverage and the formulation of a benefit package for example should be best conceptualized and there is a clear need for further developmental work on this issue. There was also a discussion on user charges: generally it was agreed that these should be part of the financing function, but the group did not clearly assign to which sub-function they belong. Consultations with health financing experts at WHO and collaborating institutions was strongly advised in this matter. On the other hand, there was general consensus for financial protection as an final goal of the health system.

Generating resources

First of all, the group decided to rename the function – going from ‘creating resources’ to ‘generating resources’. It was felt that the previous term might have provoked confusion due to its potential financing connotation.

As to the sub-functions, the following were proposed:

1. Health workforce
2. Physical resources (i.e. pharmaceuticals, equipment, infrastructure (incl. labs))
3. Information (technology) system
4. Social resources

Besides health workforce and physical resources, which were already part of the draft taxonomy, two additional sub-functions were proposed. With regards to information systems, it was pointed

out that there is need for further clarity regarding which aspects should be covered under this sub-function and what is more appropriate under the service delivery function. Social resources refer to a broad spectrum of care which is not yet covered under the formal health workforce sub-function. This could potentially include informal care, long term care, and community support (both internal and external). Further research in this regard is suggested to gain a better understanding also referred to the potential measurement of such.

In addition, the group went one step further and discussed potential detailed sub-functions or sub-sub functions. The following were proposed:

- Availability
- Appropriate mix / skill-mix
- Planning & sustainability
- Continuing education (applicable only for the health workforce sub-function)

Service delivery

There was a considerable discussion on how the service delivery function could best be understood, given that it very much presents an outcome of the governance, financing and resource generation functions. At the same time, there was agreement that delivering services is a fundamental function of any health system. The group discussed different ways of thinking about service delivery subfunctions, e.g.

- By sector / organizational arrangement (e.g. public health services, primary care, specialised care, etc.)
- By population / disease area (e.g. MNCH, HIV/AIDS, malaria, diabetes, etc)
- By type of intervention / service (e.g. intersectoral, public health measures, prevention, diagnosis etc)

It was suggested that a matrix approach that combined these different considerations might most be more appropriate to capture the service ‘function’ which would also allow capturing the relationship between levels of care. Such a matrix approach could consist of two main dimensions :

1. Level of care: households/community; first level; second level; third level; etc.
2. Performance dimension: responsibility and oversight; services provided; functionality; access and coverage; quality; etc.

There was agreement that the precise nature of different dimensions required further specification, which should also reflect the overall patient journey across the system. This would also need to consider the pharmaceutical system, along with linkages to the other three functions.

2.5 DEEP DIVE EXAMPLE: INTEGRATING A FOCUS ON ANIT-CORRUPTION, TRANSPARENCY, AND ACCTOUNATBILITY (ACTA) INTO HSAs

This session introduced WHO’s current work to analyse vulnerabilities in corruption, transparency, and accountability in the health sector. The aim was to raise awareness on a practical deep dive

example and how a link can be drawn to the governance stewardship (and other) functions of the HSAs. Boundaries need to be clarified between in-depth analyses of a specific health system topic (such as anti-corruption, transparency and accountability) and an overarching sector assessment.

2.6 COUNTRY PANEL ON POLICY RELEVANCE: HOW HAVE HS(P)A RESULTS BEEN USED IN COUNTRIES FOR POLICY-MAKING TO DATE?

The country panel was presented by representatives from Belgium, Ghana, Nigeria and Turkey.

Key takeaways from the presentation and ensuing discussion:

- Throughout all country experience the importance of policy relevance was emphasized to make health system assessment actionable. The potential role of champions was highlighted to lead the process.
- The Belgium HSPA experience highlighted the importance of independent nature of the exercise as a critical element, while in the case of Turkey a clear link to the government and the Ministry of Health was needed to have impact in policy formulation
- Nigeria is a perfect example for a country which is very diverse across states. A top down approach from the national to the state levels has not yielded desired results, as shown from past experiences. Decentralization and context diversity needs to be taken into consideration. A bottom up approach is hence necessary while at the same time capacity building at state levels is required so that the health framework can be adapted to each state context.
- Conducting an HS(P)A alone will not put health priorities on the political agenda. As shown in Ghana, a health summit helps to finalize the HSAs with agencies and districts. Based on this, an aid memoire is developed and disseminated across the country to gain broad buy-in. A half-year review of the aid memoire allows for monitoring and evaluating the progress made so far towards set goals.

2.7 LINKING IT ALL BACK TOGETHER AND NEXT STEPS

This session served to bring together everything discussed until this point at the 2nd face-to-face meeting, i.e., the inductive-deductive approach to developing health systems sub-functions and performance indicators, while keeping policy relevance of HSPA in clear focus.

Discussions emphasized the importance of analysing root causes as part of an HSA - HSPA continuum, i.e. diagnosis ('bypassing PHC, medical radiation exposure) linked to qualitative (focus groups, interviews...) and quantitative ('number of X-rays undertaken for back problems') measures and further linked to intermediate and final health systems goals.

In terms of the expected results of this meeting, one outstanding issue is more clarity on the modus operandi of the sub-groups after this meeting. It was mentioned that the organization of sub-groups around the functions could continue, with TWG members listening in and participating to all topics as per interest and expertise areas. Another possibility is to organize further teleconferences

around specific topics which need further discussion, whether they are functions-based or cross-cutting, and invite all TWG members to participate as necessary. In practice, both will be tried out in the future to see which works best, so a ‘learning by doing’ approach will be taken.

The following table summarizes key points discussed during previous sessions. **Please note that this is not a final list of sub-functions** under each health system function but rather a simple reflection of the working group’s output over a time-limited brainstorming period. As mentioned earlier, this work will be further taken up by the TWG Secretariat, re-worked, and presented back to the TWG in subsequent online meetings.

Functions- and sub-functions overview as per working group discussions

Governance/Stewardship	Health financing	Resource generation	Service Delivery
Setting strategic directions	Revenue generation	Health workforce	Level of care: households/community; first level; second level; third level; etc.
Participation	Pooling of health risks	Physical resources (pharmaceuticals, equipment, infrastructure)	Performance dimension: responsibility and oversight; services provided; functionality; access and coverage; quality; etc.
Legislation	Purchasing services	Information system	
Regulation		Social resources	
Generating the use of intelligence			
Architecture of the HS and institutional design			
Functional management capacity			
Transformational capacity			
Intersectoral collaboration			

Intermediate results/health goals which were mentioned in the course of the working group discussions without them being a particular target topic were:

- Accountability
- Coverage
- Integrated care?

The above intermediate results need to be examined more closely and more technically by the TWG Secretariat and brought as a key topic of a separate online TWG meeting.

Next steps

Some of the more obvious next steps are listed below. Please note that this is not an exhaustive list.

- Background paper on function/sub-function criteria
- Alignment/coordination with UHC Monitoring, Global Action Plan on SDGs, various function-specific deep dive tools
- Building blocks to functions: more clarity in the taxonomy matrix specifically on this link
- Social resource as a new sub-function: additional research
- Continue work on sub-functions in sub-groups
- Prepare discussions on quantitative indicators and qualitative information sources
- Prepare discussions on intermediate and final goals



UHC2030 Technical Working Group on Health Systems Assessments

Second Face-to-Face Meeting:

HEALTH SYSTEMS (PERFORMANCE) ASSESSMENTS: TAXONOMY

Geneva, 6-7 November 2018

Novotel Genève Centre

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