

Notes for the record

Online meeting, 5 February 2020, 15.30-17.00 CET

Participants: see list attached

Objectives of the meeting:

The main objectives of the meeting were to:

- present a draft conceptual framework from health systems assessments (HSA) to health systems performance assessments (HSPA), and the four draft chapters structured around the four functions; and
- discuss the technicalities of the proposed HSPA framework harmonization and alignment efforts, and how the content can be used from an operational point of view

Next steps:

The following next steps were agreed upon:

- share the draft chapters of each function to seek feedback from TWG members;
- develop the HSPA template further based on feedback received; and
- propose a face-to-face meeting in order to discuss technical details but also how this framework can be applied in countries.

Key issues discussed:

The online meeting was chaired by Mr. Richard Gregory, UHC2030, and Dr. Dheepa Rajan, Health System Governance and Financing Department at WHO HQ.

1. Brief overview of progress to date

- In the last meeting, the technical working group (TWG) discussed the draft template and approach from HSA to HSPA, as well as overviewed health systems functions draft background papers. More details can be found in the July 2019 [meeting notes](#).
- Following numerous online and face-to-face meetings and intense working sessions, we have now entered the phase to focus on the technicalities and operational sides of the HSPA framework.
- From HSA to HSPA: Based on the four health systems functions (governance, financing, resource generation, and service delivery), the framework illustrates the practical links between each of the functions to the intermediate and final goals.

2. Presenting the four health systems functions

- The proposed sub-functions and assessment areas of each function are based on: 1) extensive review of governance/financing/resource generation/service delivery frameworks available in the literature; 2) UHC2030 TWG on HSA discussions; 3) sub-function criteria analysis; and 4) working sessions WHO with European Observatory on Health Systems and Policies.
- The governance function:
 - The governance function influences all the other three functions, which is why it is on the very left of the performance framework, with overlapping ('governance of') sections shared with resource generation, financing and service delivery. It stresses the notion that the other three functions need to operate within a coherent, *governed* system.
 - Despite its centrality, there is no common definition on governance. While it is similar to stewardship, we aim at defining governance through its sub-functions.
 - The proposed sub-functions of the governance function are: 1) setting strategic direction; 2) ensuring fit-for-purpose institutions; 3) ensuring participation of stakeholders in decision-making; 4) ensuring the generation and use of intelligence; 5) leveraging legislation and regulation for public health goals; and 6) ensuring collaboration with other sectors
 - Accountability and transparency are the proposed assessment areas to examine the performance of the overall governance function.
- The financing function:
 - In simple terms, this function is about raising and spending money; getting the resources to the right places, and to determine who pays, when, how much, which providers and, what type of services, etc. The function has a direct link to the 'financial protection' end goal.

- The financing sub-functions is based on a well-established framework, where the governance of financing affects and feeds into all the other sub-functions, namely: 1) revenue raising (money brought into the system); 2) pooling (how is money collected); and 3) purchasing (are resources allocated to provide efficiently and according to need)
- The assessment areas for the health financing function are 1) revenue collection (sufficient and stable funds in an equitable way); 2) pooling (equity pooling and administrative efficiency); 3) purchasing (efficient purchasing and allocation according to need). The example metrics for revenue raising indicate whether revenues are stable and whether revenue generation is equitable. For example, metrics from the WHO financing matrixes (purchasing and coverage policies) are descriptive, thus rely on qualitative data.
- The resource generation function:
 - The resource generation function provides the principal health system inputs needed for the system to function and operate effectively.
 - The performance of the resource generation function is largely influenced by the right balance and mix between the inputs.
 - We propose three sub-functions: 1) health workforce (both formal and informal work); 2) infrastructure and medical equipment (requires capital investment and maintenance); and 3) pharmaceuticals and other consumables (do not require capital investment nor maintenance).
 - Availability and distribution/skill mix are two areas that are considered for the assessment of each sub-function. Additionally, continuing education for the health workforce and maintenance for the infrastructure and medical equipment sub-functions complete the list for evaluating resource generation sub-functions.
- The service delivery function:
 - It is a result of the governance, financing, and resource generation functions, and the central function through which health system goals are achieved
 - There is some complexity due to various ways to differentiate service delivery e.g. by target population, primary purpose of consumption, type of provider, level of provision, mode of provision, etc.
 - Its three proposed sub-functions are public health, primary care, and specialist care. However, boundaries between primary care and public health at the one end of the spectrum, and primary care and specialist care at the other end, are becoming increasingly blurred.
 - The service delivery is proposed to be assessed through the intermediate goals, i.e. : 1) access; 2) quality (effectiveness; safety; patient experience); 3) equity; and 4) efficiency.

3. Discussion

The presentations were followed by a general discussion and Q&A on the four functions and its usability. **The overall questions are whether HSPA helps harmonizing and aligning? How**

can we reduce the burden on countries such as data being collected? Will this framework help reduce and save time, energy, and resources?

During the discussions the following points were highlighted:

- This is not another tool. It offers a conceptual orientation to extracting information from the assessments that countries have been doing by adding an explicit link to performance dimensions. HSPA can help identify where the problem might be within the respective function.
- Other HSA tools will continue existing as the purpose of this HSPA framework is not to replace existing HSA tools.
- At a more macro level, the proposed HSPA framework can serve to compare information coming from other assessments, reducing the burden at country level.
- The framework can help provide a snapshot of where health systems are currently when linking with a HSA process.
- A premise of the HSPA framework is that in order to have good health system performance, we need good performance of all the functions together. Good performance is represented in the assessment areas of sub-functions.
- However, we need to consider how the proposed framework can be applied in countries that are trying to transform. For example, countries that have been trying to put emphasis on prevention or on digital technologies.
- Following the reoccurring operational question of how countries will use this framework, a suggestion for the practical use of the framework was to conduct a country document review to 'test' the proposed framework on its usability.

Next steps:

The following next steps were agreed upon:

- share the draft chapters of each function to seek feedback from TWG members;
- develop the HSPA template further based on feedback received; and
- propose a face-to-face- meeting in order to discuss technical details but also how this framework can be applied in countries.

List of Participants

COUNTRIES

- 1. MEEUS, Pascal**
Conseiller general,
Service des Soins de Santé
Research, Development, Quality
Institute National Assurance Maladie
Invalidité (Belgium)
pascal.meeus@inami.fgov.be
- 2. MIHALICZA, Peter**
Advisor/National Healthcare Service
Center
peter.mihalicza@gmail.com
- 8. FIGUERAS, Josep**
Director
European Observatory on
Health Systems and Policies
figuerasj@obs.who.int
- 9. SCHEMIONEK, Katja**
Senior Specialist, Health
Systems and Immunization
Strengthening

CIVIL SOCIETY

- 3. BROUSSE, Sarah**
Action contre la Faim (ACF)
sbrousse@actioncontrelafaim.org

DEVELOPMENT AGENCIES & PARTNERS

- 4. LAKSHMI, Narasimahn Balaji**
Senior Advisor, Health
UNICEF
inbalaji@unicef.org
- 5. PAPANICOLAS, Irini**
Assistant Professor
London School of Economics
i.n.papanicolas@lse.ac.uk
- 6. YAHYA, Ipuge**
Public Health Consultant
yipuge@gmail.com
- 7. WARDROP, Nicola**
Advisor in Nutrition and Health
Services
n-wardrop@dfid.gov.uk
- 10. CYLUS, Jon**
Head of the London Hubs
European Observatory on
Health Systems
j.d.cyclus@lse.ac.uk
- 11. BLANCHET, Karl**
Researcher
karl.blanchet@unige.ch
- 12. BRUGESS, Craig**
Development Coordination
Specialist
CNG Data Coordination and
Governance
- 13. JAMES, Chris**
Health Policy Analyst
OECD
james.chris@oecd.org
- 14. TOMLINSON, Nick**
Global Health Advisor
nick.tomlinson@oecd.org

WHO REGIONAL/COUNTRY OFFICES

UHC2030 CORE TEAM

- 23. GREGORY, Richard**
Senior Health Advisor
UHC2030 Core Team

15. LAI, Taavi
Pakistan WHO CO Consultant
taavi.lai@gmail.com

16. OMAR, Sam
AFRO
samo@who.int

17. NATHAN, Naomi
Intern
WHO EURO
nnathan@who.int

gregoryr@who.int

24. SALLAKU, Julia
Technical Officer
UHC2030 Core Team
sallakuj@who.int

WHO HQ

18. RAJAN, Dheepa
Health Systems Advisor
Health Systems Governance,
Policy & Aid Effectiveness (HGS)
rajand@who.int

19. PORIGNON, Denis
Health Systems Advisor
Health Systems Governance,
Policy & Aid Effectiveness (HGS)
porignond@who.int

20. KOCH, Kira
Technical Officer
Health Systems Governance,
Policy & Aid Effectiveness (HGS)
kochk@who.int

21. ROHRER-HEROLD, Katja
Consultant
Health Systems Governance,
Policy & Aid Effectiveness (HGS)
rohrek@who.int

22. BAJNOCZKI, Csongor
Consultant
Health Systems Governance,
Policy & Aid Effectiveness (HGS)
bajnoczki@who.int