

Health Systems
Performance
Assessment for Policy:
Uses and Abuses

WORLD HEALTH REPORT 2000 Health Systems: Improving Performance

Reinhard Busse

TU Berlin & European Observatory on Health Systems and Policies

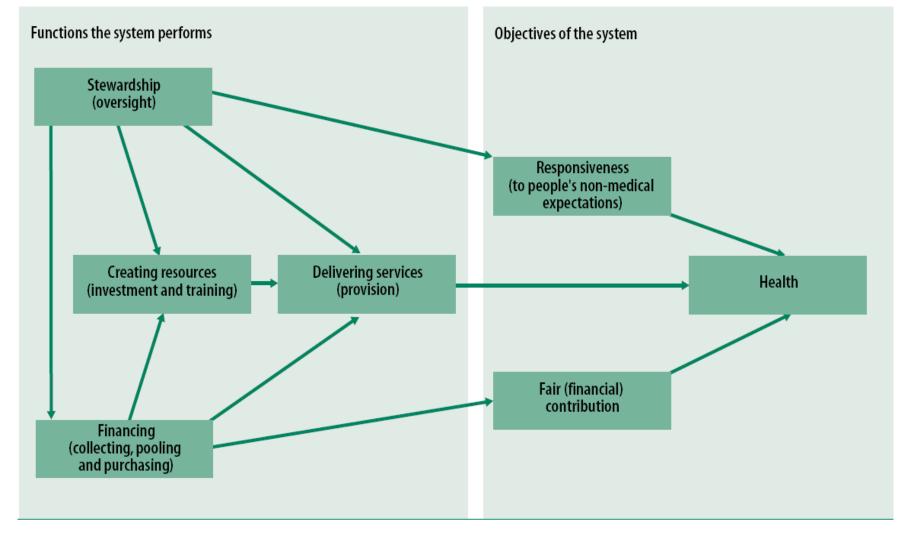




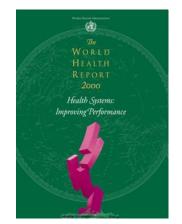
Why Health System Performance Assessment?

Health policy-making and reform require, first and foremost, a sound understanding of how a health system is performing.

"Performance" needs an agreement about objectives and which elements (e.g. "functions") contribute to achieving them





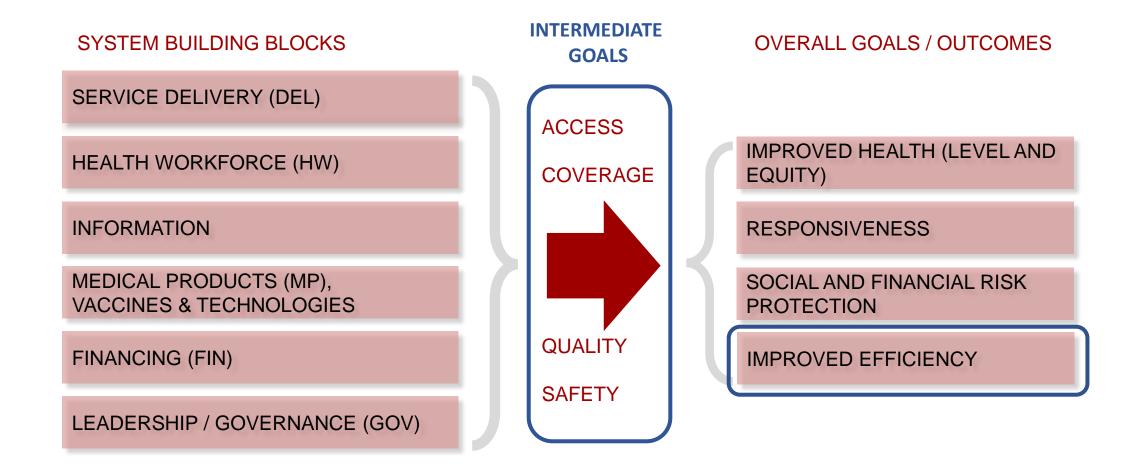


EUROPEAN PUBLIC

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Useful additions were made to improve

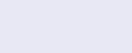




Source: World Health Organization (WHO) (2007) *Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action.* Geneva: WHO Document Production Services.

CAVE: Further (necessary) details may complicate its usefulness for policy-makers

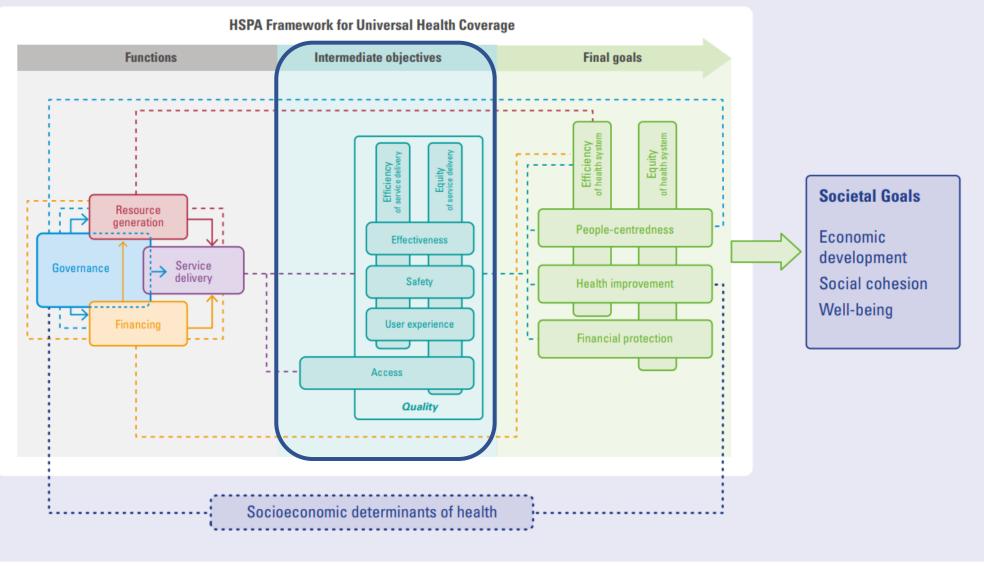








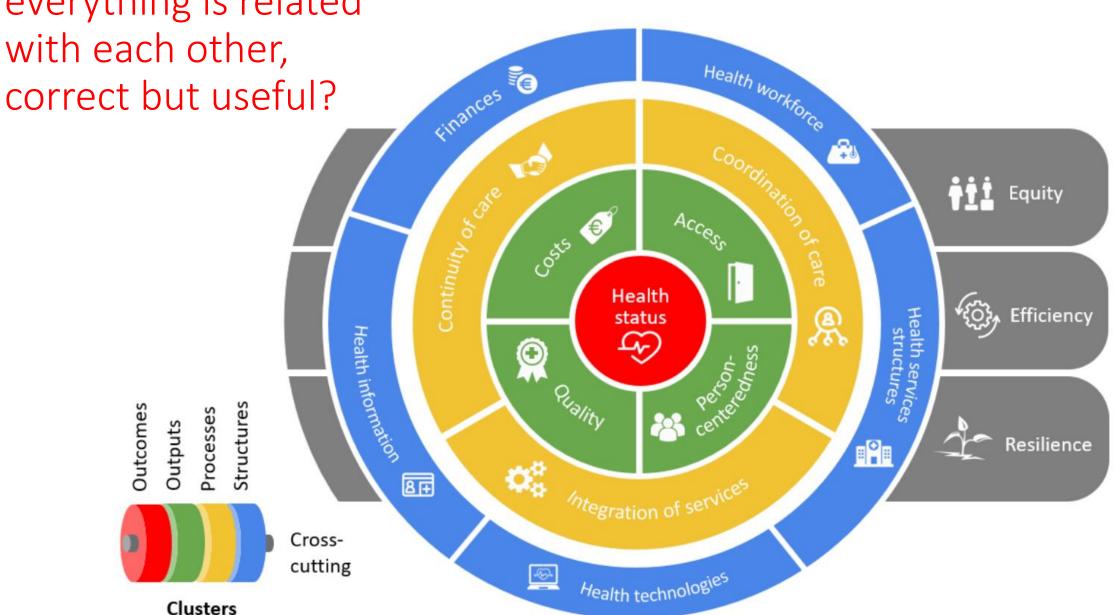






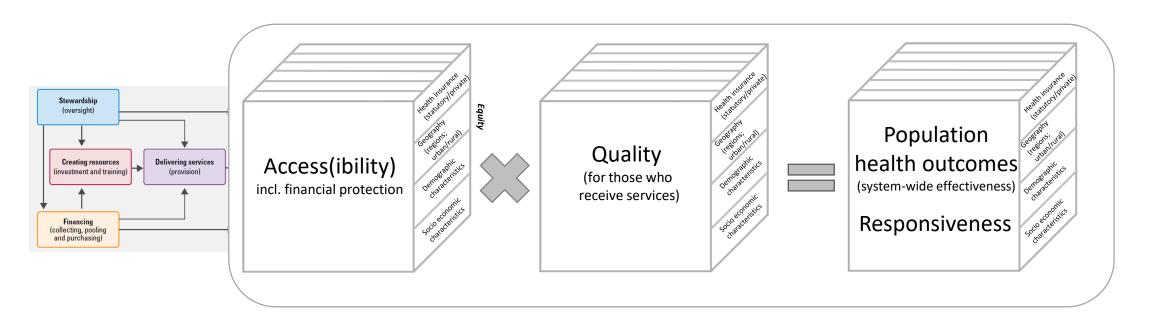
Others argue that everything is related





While again others argue that easy-to-understand relationships are key for benchmarking performance ...





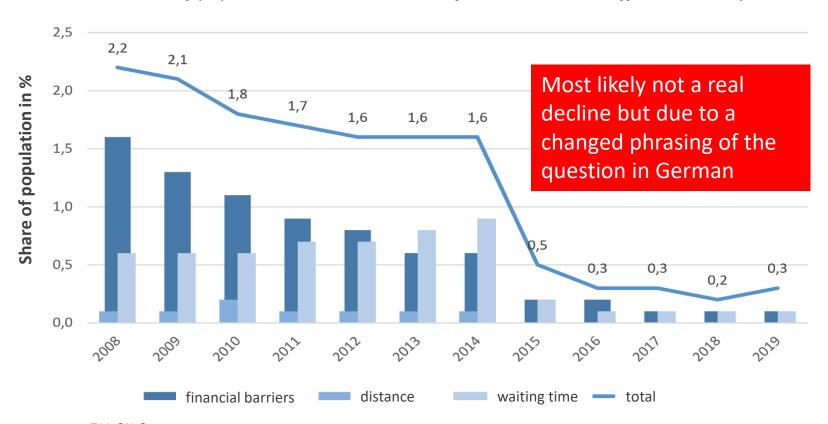
... but (1) validity of indicators and underlying data and (2) attributability to functions/ building blocks remain issues

Ad data interpretation: here an example for Germany with abuse potential



A.9 Self-reported unmet needs for medical care (key indicator for the Access dimension)

Trend in the share of population with unmet needs for medical care, differentiated by reason



Data source: EU-SILC

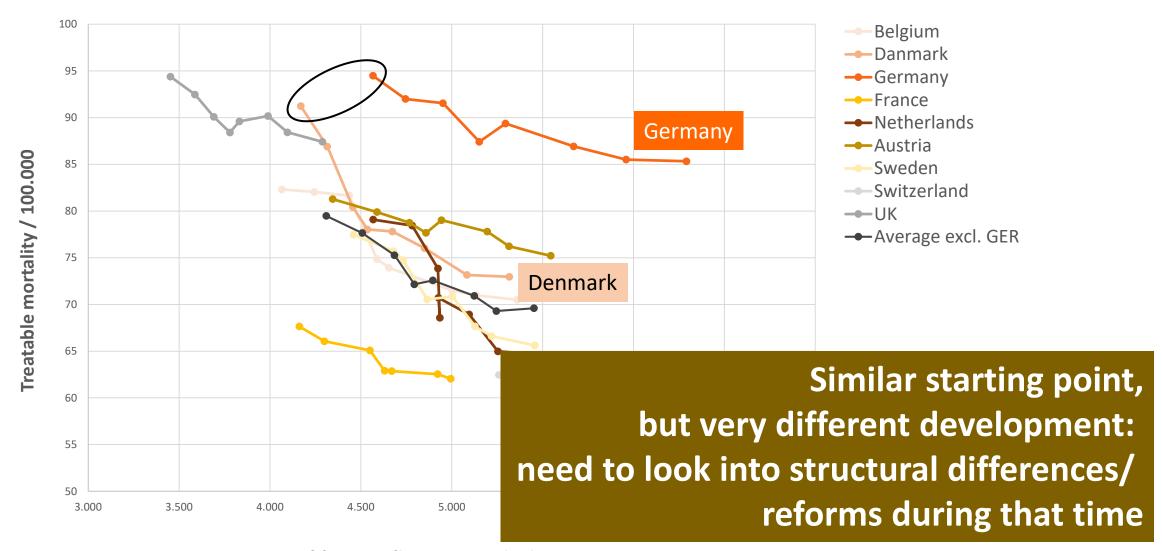
Equity – of high political relevance but need for good presentation: here an example from Belgium





Efficiency – of high political relevance but no/ few accepted indicators: here an example from Germany







For discussion

- 1. How can we interpret HSPA outcomes to determine what requires change and reform?
- 2. How can we effectively compare performance between countries to learn from best practice?
- 3. How can we use the HSPA arsenal to measure resilience and prepare for future shocks?