

## Notes for the record

Online meeting, 5 July 2018, 14.30-16.30 CET

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**Participants:** see list attached

### **Objectives of the meeting:**

The main objectives of the meeting were to:

- Present and discuss the terms of reference for the work around linking health systems assessment with performance with the European Observatory of Health Systems and Policies:
- Present draft sub-group guidelines for aligning technical aspects of health systems assessments (HSA) for comment
- Highlight the UHC2030 HSA working group to be presented at the 5th Global Symposium on Health Systems Research, 8-12 October, Liverpool, UK
- Inform HSA TWG of a proposed joint piece of work with the UHC2030 TWG on fragile states: a rapid HSA in fragile, conflict affected and vulnerable countries

### **Action points and next steps:**

- Follow-up and agree with HSA TWG participants who were not present the suggested approach to re-organise the sub-groups according to the performance dimensions.
- The secretariat of the HSA TWG and the Observatory to revise the sub-groups guidelines accordingly.
- Follow-up with participants regarding participation and/or attendance of the satellite session at the 5<sup>th</sup> Global Symposium on Health Systems Research on 8 October, Liverpool, UK
- HSA working group members to express interest to the Secretariat if they wish to get engaged in the work on developing guidance for health systems assessment in fragile, conflict affected and vulnerable countries

### **Key issues discussed:**

Due to technical issues Dr. Banu Ayar, MOH representative of Turkey, co-chair of the HSA TWG couldn't chair the meeting. Instead Dr. Dheepa Rajan, WHO facilitated the discussion.

1. [Terms of reference of the European Observatory of Health Systems and Policies: linking Health Systems Assessment with Performance](#)

The European Observatory's expertise has been requested in support of deliverable 1 of the HSA TWG, especially in view of the strong demand from HSA TWG members to cross-exchange health systems performance-related knowledge between different regions.

The collaboration with the European Observatory (The Observatory) were presented by the Secretariat, complemented by Josep Figueras, Director of the Observatory. Figueras highlighted the Observatory's input to the HSPA expert group coordinated by the European Commission, and the recently published country health profiles for EU countries considering different HSPA aspects such quality, integrated care, primary care, and also efficiency.

The HSPA work of the HSA TWG which will be supported by the Observatory will not simply be focusing on indicators but attempt to find ways to interpret them adequately for health policy analysis.

*The collaboration between the HSA TWG and the Observatory* will be focused on linking the existing taxonomy with performance criteria in support of deliverable 1, as stated in the HSA ToR: "development of a recommended UHC2030 annotated template to conduct health systems (performance) assessments, including taxonomy, working definitions, a set of core indicators". The Observatory will support the identification of taxonomy areas which can possibly be linked to different performance criteria. In addition, they will ensure that any gaps identified in the current version of taxonomy 1 are appropriately addressed.

The Observatory will essentially act as the technical content generator for the TWG sub groups and also provide facilitation as necessary.

Concrete deliverables expected from the Observatory will be *two background papers* which are key to the work of the HSA group. A first background paper will be on how to measure the dimensions and sub-dimensions for HSA and HSPA followed by a second background paper which provides information on how to look at the analytical potential of these dimensions in view of using them in practice taking into account the country-specific contexts.

On the timeline of deliverable 1, it was discussed that the process depends on the sub groups availability and the time to link it to performance criteria, so roughly it will take 6-8 months to have a refined taxonomy. When the HSA TWG was created it was decided to have a two years' time duration. Considering the workload needed in each of the deliverables, the duration of the group will be extended to at least until December 2020.

The teleconference discussion clarified that the taxonomy is a way to present the information that is being collected. While it doesn't interfere with the existing tools, it is supposed to facilitate the comparison of results and making the links to health systems performance. Tool owners present in the meeting highlighted their full support to the taxonomy.

## 2. Sub-group guidelines for re-working the HSA taxonomy

During the meeting of the TWG on 31 January 2018, the working group decided to continue the work on a joint taxonomy for health system assessments. It was decided to split up the working group and establish smaller sub-groups so that each could work on specific health system building blocks. The Version 1 taxonomy which was shared in January with the working group provides a comprehensive overview of all technical areas that are assessed/covered by the reviewed tools.

The version 2 taxonomy aims to provide:

- a consolidated version of the taxonomy, including harmonized and aligned categories, with
  - consolidated sub-categories
  - jointly agreed definitions and concepts
  - potentially jointly agreed measurable indicators or assessment options (i.e. specific assessment questions)
- clear linkages between building blocks (i.e. cross-cutting issues)
- relevant linkages to performance assessment criteria
- links to selected relevant deep-dive tools.

Guidelines that aim to support the technical and logistical work of the version 2 taxonomy were shared with the TWG, and presented during the teleconference.

It was initially suggested that three sub-groups will be formed to work on the six building-blocks plus the cross-cutting issues. To understand key linkages across health system building blocks it was emphasized that one group should “cover” more than one building block. The link to work on performance criteria would be ensured through the presence of Observatory associates in each sub-group.

However, during the teleconference discussion, an alternative approach emerged which linked well with the conversation on performance assessments. In order to make the taxonomy most useful for policy questions, and focusing on the issue of ‘for whom’ and ‘for what’ this work is most useful, **organizing the sub-groups around performance dimensions would be more relevant.**

A challenge to this modus operandi would be that people’s expertise areas are usually linked to building blocks and not performance dimensions.

Since not all TWG members were able to take part in the teleconference, notably many country participants, the secretariat will circulate an email to the other members of the TWG to understand their thoughts and comments on this important change. The secretariat and the Observatory will need to subsequently revise the sub-groups guideline document.

#### **Discussion:**

The presentations were followed by a discussion where several areas of the current work of the working group were considered. It was mentioned that the next face to face meeting will probably be organised around the second week of November, but this is yet to be confirmed.

The meeting emphasized also the importance of linking the work of the UHC2030 HSA TWG with other networks. This is of particular importance when it comes to specific technical areas covered within the group as in the TWG we try to have several expertise coming from different departments of the WHO and other networks. This is very important especially at the moment that we move more in depth into specific areas of the taxonomy. On the other side, there is a momentum where countries want to see concrete connections. All these are strong political reasons to connect, so we need to build strong bridges and cross connect.

### 3. Satellite Session at the 5<sup>th</sup> Global Symposium on Health Systems Research, Liverpool, UK

The UHC2030 HSA TWG will run a satellite session at the 5<sup>th</sup> Global Symposium on Health Systems Research on 8 October from 15.00 – 17.00 in Liverpool, UK. The title of the satellite session is ‘*How can we make health systems assessments more performance-oriented? Introducing the UHC2030 Technical Working Group on Health Systems Assessments*’. HSAs are done aplenty but an unequivocal link to performance dimensions is required to make them more meaningful for reaching UHC and health-related SDGs. The objective of the satellite session is to raise awareness around this topic and present the UHC2030 HSA TWG and its objectives and deliverables. The TWG will present the latest status of work conducted, particularly on the progress made in developing the taxonomy, provide insights on the link to performance dimensions and discuss with audience members its policy relevance.

### 4. Develop guidance for Health Systems Assessments in Fragile, Conflict Affected and Vulnerable Countries

Andre Griekspoor from the WHO Health Emergency Department presented the *Terms of References to develop guidance for HSAs in fragile, conflict affected and vulnerable (FCV) countries*. This work stream will be developed in collaboration with the UHC2030 working group on fragile states.

In FCV countries, a sound analysis of the context, focused on the determinants of the crisis, its historical evolution, the constraints posed and the opportunities offered, should be at the basis of any engagement to address disrupted health systems. However, current HSA tools are generally not fit for purpose for FCV countries. One of the reasons is the time to conduct them, which usually takes several months in total, with recommendations that follow the assumptions that the situation remains stable. In addition, components adequately reflecting the humanitarian nexus are usually missing. Hence, a HSA tool applicable to a fragile context needs to be designed in a way that it can inform health systems strengthening approaches in the more stable parts of the country, the early recovery approaches in the humanitarian response, as well as for preparedness. It then can serve as a first step towards planning, to guide stakeholders in their decision-making process on resource allocation and priority setting, and to open up windows on how humanitarian and development programming can work alongside UHC targets.

A ‘task team’ is envisaged, drawing its members from the UHC2030 Fragile States TWG, the HSA TWG, and other relevant and interested parties. The task team will build on the existing HSA tool review conducted by the UHC230 HSA TWG and seek alignment to its taxonomy which is currently under development. Adaptations will be introduced to facilitate rapid data collection and analysis in context where data is often not available and access to sites is often restricted by insecurity, as well as for the

process to consult stakeholders. The main deliverable will be the development of guidance on how to conduct HSA in FCV countries. The timeline to do so is set for eight months.

The Task Team for HSA in FCV countries will be co-chaired between the London School of Hygiene and Tropical Medicine and WHO. Members of the task team should represent a balanced mix of experts in HSA, fragile contexts, humanitarian or development assessments and analysis, who understand the various strategic planning processes that should be informed by such an HSA. *A call of interest was made to members from the UHC2030 HSA TWG to join the task team.* Various forms of involvement are possible depending on the time working group members can dedicate to this work. Working group members can actively take part in the development of the guidance as a member of the task team. It is also possible to be on an email list, receiving regular updates, with the invitation to comment on shared documents.

## Annex: List of participants

Country/organisation	Participant	Attendance
<b>Countries</b>		
Tanzania	Yahya Ipuge	Yes
Thailand	Kanisorn Sumriddetchkajorn	Excused
Turkey	Banu Ayar MoH	Yes
USA	Jodi Charles USAID	Excused
Hungary	Peter Mihalicza	Yes
<b>Development Agencies and Partners</b>		
DFID	Nicola Wardrop	Yes
European Commission	Jürgen Scheftlein	Yes
European Commission	Philip Domanski	Yes
European Commission	Mathias Harald Wismar	Excused
OECD	Chris James	Excused
OECD	Nick Tomlinson	Yes
The European Observatory	Josep Figueras	Yes
WHO EURO	Elke Jakubowski	Excused
WHO EURO	Gabriele Pastorino (European Observatory)	Excused
LSHTM	Ellen Nolte (European Observatory)	Excused
Bill and Melinda Gates	Nicholas Leydon	Excused
Action Contre le Faim	Aurelie de Chatelet	Excused
FHI 360	David Wendt	Yes
Atb Associates	Catherine Connor	Yes
Health in Humanitarian Crises Centre	Karl Blanchet	Yes
<b>WHO</b>		
WHO HQ	Gerard Schmets	Yes
WHO HQ	Dheepa Rajan	Yes
WHO HQ	Andre Griekspoor	Yes
WHO HQ	Tom O'Connell	Yes
WHO HQ	Kira Koch	Yes
WHO HQ	Roy Magali	Yes
WHO HQ	Godelieve Van Heteren (External WHO consultant)	Yes
WHO HQ	Katia Rohrer Herold (External WHO consultant)	Yes
WHO/Ukraine	Taavi Lai	Excused
<b>UHC2030 Core Team</b>		
WHO HQ	Marjolaine Nicod	Excused
WHO HQ	Julia Sallaku	Yes