Working Towards a Common HS(P)A Approach

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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

<table>
<thead>
<tr>
<th>Advantages:</th>
<th>Advantages:</th>
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<tbody>
<tr>
<td>- Easier to hold relative stakeholders to account</td>
<td>- Provides a more realistic view of all factors that influence health</td>
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<tr>
<td>- Identifies areas which relative stakeholders have the capacity to make changes</td>
<td>- Identifies interactions between sectors, institutions, people that can influence health</td>
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</table>

**Medical care** ↔ **Health system boundary** ↔ **All determinants**

<table>
<thead>
<tr>
<th>Disadvantages:</th>
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</thead>
<tbody>
<tr>
<td>- Most factors influencing health are not included in the framework</td>
<td>- Many determinants identifies are difficult, if not impossible to change in the short run</td>
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<td>- It may be difficult to disentangle the effect health care has on outcomes from other determinants</td>
<td>- Does not provide clarity on managerial roles</td>
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<td>- More difficult to assign responsibility and hold stakeholders to account</td>
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</table>
HS(P)A frameworks have described ‘functions’ and/or ‘components’

Function the system performs
- Stewardship (oversight)
- Creating resources (investment and training)
- Financing (collecting, pooling and purchasing)

Objectives of the system
- Responsiveness (to people’s non-medical expectations)

Service Delivery
Health Workforce
Information
Medical Product
Financing
Leadership / Governance

WHR (2000)
WHO (2007)
World Bank (2011)

Performance assessment
- Good performance
- Poor performance

Specific areas of health systems
- Financing
- Delivery
- Governance
- Institutions

Policy interventions to improve performance
- Financing
- Payment
- Organization
- Regulation
- Persuasion

Effects of policy interventions on health system functioning and performance
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’?

“What do we mean by ‘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, conductive 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

Health system description:
Focus: descriptive, status quo
For each sub-function:
- Relevant background
- Current status and flowchart (where possible)
- Trends and recent changes
- Relevant comparisons

Health financing
1. Collecting revenues
2. Pooling of funds
3. Purchasing services
4. Providing coverage

Generating resources
1. Generating physical resources
2. Generating human resources

Delivering services
1. Public health services
2. Primary care
3. Secondary care
4. Pharmaceutical care
5. Mental health care
...

Leadership and governance
1. Overall health system governance, stewardship, policy formulation
2. Organisation and design
3. Generating intelligence
4. Regulation (of other functions) and planning
5. Participation and alignment of policies with all stakeholders

Qualitative and quantitative measures / indicators for detailed sub-functions / performance areas - TBC

Health system performance assessment:
Focus: analytical (evaluation of functions and sub-functions based on key dimensions of performance):
Health system goals:
- Health gain and equity in health
- Financial protection and equity in finance
- Responsiveness
- Efficiency (macro)
Intermediate goals:
- Access (equity in utilisation)
- Efficiency
- Quality, safety and effectiveness
- Transparency
Detailed sub-functions / performance areas: e.g. of financing

**Financing**

<table>
<thead>
<tr>
<th>Sub-function</th>
<th>Detailed sub-function / performance area</th>
<th>Measures:</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>Revenue collection</td>
<td>Mechanisms of revenue collection&lt;br&gt;Scale of compulsory pre-payment to finance health sector&lt;br&gt;Scale of private financing&lt;br&gt;Level of income redistribution</td>
<td>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)&lt;br&gt;Taxation: regressive, proportionate, progressive</td>
<td>Adequate funding&lt;br&gt;Stable funding&lt;br&gt;Administrative efficiency&lt;br&gt;Financial protection&lt;br&gt;Equity in financing</td>
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<tr>
<td>Pooling</td>
<td>Pooling arrangements&lt;br&gt;Fragmentation of pooling</td>
<td>Pooling size, risk mix, participation (compulsory vs voluntary) + implications&lt;br&gt;Level of fragmentation</td>
<td>Financial protection&lt;br&gt;Equity in service use (linked to distribution of resources)</td>
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<td>Purchasing</td>
<td>Purchaser-provider relations&lt;br&gt;Payment methods: Incentives and payment mechanisms</td>
<td>Level of fragmentation in purchasing&lt;br&gt;Use of strategic purchasing&lt;br&gt;Planning for population needs and preferences&lt;br&gt;Types of payment mechanisms (FFS, Case, Capitation, Global budget)</td>
<td>Efficiency, Equity in resource distribution and utilization, responsiveness, access</td>
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<td>Coverage</td>
<td>Population coverage, service coverage (benefit package), cost (user charges)&lt;br&gt;Gaps in coverage</td>
<td>Levels of population coverage&lt;br&gt;Benefit basket&lt;br&gt;User charges (level and design)&lt;br&gt;Role of VHI in covering gaps&lt;br&gt;Levels of catastrophic and impoverishing payments</td>
<td>Access&lt;br&gt;Equity in access&lt;br&gt;Financial protection&lt;br&gt;Efficiency</td>
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European Observatory on Health Systems and Policies, HiT template (2018)
### 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

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