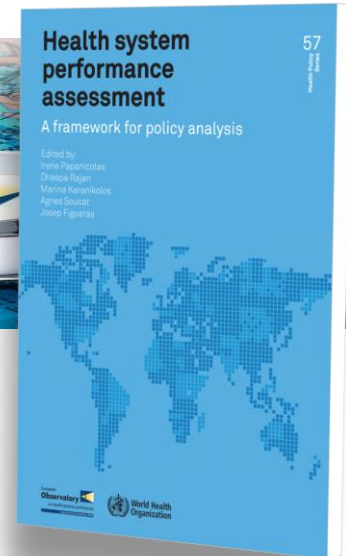


Health Systems Performance Assessment *A Framework for Policy Analysis*



European
Observatory 
on Health Systems and Policies
a partnership hosted by WHO

Josep Figueras
and for the Authors

Helsinki, 3rd October 2022

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But.... What is Health System Performance Assessment?



Depends of Who is measuring, How & for What?

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More importantly... How to interpret HSPA? Key Questions

1. What do we want to measure?

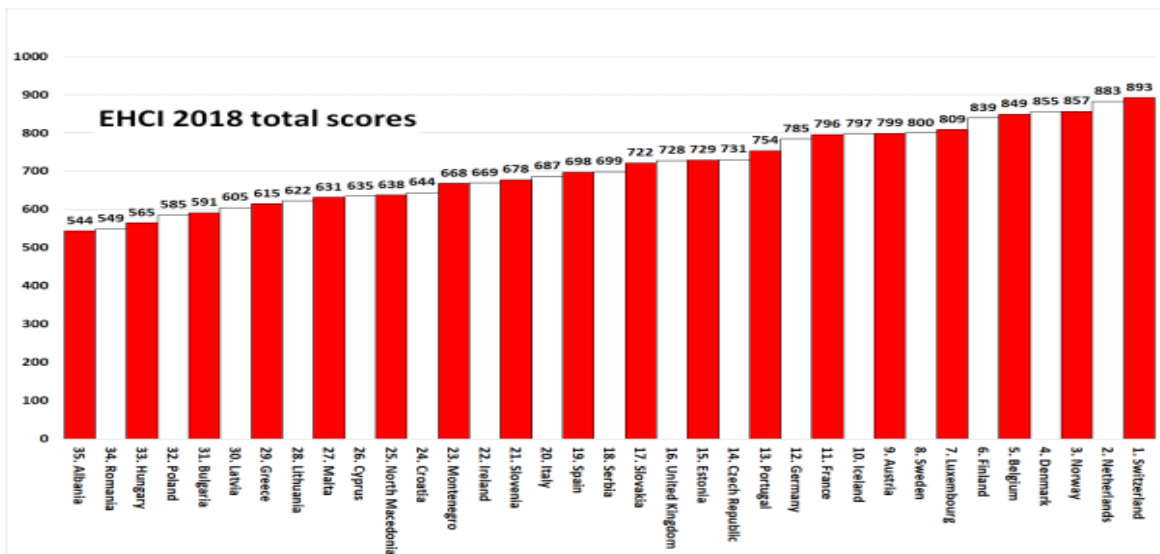
- Phenomenon / domain under assessment
- What framework?

2. Are these the right indicators? Are we measuring them well?

- Does the indicator measure the domain under assessment?
- Data quality (validity, reliability) and availability?
- Methodological approach (e.g.)?
 - Risk adjustment, composite indicators (weighting?)
 - Role of values and trade-offs
 - Absolute vs relative levels of performance (against resources)?



European Health Consumer Index





Whose objectives? Whose values?

- Focus on Sustainability e.g. IMF(?) MoF (?)
- Cost containment (savings) ≠ efficiency
 - **The Good**
 - *Contain costs / increases efficiency*
 - **The Bad**
 - *Contains costs / decreases efficiency*
 - **The Ugly**
 - *Contains costs / decreases health*

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More importantly... How to interpret HSPA? Key Questions

3. *What do the differences mean?*
 - Policy interpretation / causal attribution (e.g.)?
 - Accountability relationship?
4. *What can we do about it?*
 - Policy intervention (e.g.)?
 - PHC, Hospitals, Governance. Access,...
 - Policy levers (e.g.)
 - Public reporting / benchmarking
 - Incentives e.g. financial, payment
 - Regulatory tools e.g. targets
 - Consumer choice

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Our starting point: Multiple tools for HSPA


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‘Our’ Objective

A common approach to HSPA

- The multiple HAS/HSPA efforts that exist have different objectives:
 - Describing the organization of the health system
 - Identifying scope for health reform
 - Monitoring the health system functions
 - Assessing the performance of the health system
- Can we use the information collected in these multiple tools to assess broad **health system performance**? While keeping the use and usefulness of the original tools?

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'Our' Value Added

- Bring together key elements from existing work on HSAs and HSPAs
- Show (and measure) links between functions, subfunctions, indicators and final health system goals and vice versa: from goals to functions
- To link (and understand) the performance of the health system (attainment of health systems objectives) to the individual functions and subfunctions of the health system to 'explore' causal pathways and to 'identify' and implement performance improvement strategies



'Our' Approach

- **'Not to reinvent the wheel'**
- Draw on existing work as much as possible so that:
 - The framework builds upon existing concepts and evidence
 - Information collected from existing HSA tools can be re-purposed for HSPA
- Reviewed, and incorporated, concepts from past & existing efforts
 - What is a health system?
 - What are the organizational components of health systems?
 - What are the health system objectives / goals / outcomes?
 - How are organizational components linked with objectives?



What are the organizational components of health systems?

Framework/Tool	Organizational components
WHO (2000)	Functions: delivering services, creating resources, financing, stewardship
WHO (2007) WHO (2010)	Building blocks: service delivery; workforce; information; medical products, vaccines and technologies; financing; leadership and governance
World Bank (2011)	Control knobs: financing, payment, organisation, regulation, behaviour
HQSS (2018)	Foundations: population, governance, platforms, workforce, tools
USAID (2017)	Functions: service delivery; human resources; medical products, vaccines and technologies; information; financing; governance
FHI 360 (2012)	Building blocks as per WHO 2007 plus community component; Health system functions as specific processes within each building block.
OBS (2019)	Functioning of the health system aspects: organizational, financing, human and physical resources and service delivery
WHO (2016)	Building blocks plus related aspects, e.g. sector policies, context, health outcomes

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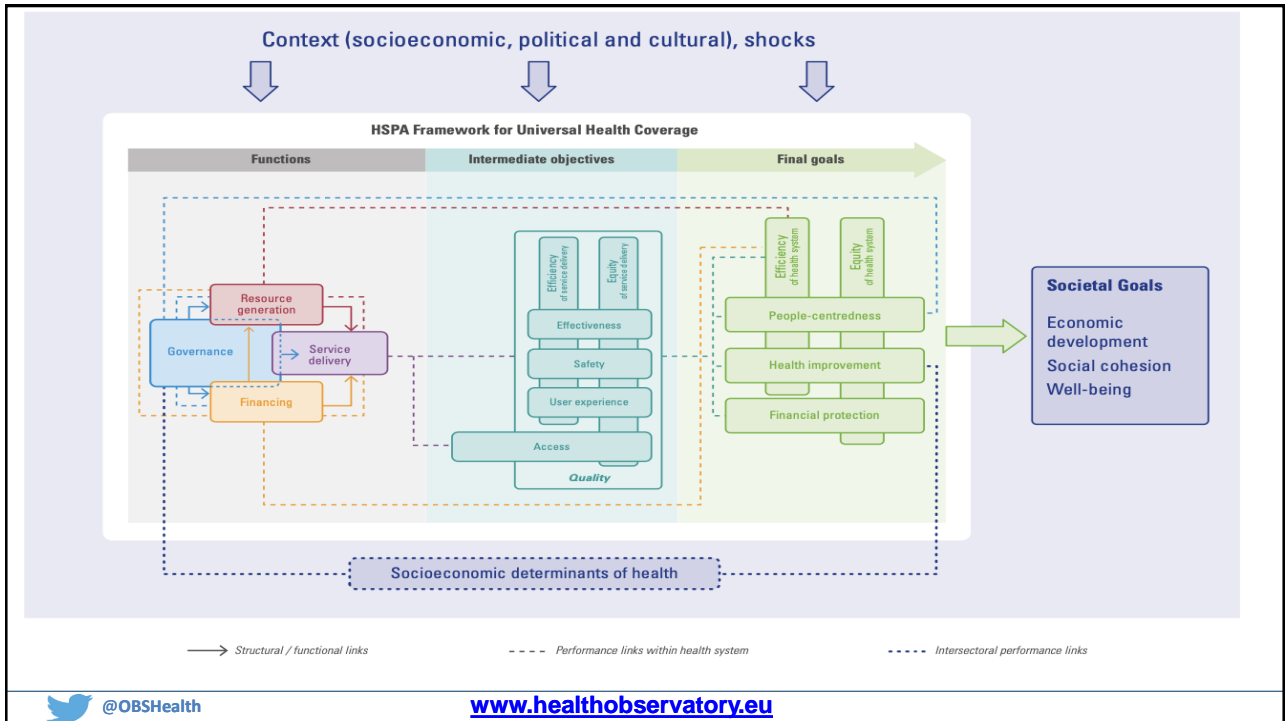


Identifying Health System Objectives

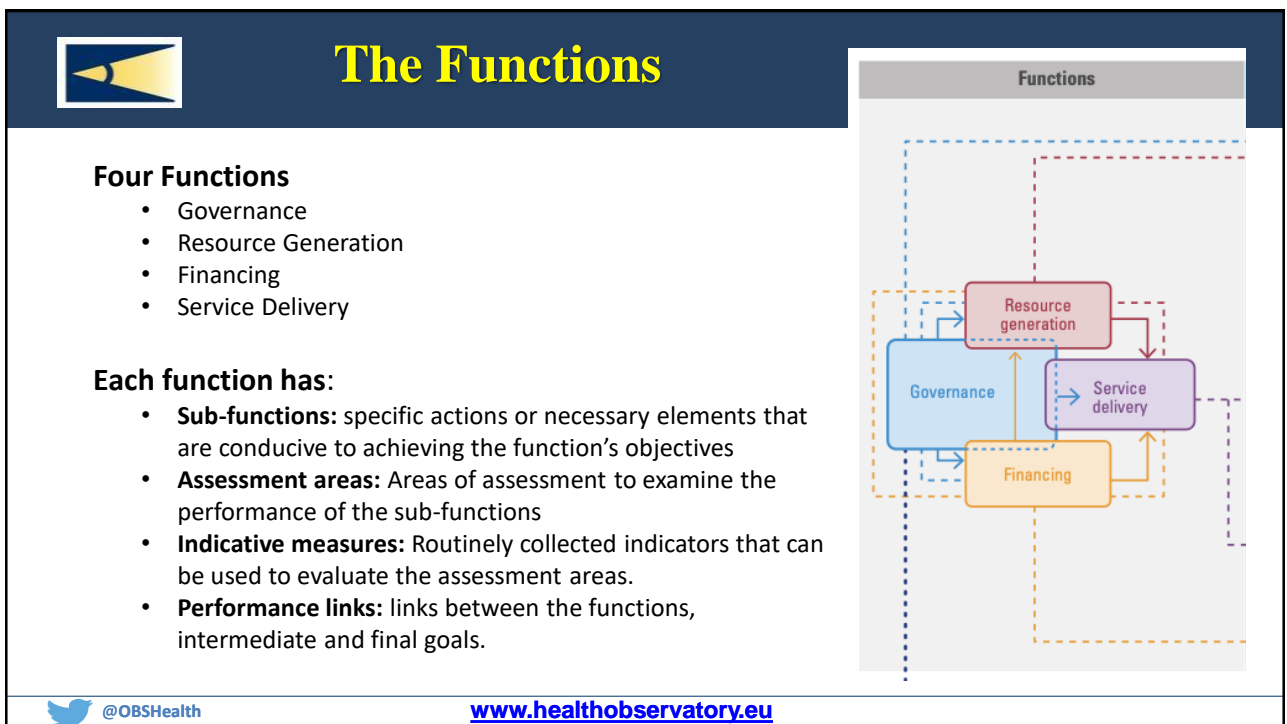
- Broken down into final and intermediate objectives
 - Intermediate goals are necessary to achieve final goals
 - Final goals reflect entire health system, whereas intermediate goals are more contained
- Distinguishing societal goals
 - Extend beyond the boundaries of the HSPA framework
 - Include macroeconomic growth, societal wellbeing, social cohesion etc.

Framework/Tool	Intermediate outcomes	Final outcomes
WHO (2000)	<ul style="list-style-type: none"> • Access • Coverage • Quality • Safety 	<ul style="list-style-type: none"> • Level and distribution of health • Level and distribution of responsiveness • Fairness in financing • Efficiency
World Bank (2003)	<ul style="list-style-type: none"> • Efficiency • Quality • Access 	<ul style="list-style-type: none"> • Health status • Citizen satisfaction • Risk protection
OECD HCQI (2006)		<ul style="list-style-type: none"> • Improving health • Efficiency/ sustainability and value for money • Equity
HQSS (2018)	Processes of care: <ul style="list-style-type: none"> • Competent care and systems • Positive user experience 	Quality Impacts: <ul style="list-style-type: none"> • Better health • Confidence in system • Economic benefit
USAID (2017)	<ul style="list-style-type: none"> • Equity • Efficiency • Access • Quality • Sustainability 	<ul style="list-style-type: none"> • Improved health • Responsiveness • Risk protection
WHO / EURO (2012)	<ul style="list-style-type: none"> • Equity • Efficiency 	<ul style="list-style-type: none"> • Health improvement • Risk protection • Responsiveness
World Bank (2011)	<ul style="list-style-type: none"> • Access • Quality • Efficiency 	<ul style="list-style-type: none"> • Health Status • Financial Protection • Customer Satisfaction
WHO (2016)		<ul style="list-style-type: none"> • Improved health • Responsiveness • Social and Financial Protection • Improved efficiency
OBS HITS (2019)		<ul style="list-style-type: none"> • Population Health • Quality • Efficiency • Transparency and Accountability


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The final Goals

- **Health Improvement:**
Ensuring health is conferred to the population by the health system
- **Health System Responsiveness:**
Ensuring people's individual rights, needs and preferences are respected
- **Financial Protection:**
Protecting the population from the (financial) risks of ill health
- **Health System Equity:**
Reducing inequitable variation in the above outcomes across different population groups
- **Health System Efficiency:**
Ensuring health resources are efficiently used to achieve these outcomes

Final goals

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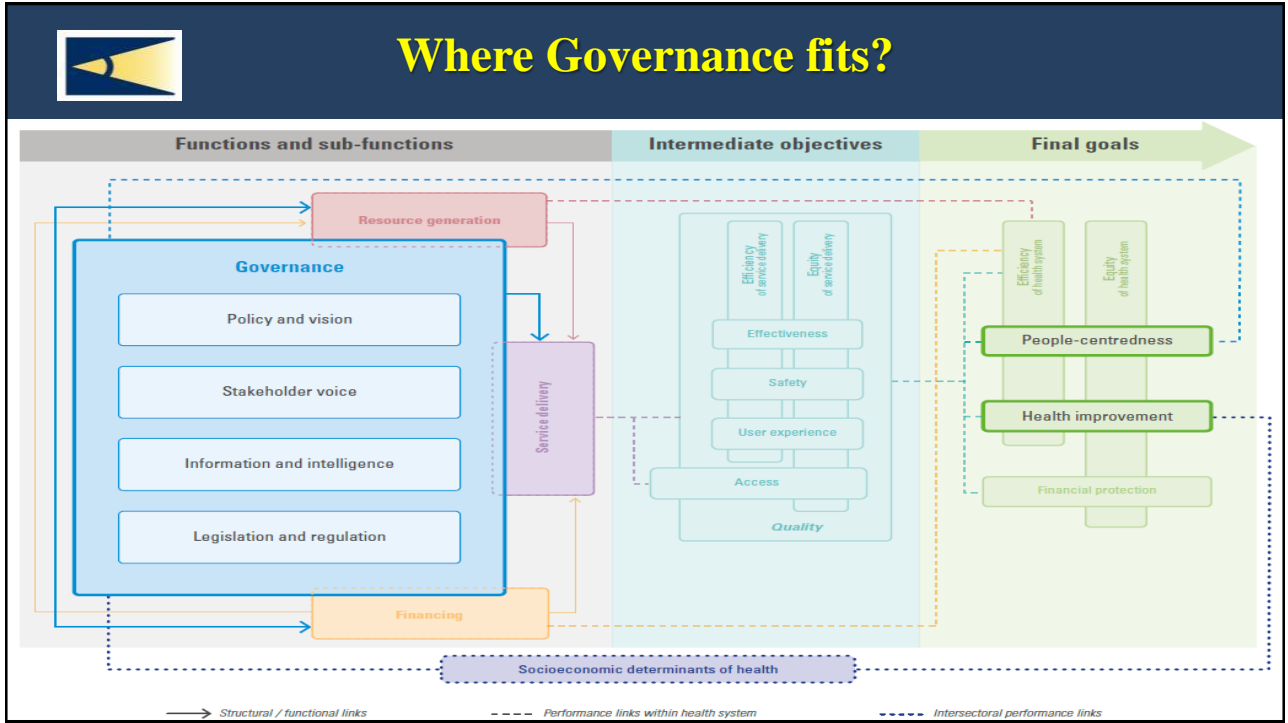
The intermediate Objectives

- Access (drawing largely from Levesque et al., 2013)
 - Approachability
 - Acceptability
 - Availability and accommodation
 - Affordability
 - Appropriateness
- Quality (drawing largely from IOM framework)
 - Effectiveness
 - Safety
 - User Experience
 - Health Service Equity
 - Health Service Efficiency

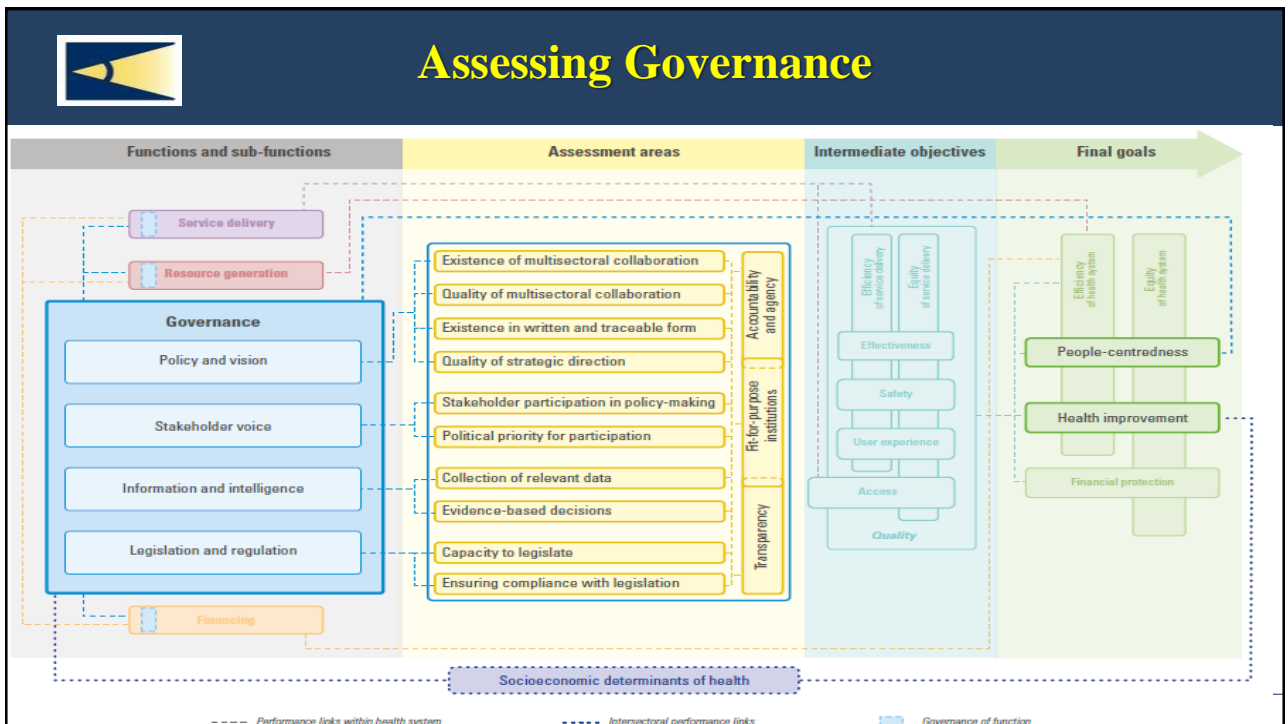
Intermediate Objectives

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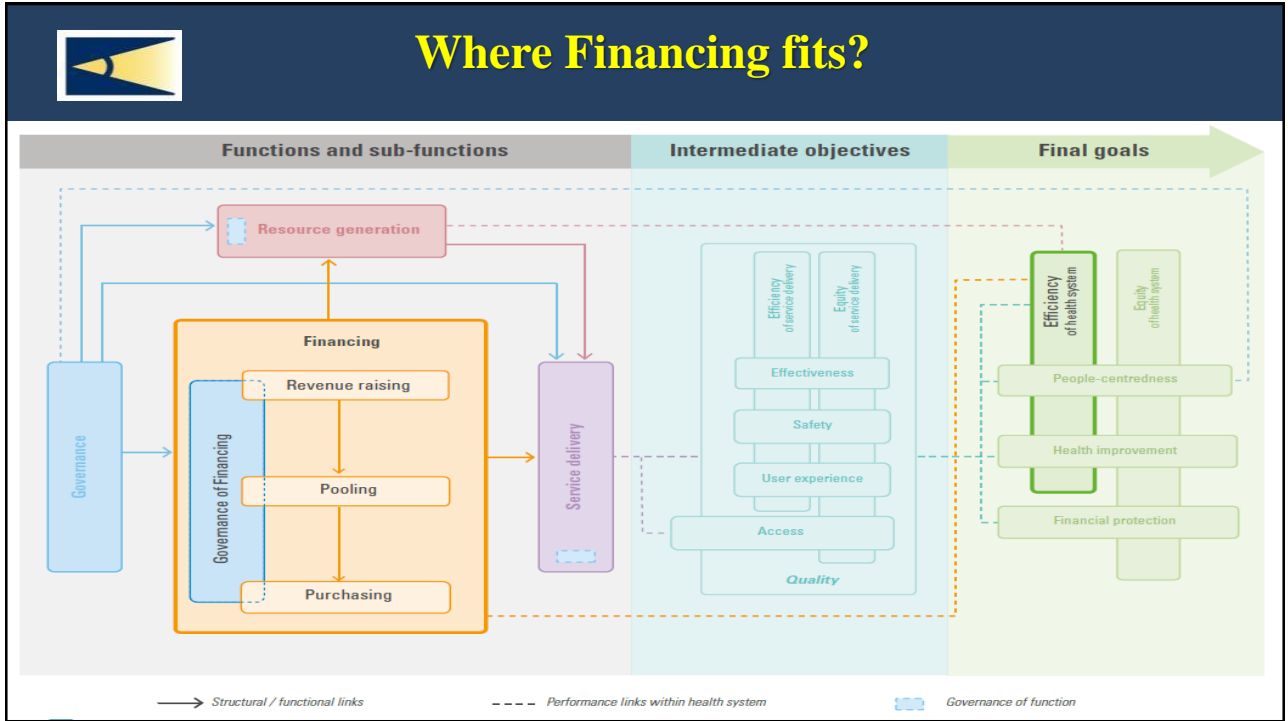
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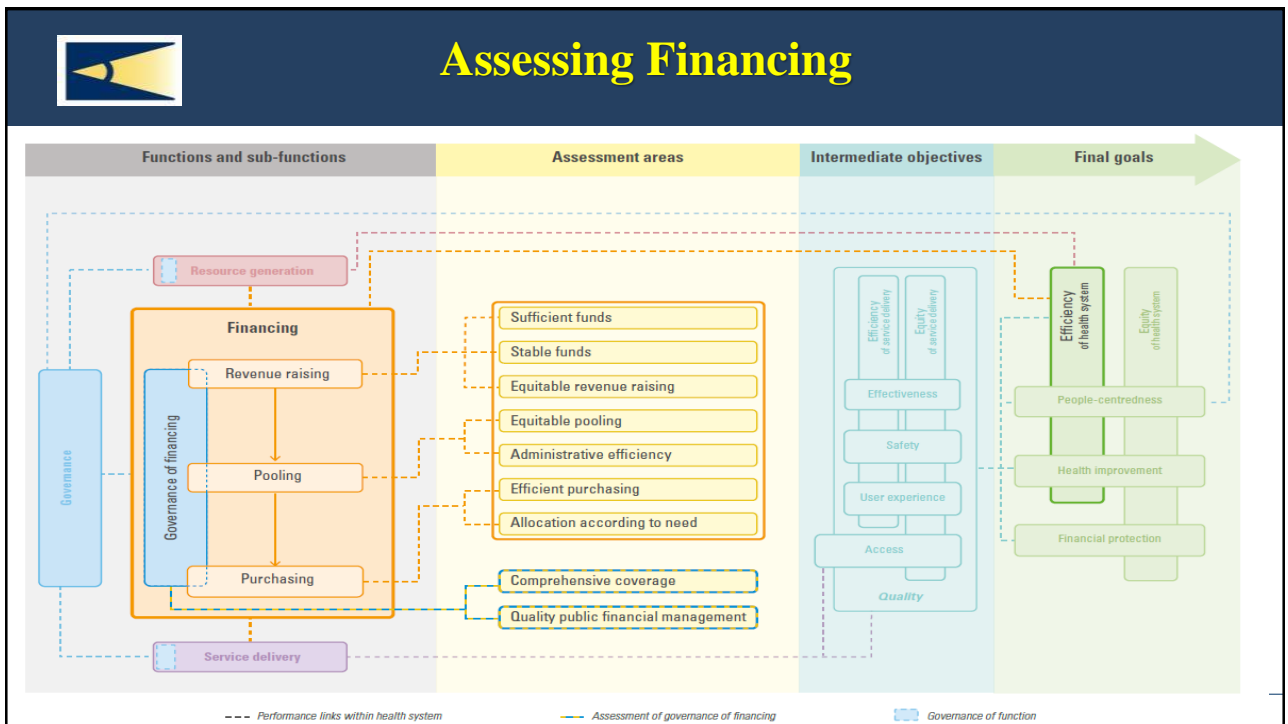
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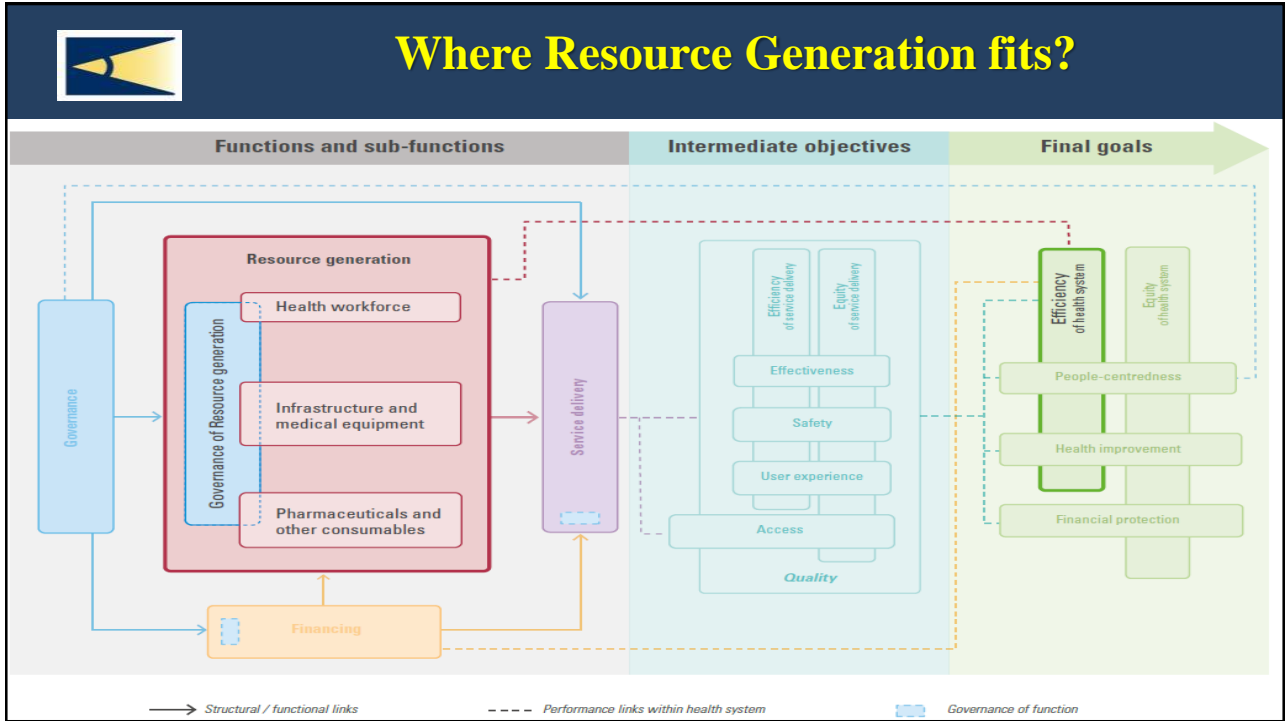
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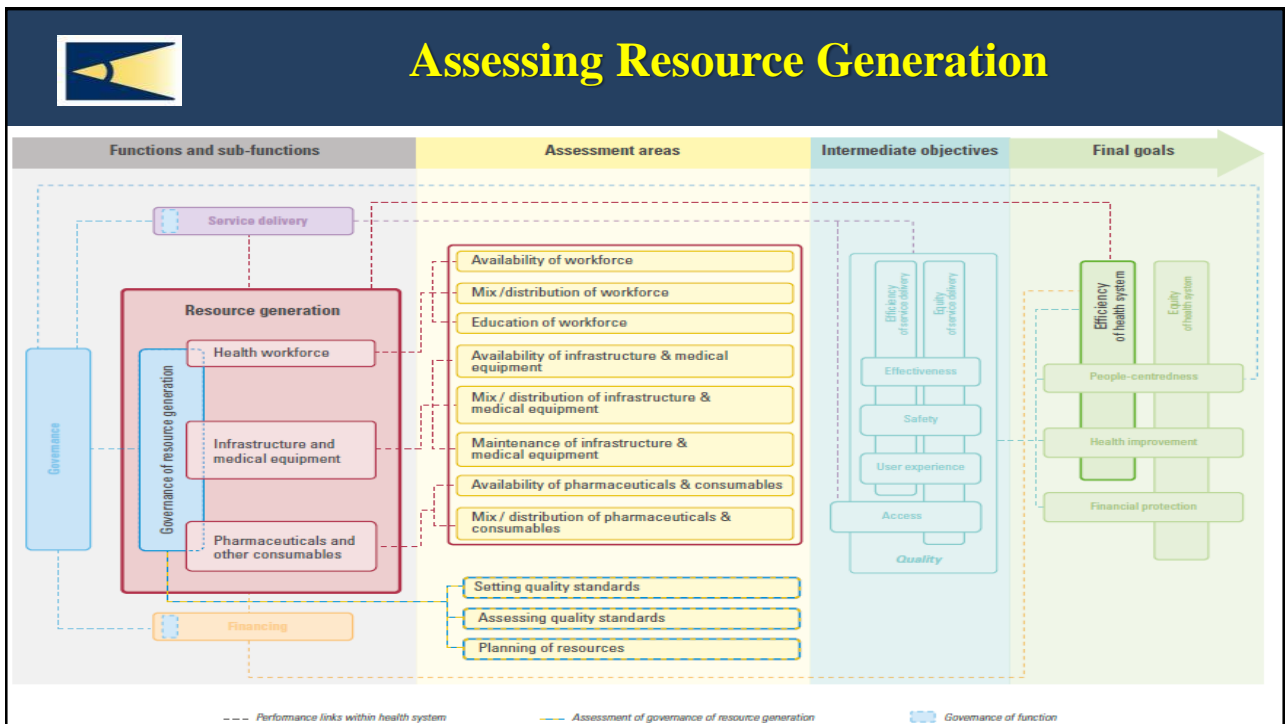
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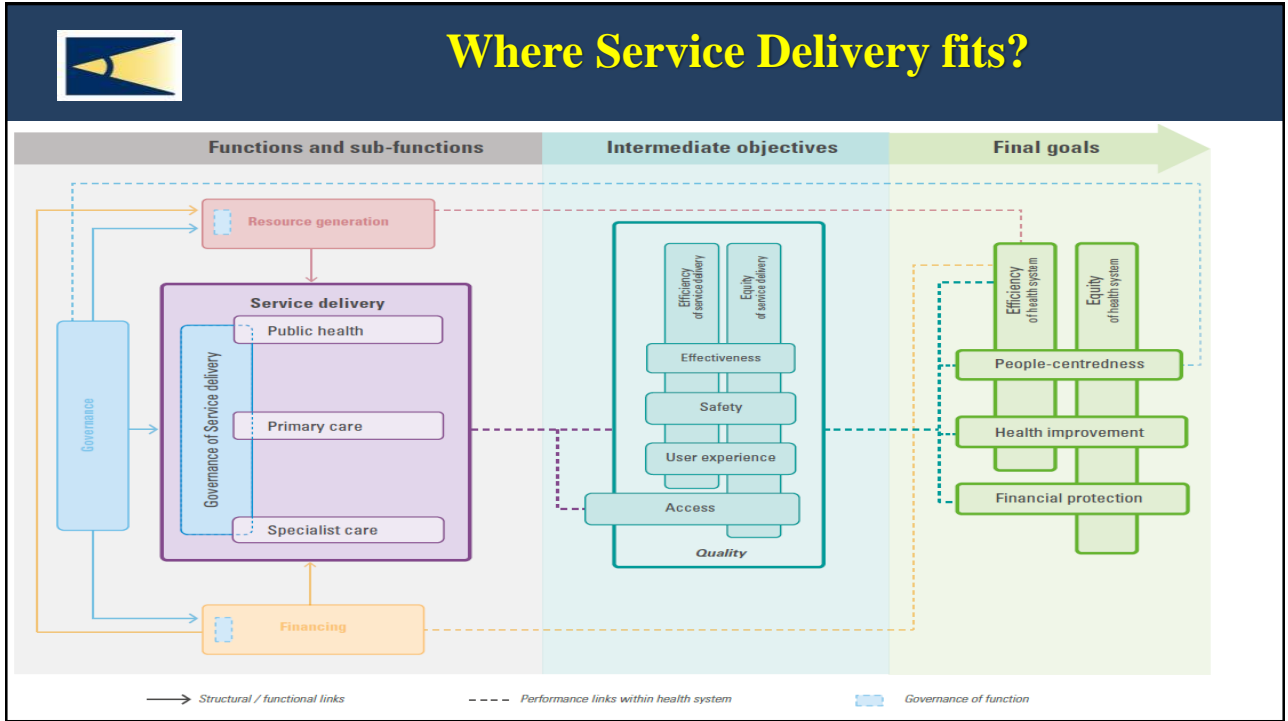
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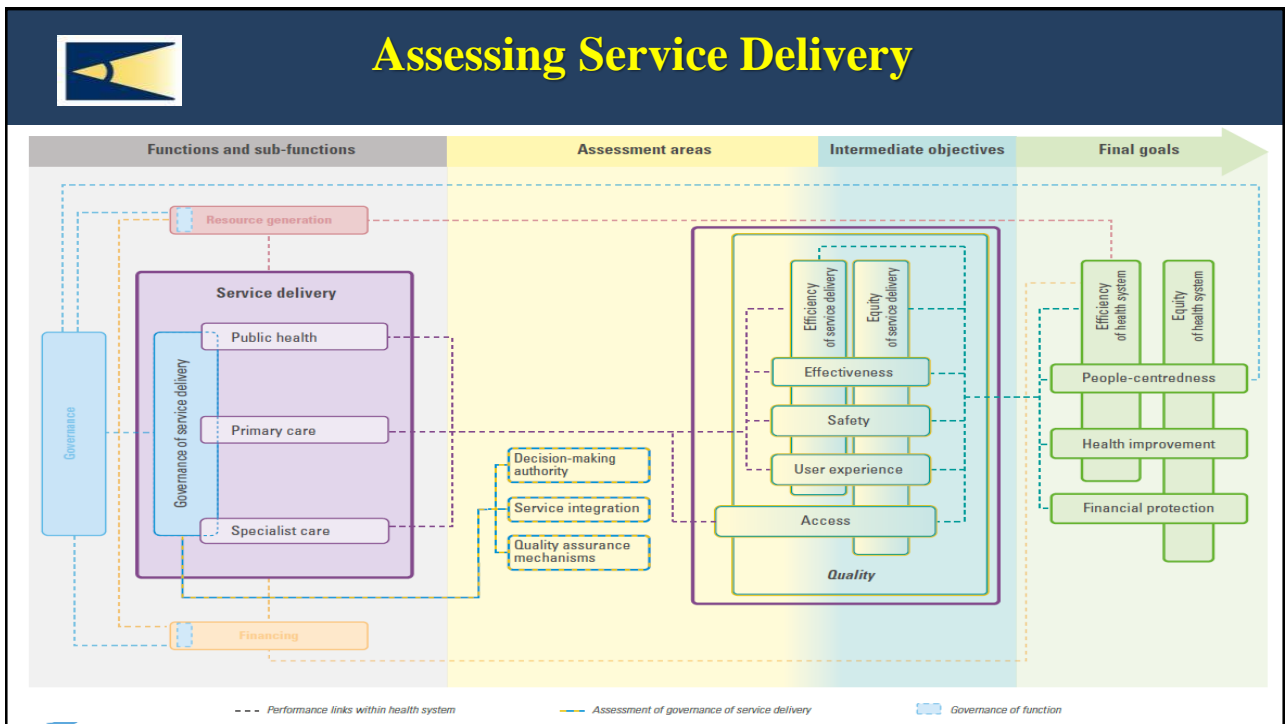
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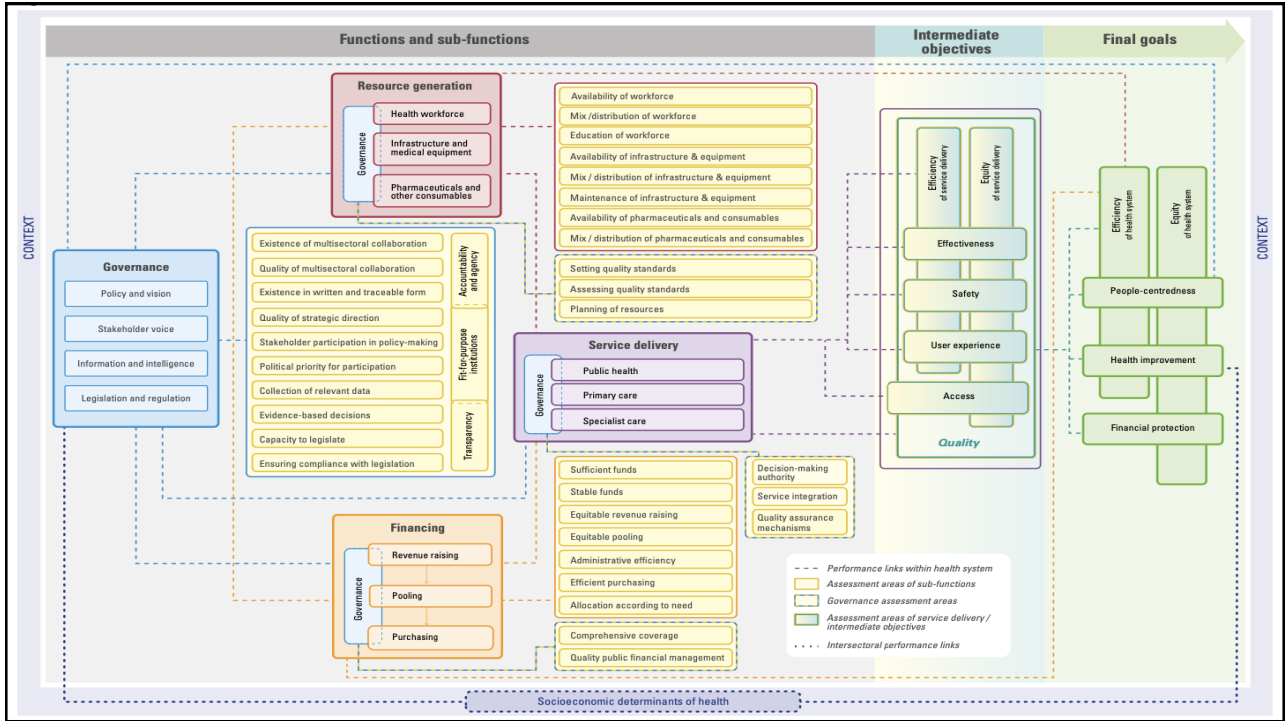
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Evaluation of National Pandemic Preparedness Plans

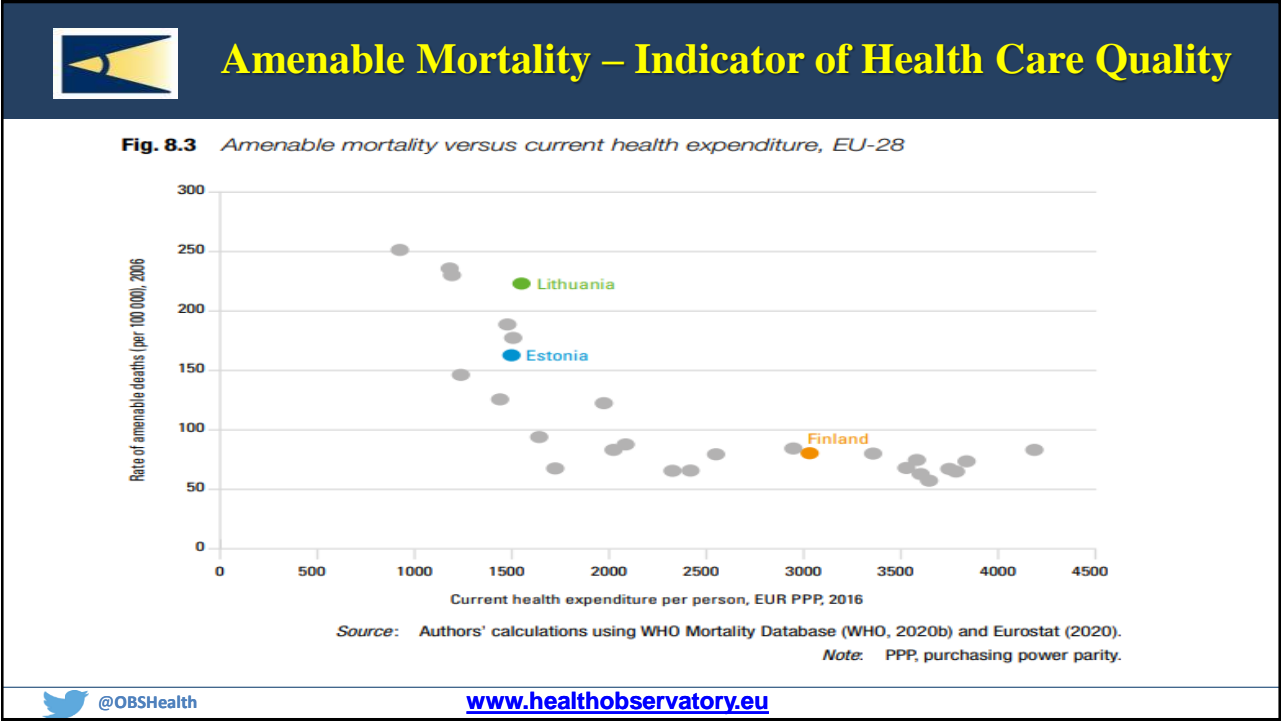
Financing function is almost universally absent

Core Health System Functions and Sub-Functions	Spain	Ireland	Croatia	Lithuania	Luxembourg	Finland	Portugal	Latvia	Italy	France	Germany	Greece	Slovakia	UK	Function/Subfunction Average
Governance	2.78	2.37	2.40	2.55	2.30	2.98	2.15	2.52	2.98	2.15	2.70	2.59	2.29	2.93	2.55
Policy and vision	2.75	2.50	2.25	2.25	3.00	3.00	2.25	2.75	3.00	2.75	3.00	3.00	2.00	3.00	2.68
Stakeholder voice	2.58	2.58	2.67	2.75	2.92	3.00	2.25	2.92	3.00	2.67	3.00	2.67	2.67	3.00	2.76
Information and intelligence	2.80	2.40	2.70	2.70	1.80	2.90	2.60	1.90	2.90	1.70	2.80	2.70	1.50	2.70	2.44
Legislation and regulation	3.00	2.00	2.00	2.50	1.50	3.00	1.50	2.50	3.00	1.50	2.00	2.00	3.00	3.00	2.32
Financing	1.00	1.15	1.08	1.08	1.15	1.79	1.00	1.06	1.40	1.00	1.38	1.35	1.23	1.08	1.20
Revenue collection	1.00	1.33	1.33	1.33	1.33	1.67	1.00	1.00	1.33	1.00	1.00	1.67	1.67	1.33	1.29
Pooling	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.50	1.00	1.00	1.00	1.00	1.00	1.04
Purchasing goods and services	1.00	1.25	1.00	1.00	1.00	2.25	1.00	1.25	1.25	1.00	1.50	1.00	1.00	1.00	1.18
Governance of financing	1.00	1.00	1.00	1.00	1.25	2.25	1.00	1.00	1.50	1.00	2.00	1.75	1.25	1.00	1.29
Resource generation	1.84	1.51	1.75	1.46	1.74	2.71	1.64	2.20	2.20	1.57	1.85	1.88	1.51	1.70	1.83
Health workforce	1.30	1.11	1.48	1.41	1.63	2.85	1.48	2.04	2.22	1.63	2.41	2.04	1.04	1.63	1.73
Infrastructure, and medical and protective equipment	1.50	1.00	1.50	1.33	1.50	2.00	1.50	1.83	2.17	1.33	1.67	1.67	1.33	1.33	1.55
Pharmaceuticals and other consumables	2.25	2.25	2.00	1.75	2.50	3.00	2.25	2.25	2.75	2.00	2.00	2.50	2.00	2.50	2.29
Governance of resource generation	2.33	1.67	2.00	1.33	1.33	3.00	1.33	2.67	1.67	1.33	1.33	1.33	1.67	1.33	1.74
Service delivery	2.33	1.46	1.74	1.62	2.21	2.97	1.76	1.91	2.72	2.11	2.09	1.96	1.46	2.47	2.06
Public Health services	1.64	1.35	1.63	1.64	2.18	2.89	1.71	1.65	2.72	2.10	2.19	2.18	1.50	2.19	1.97
Primary health services	2.33	1.50	1.83	1.67	2.33	3.00	1.67	2.00	2.83	2.17	2.17	2.17	1.33	2.33	2.10
Specialist care	2.33	1.67	1.83	1.83	2.33	3.00	1.67	2.00	3.00	2.17	2.33	2.17	1.33	2.33	2.14
Governance of Service delivery	3.00	1.33	1.67	1.33	2.00	3.00	2.00	2.00	2.33	2.00	1.67	1.33	1.67	3.00	2.02
Country Average	1.99	1.62	1.74	1.68	1.85	2.61	1.64	1.92	2.32	1.71	2.00	1.95	1.62	2.04	1.91

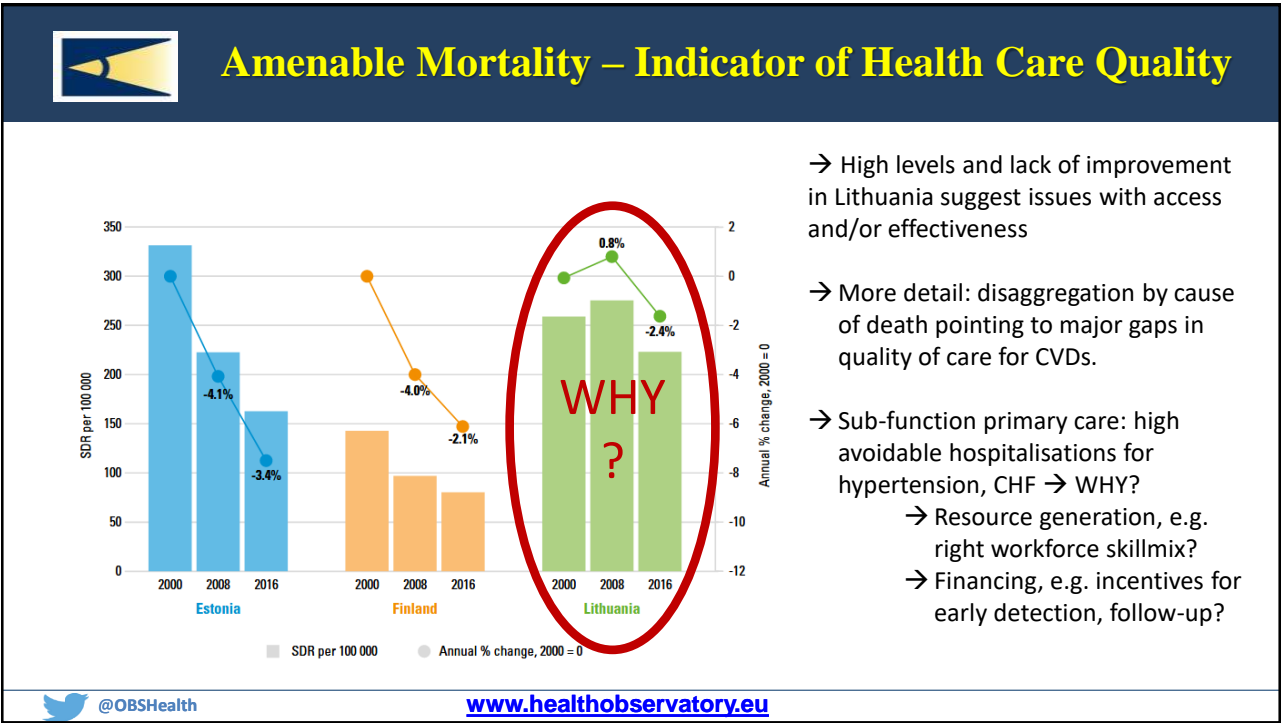
Figure 2: Inclusion of strategies in NIPPPs by health system functions and subfunctions

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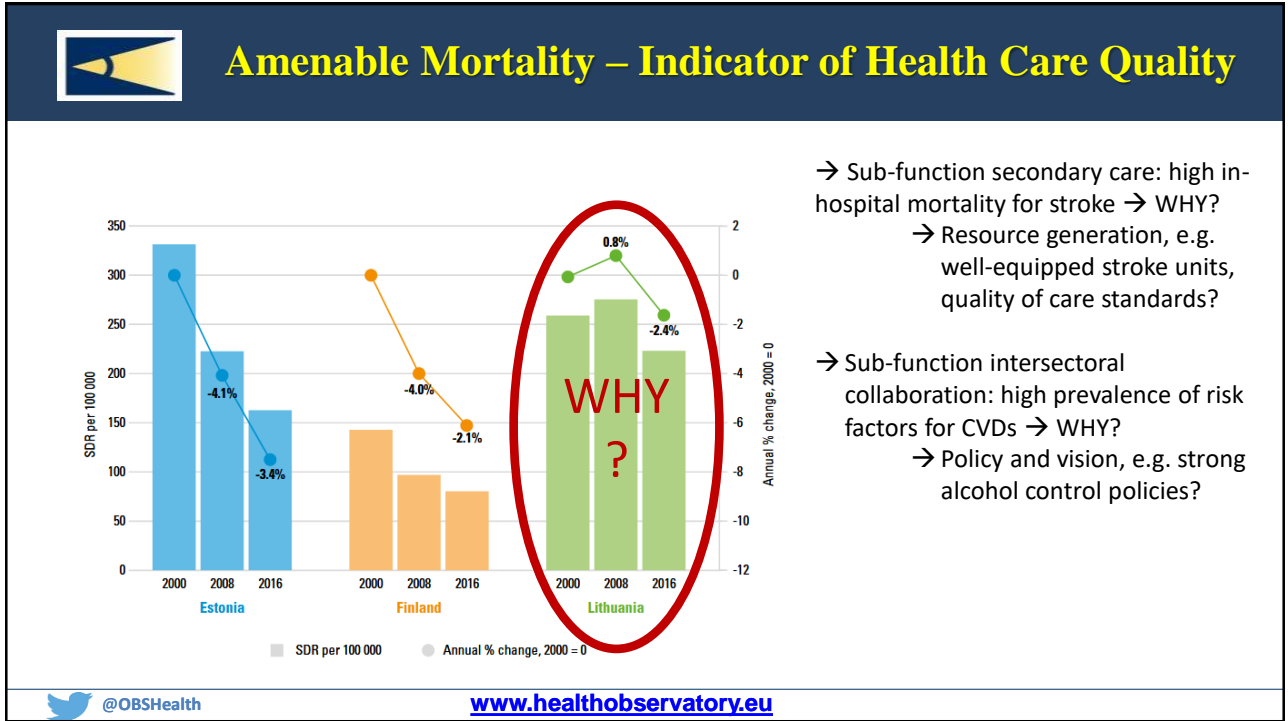
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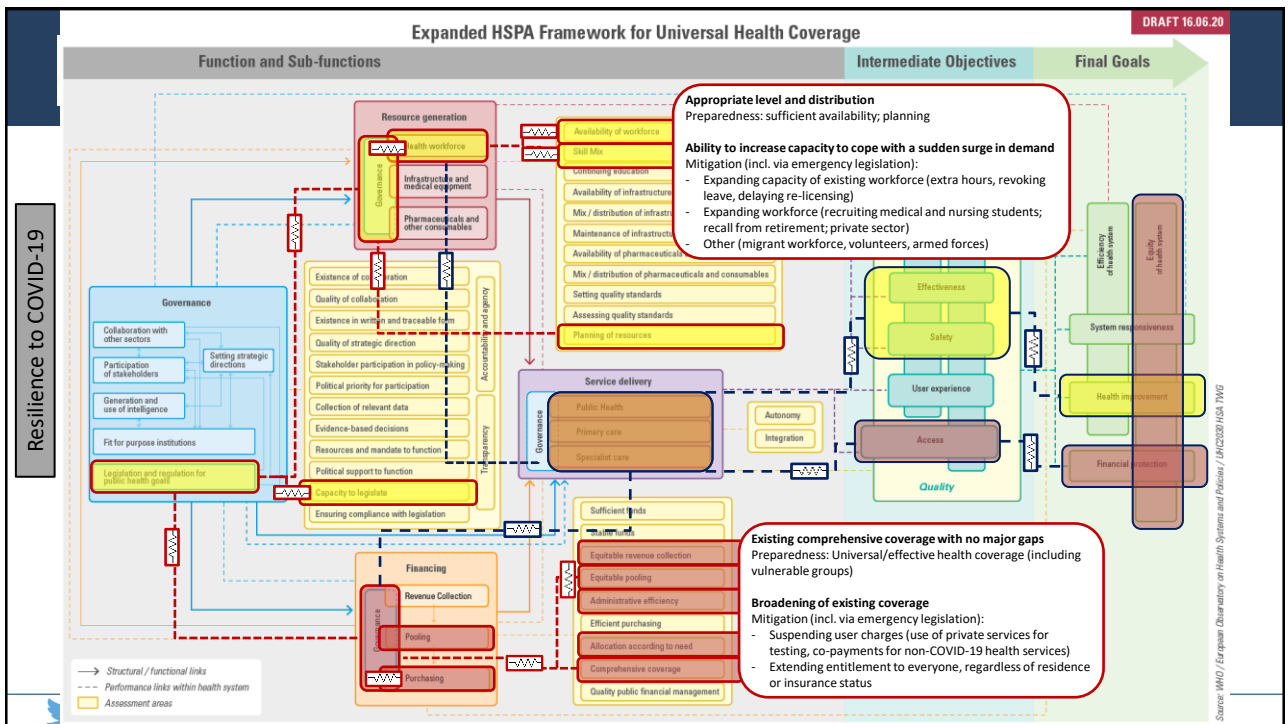
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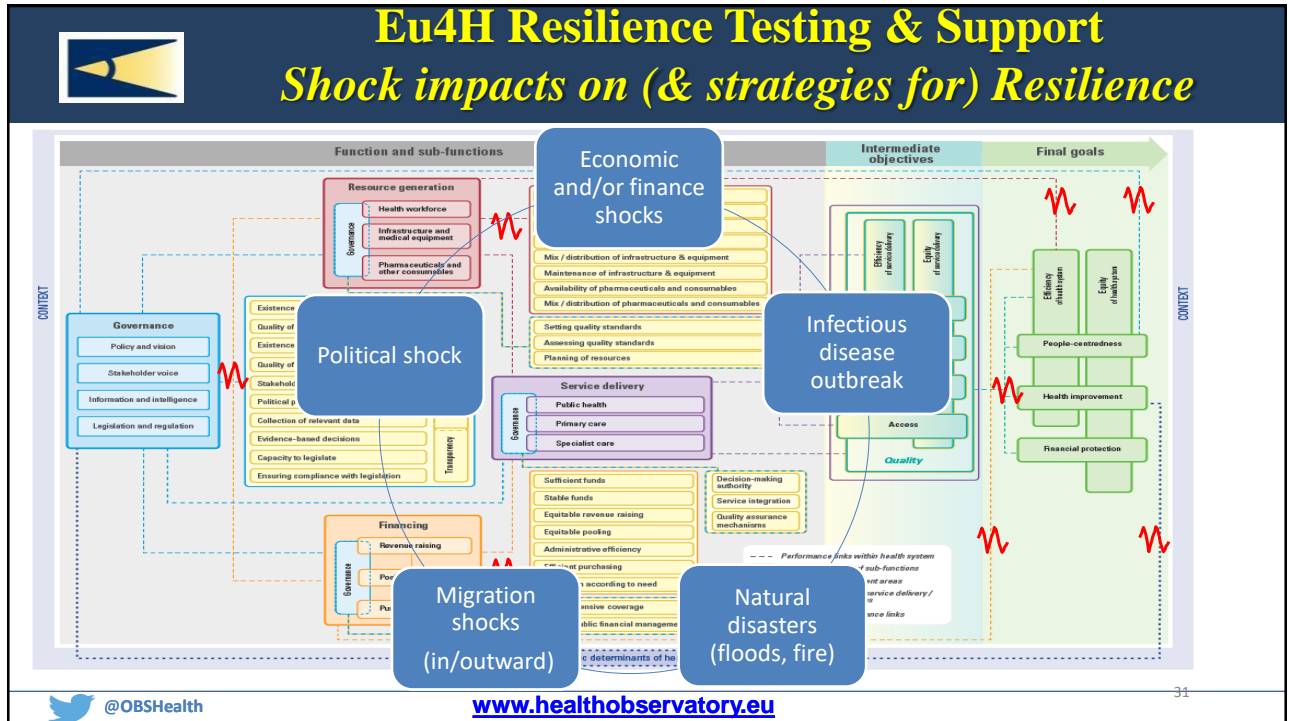
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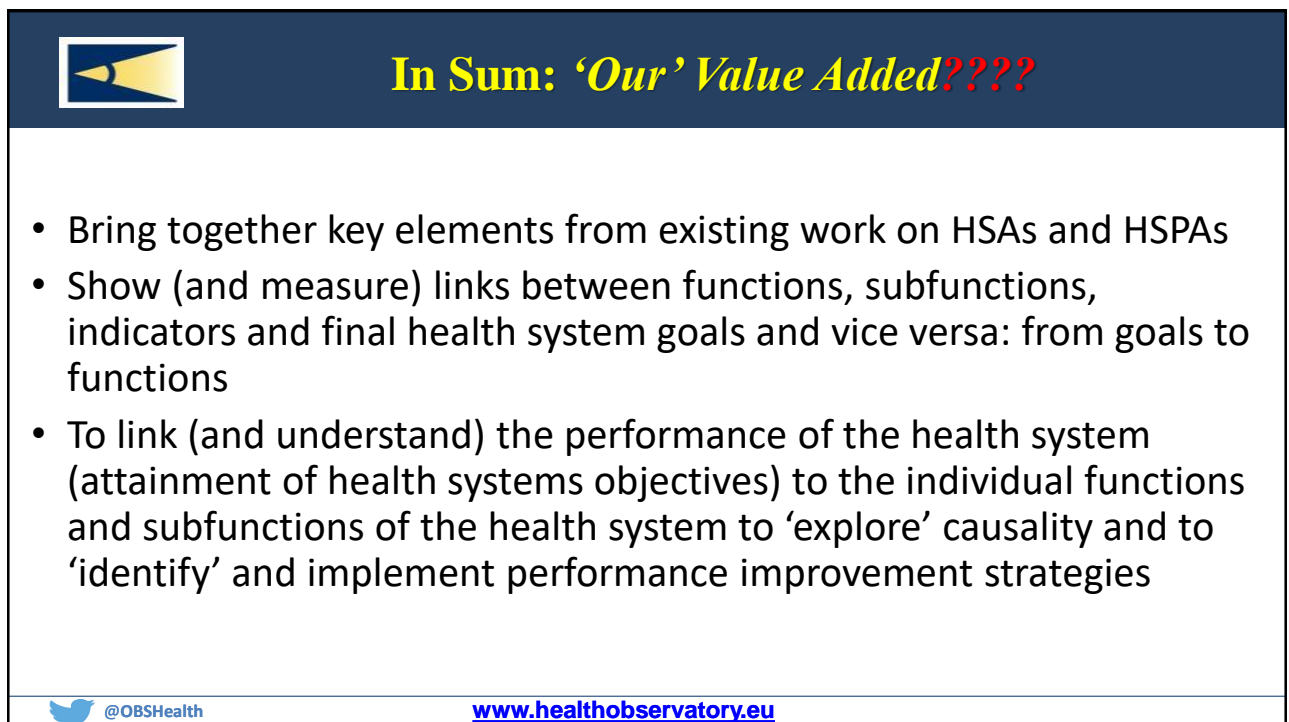
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