

5TH ANNUAL GHANA HEALTH POLICY DIALOGUE 2022

THEME:

HEALTH SYSTEM PERFORMANCE ASSESSMENT FOR
UHC IN GHANA: A WHOLE-OF-SECTOR APPROACH?

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Partners



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Multiple tools for Health System Performance Assessment: opportunities and challenges

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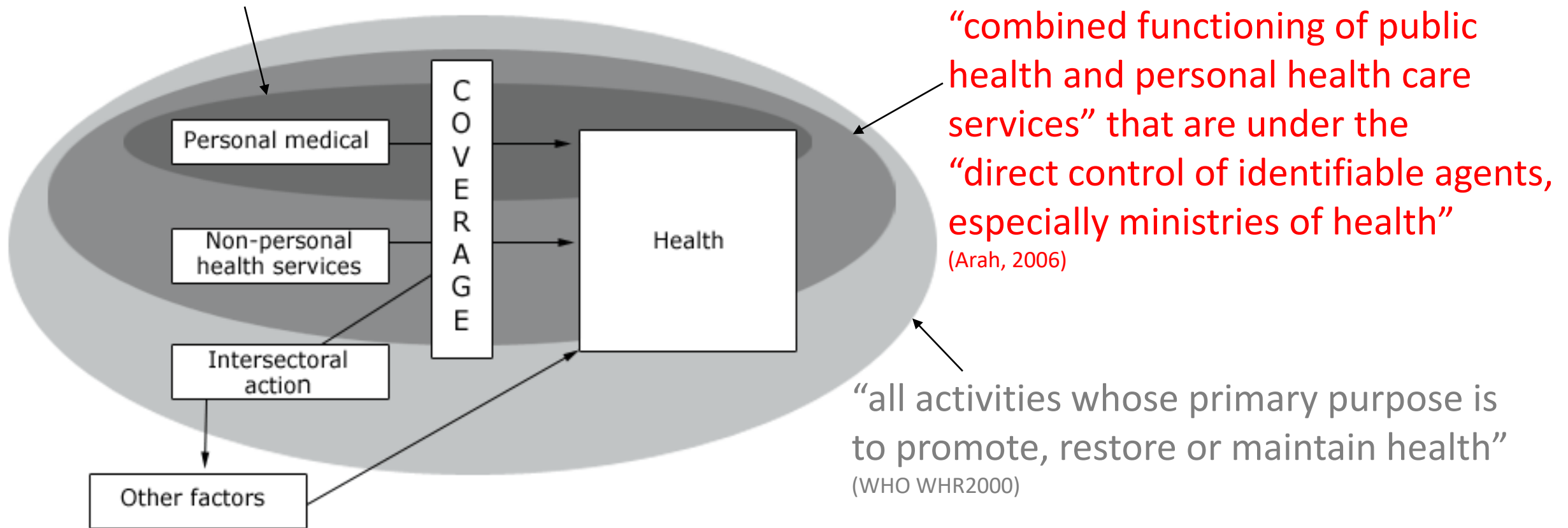
From the list shown this morning, I will now mainly deal with the following ...

- the role of HSPA for UHC in Ghana,
- the scope of HSPA (“health care system” vs. broad approach),
- selection of framework and included dimensions,
- attributability
functions/ building blocks → intermediate outcomes → final outcomes,
- indicator selection:
availability of underlying data, data sources, validity of indicators,
- comparison with other countries (selection, availability, comparability of indicators),
- implementation of HSPA (responsible agency, frequency ...),
and last but not least
- making HSPA useful for policy-making!

Ad scope: most HSPA exercises go for “personal” and “non-personal/ public health services”, i.e. exclude intersectoral action

“The health care system, not including public health activities or other wider issues”

(Hurst & Hughes 2001)

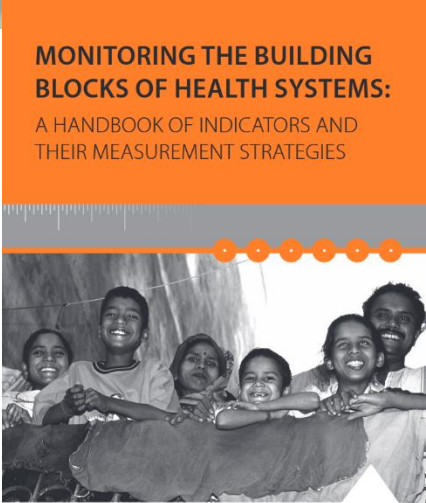
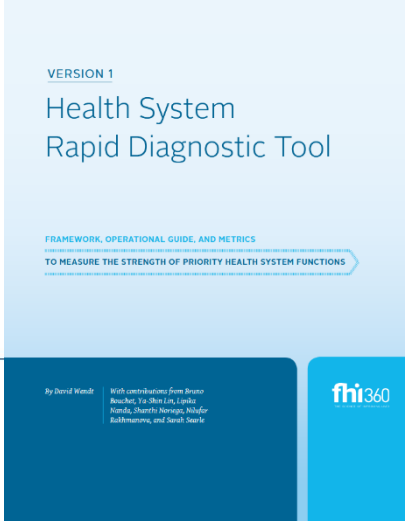
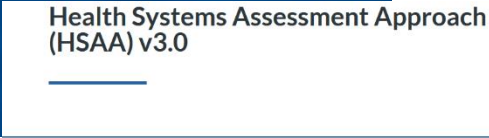
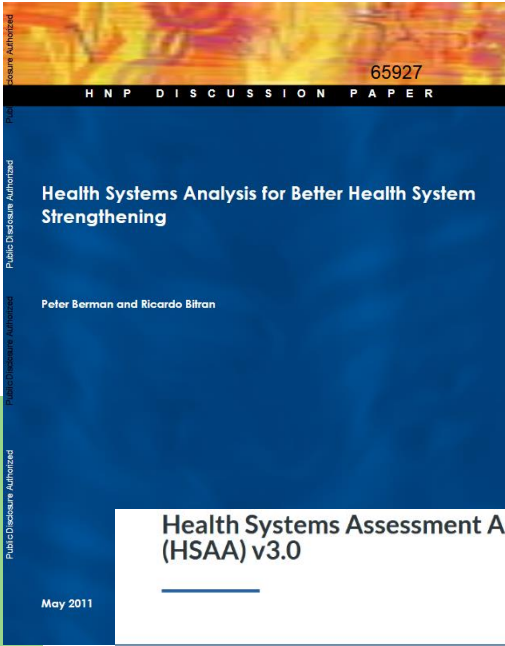
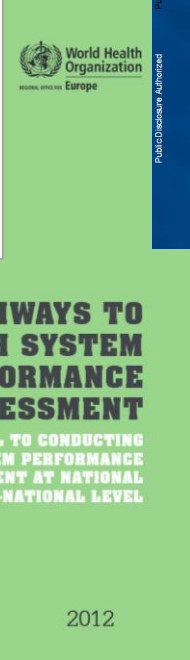
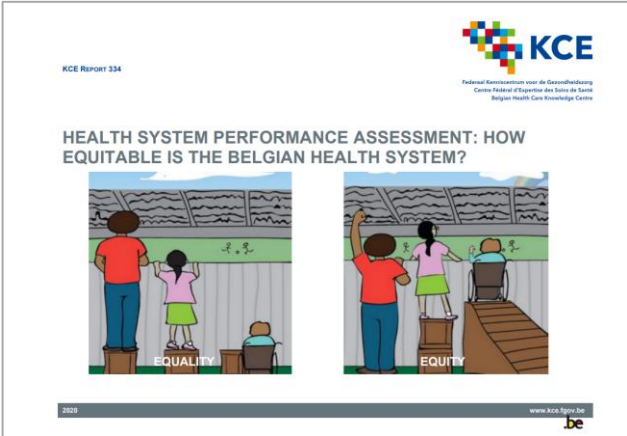


HEALTH IN THE SDG ERA

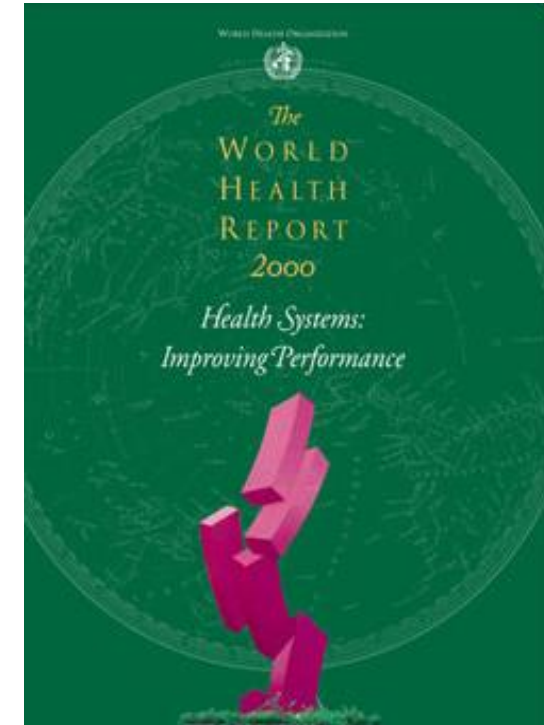
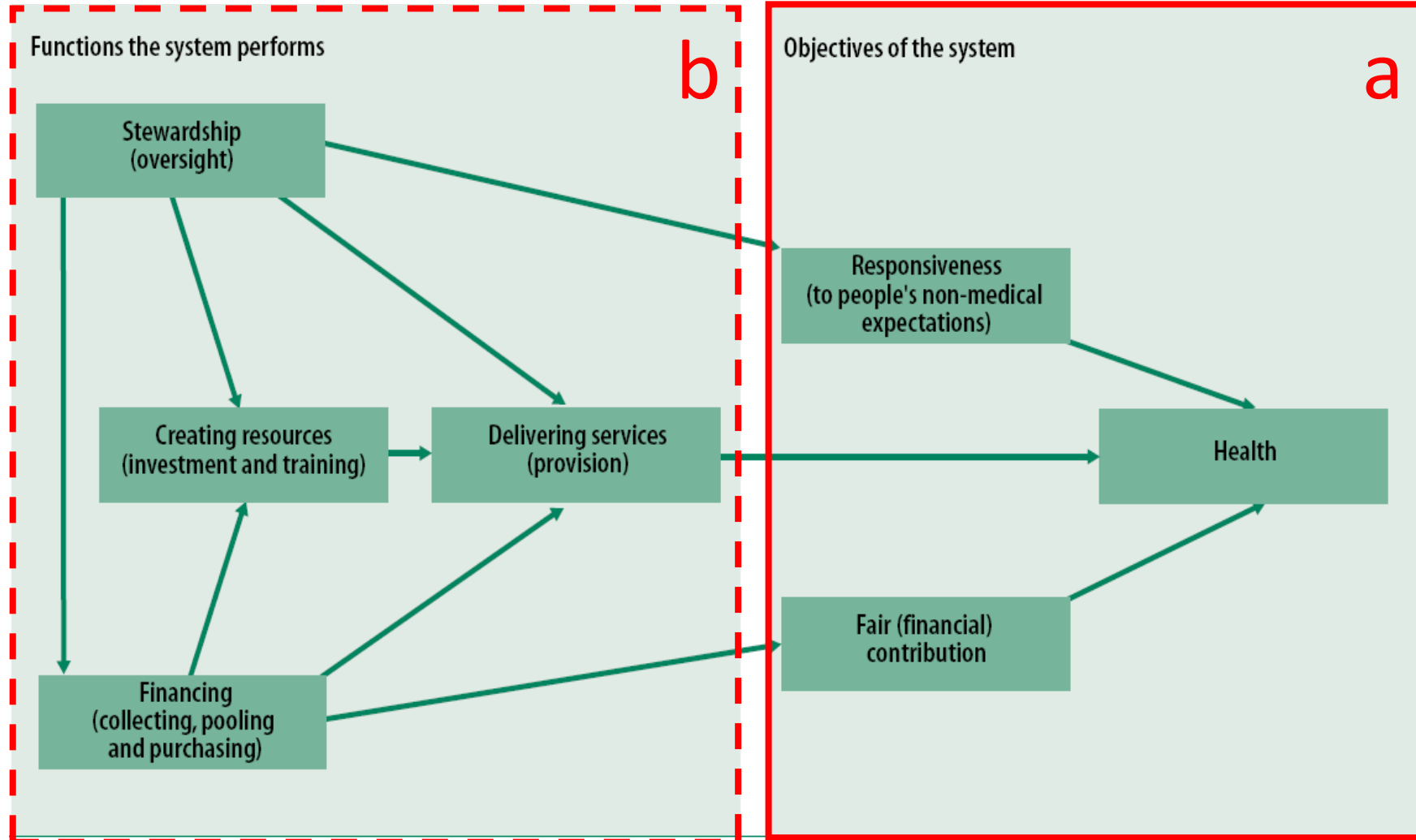


Ad scope:
health is
important
in all policies –
but not all
policies need to
be covered by
HSPA

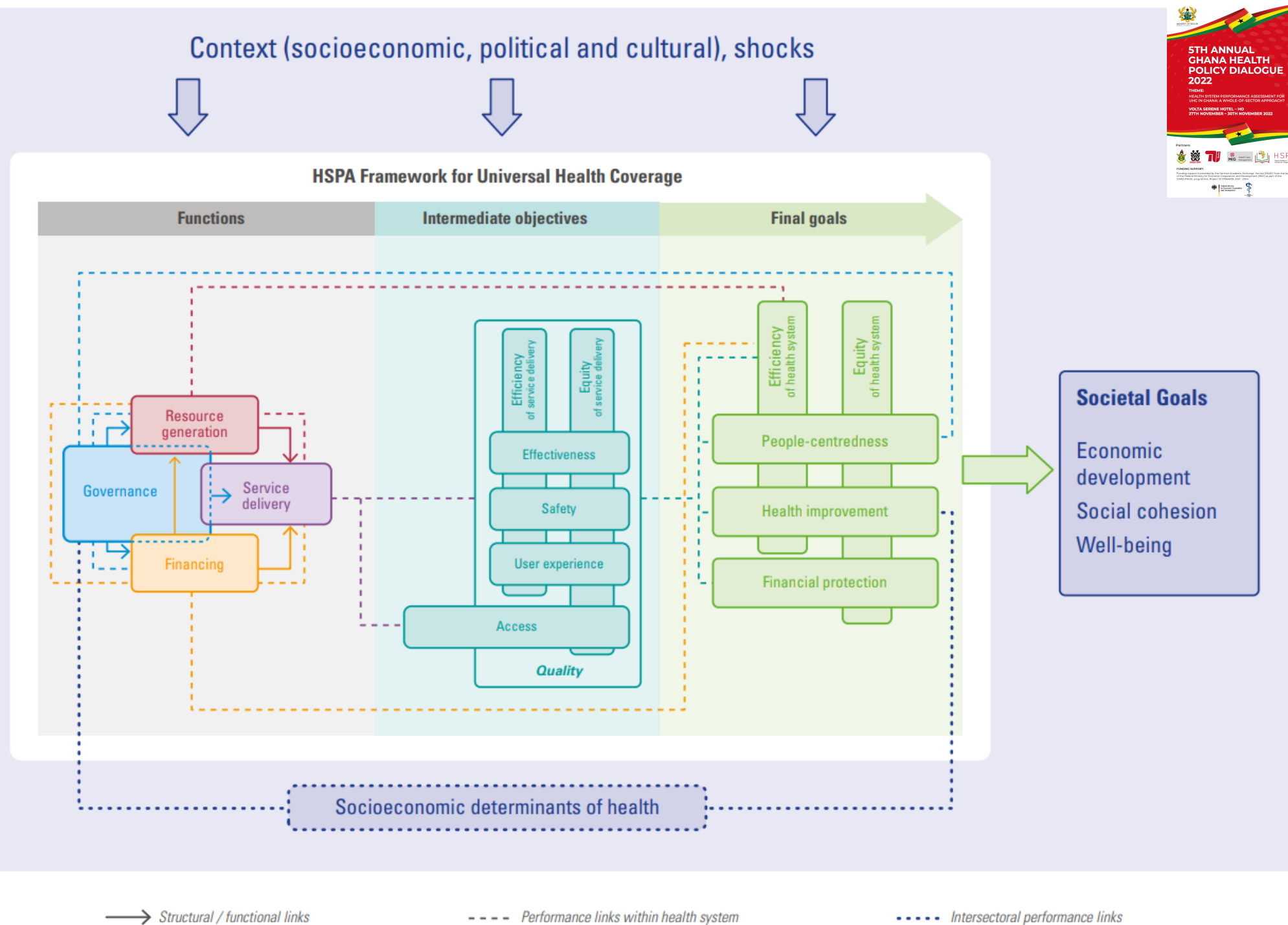
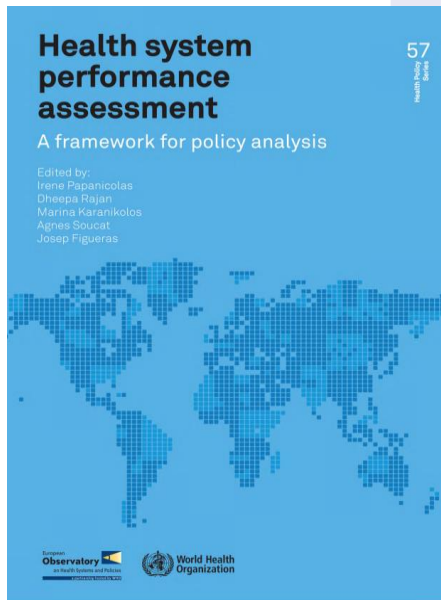
Ad framework (or tool): less consensus, as some put more emphasis on functions, others on intermediate and final outcomes



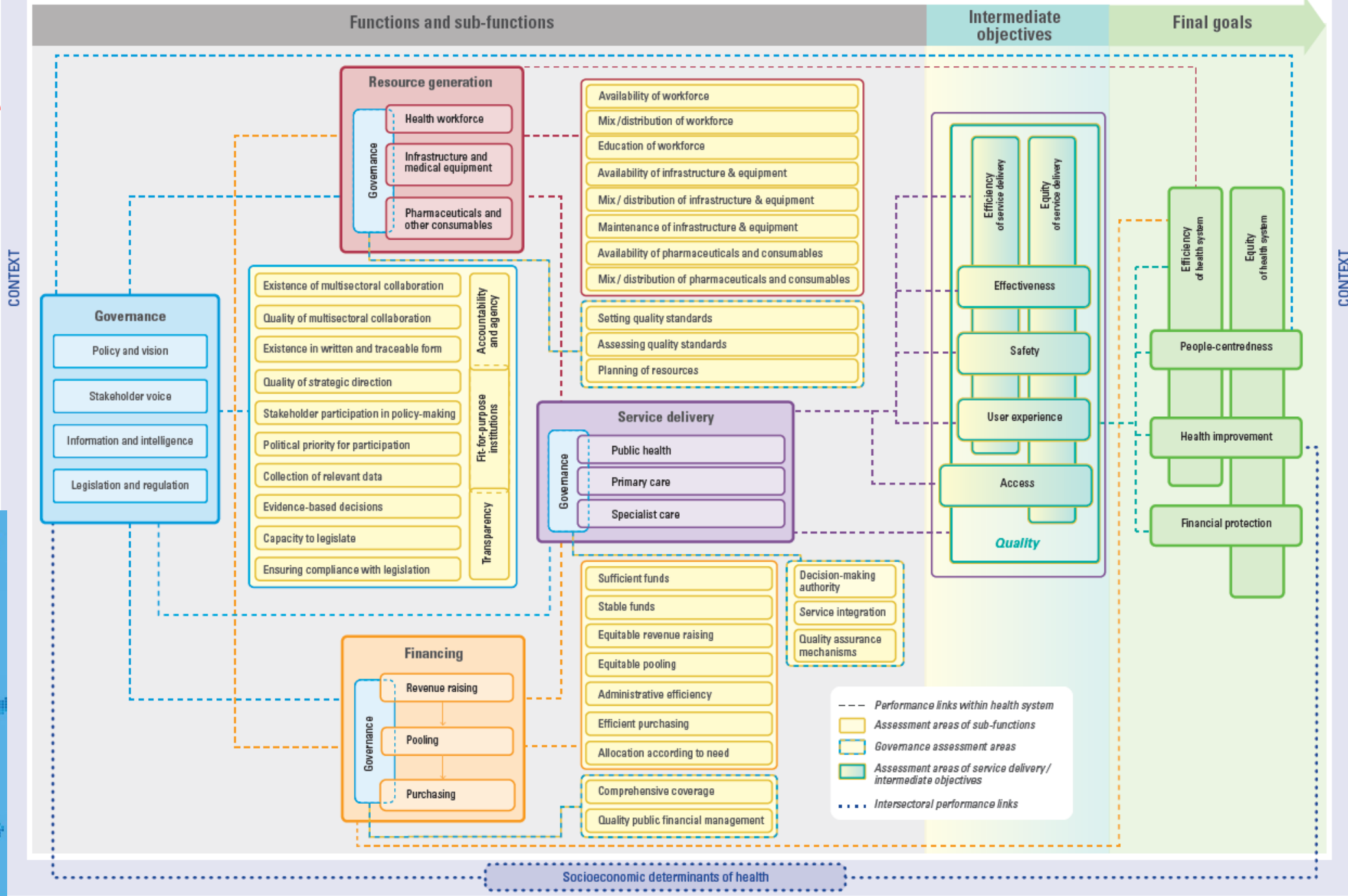
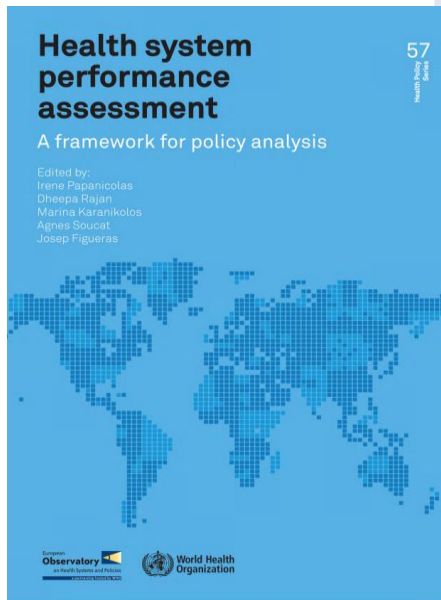
It's often a de-facto choice between detailed indicators for (b) or focussing on results, i.e. (a)



The HSPA framework for UHC has already been shown ...



... this is the full version: focus on functions, i.e. (b)



Looking at the yellow boxes for functions/ dimensions in detail, reveals a set of 30 useful “assessment areas” (often qualitative)

FUNCTION	SUBFUNCTION	ASSESSMENT AREAS
GOVERNANCE	Policy and Vision	Assessment area #1: Whether a strategic vision exists in written and traceable form (through documents, directives, regulations, guidelines, etc.)
		Assessment area #2: Whether the strategic vision is of good quality viewed in terms of implementability
		Assessment area #3: Whether multisectoral collaboration exists
		Assessment area #4: Quality of multisectoral collaboration : whether the collaboration leads to improved policies
	Stakeholder Voice	Assessment area #1: Whether national health policies, strategies, plans, guidelines, or laws are developed with the broad participation of key stakeholders
		Assessment area #2: Whether stakeholder participation is a priority for the government in general (whether an enabling environment exists for participation)
	Information and Intelligence	Assessment area #1: Whether a government is committed to collecting relevant health data for decision-making
		Assessment area #2: Whether decisions are largely data-driven and evidence-based
	Legislation & Regulation	Assessment area #1: Whether the capacity exists to develop and enforce laws and regulations to govern the behavior of actors towards protecting and improving public health
		Assessment area #2: Whether compliance with those rules, laws, and regulations is ensured

Source: Papanicolas et al. (2022).

FUNCTION	SUBFUNCTION	ASSESSMENT AREAS
RESOURCE GENERATION	Health workforce	Assessment area #1: Health workforce availability , i.e. health workforce stock and density
		Assessment area #2: Health workforce mix/distribution , i.e. by geography, gender, facility type, age group, etc.
		Assessment area #3: Education , including pre-service and in-service training as well as continuing education
	Infrastructure and medical equipment	Assesment area #1: Availability of health infrastructure and medical equipment in terms of inventory stock
		Assessment area #2: Infrastructure and medical equipment distribution/mix , i.e. by geography, facility type, etc.
		Assessment area #3: Infrastructure and medical equipment maintenance and repair
	Pharmaceuticals and consumables	Assessment area #1: Pharmaceutical & other consumable availability , i.e. availability of unexpired drugs or consumables available for ready use
		Assessment area #2: Pharmaceutical & other consumable distribution/mix in terms of treatment sites receiving pharmaceutical & other consumable orders in full and on time
	Governance of resource generation	Assessment area #1: Setting quality standards : whether realistic and effective quality standards for health workforce, infrastructure & medical equipment, and pharmaceuticals & consumables are in place
		Assessment area #2: Resource planning : whether forward planning and projections for the health workforce, infrastructure & medical equipment, and pharmaceuticals & consumables is undertaken regularly
		Assessment area #3: Assessing quality standards : whether functional monitoring & evaluation processes check existing quality of resources against standards

Source: Papanicolas et al. (2022).

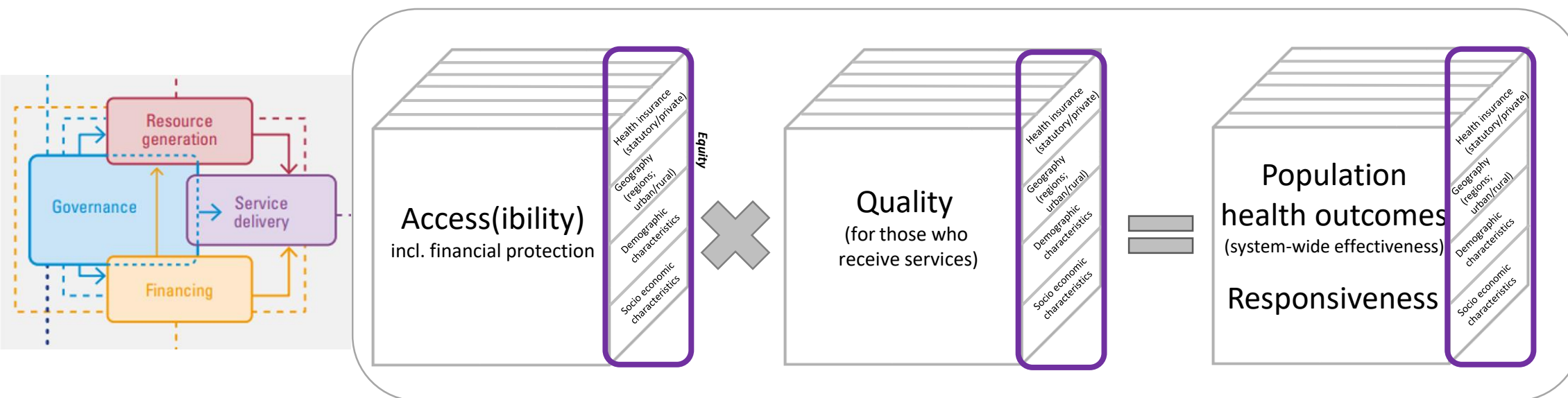
FUNCTION	SUBFUNCTION	ASSESSMENT AREAS
FINANCING	Revenue raising	Assessment area #1: Whether funds are sufficient to achieve policy objectives
		Assessment area #2: Whether funding flows are stable and predictable
		Assessment area #3: Whether revenue raising is equitable in terms of distribution of revenue sources among different population groups
	Pooling of resources	Assessment area #1: Whether pooling is equitable in terms of the distribution of financial risk across population groups
		Assessment area #2: Whether administrative efficiency is in place in terms of limiting fragmentation of funding pools
	Purchasing goods and services	Assessment area #1: Whether resources are allocated according to health need
		Assessment area #2: Whether purchasing is strategic and creates efficiency incentives
	Governance of Financing	Assessment area #1: Whether coverage is comprehensive in terms of benefit packages
		Assessment area #2: Whether public financial management is of quality in terms of PFM processes and mechanisms enabling effective health spending

Source: Papanicolas et al. (2022).

→ But is a system doing well in all assessment areas really achieving good intermediate and final outcomes?

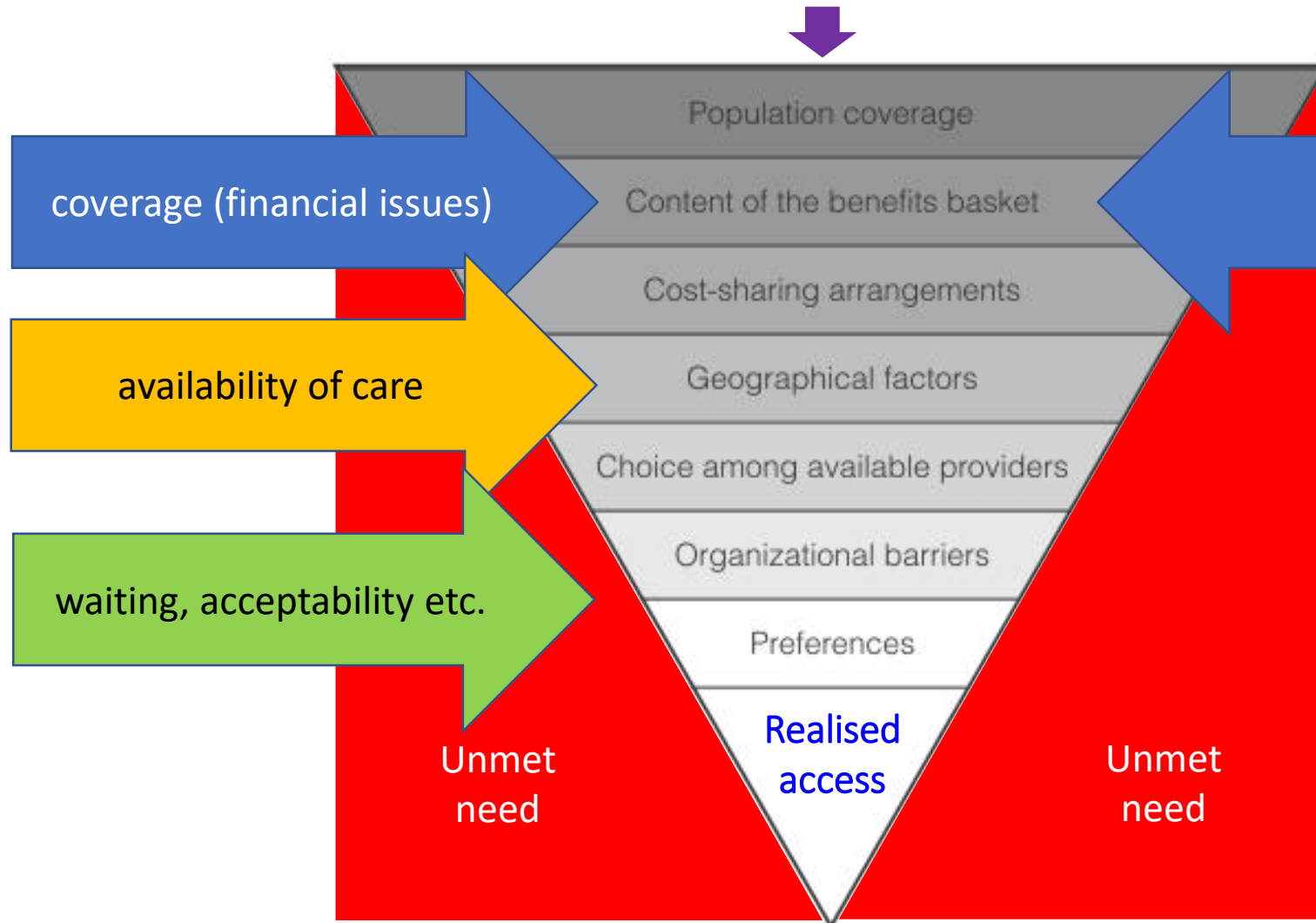
Other frameworks are thus based on the notion that it's best to look at intermediate and final outcomes (and the German one developed by us is one of them)

Dimensions should not only be assessed for the average of the population, but explicitly for equity considerations, e.g. urban vs. rural



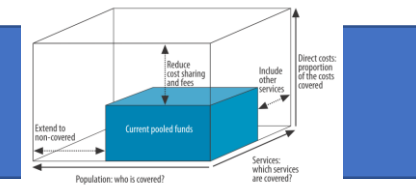
For each dimension, a clear understanding of influencing factors (which should be measured as indicators) is required

Need (by socio-economic status, ethnicity/ migration status etc.)



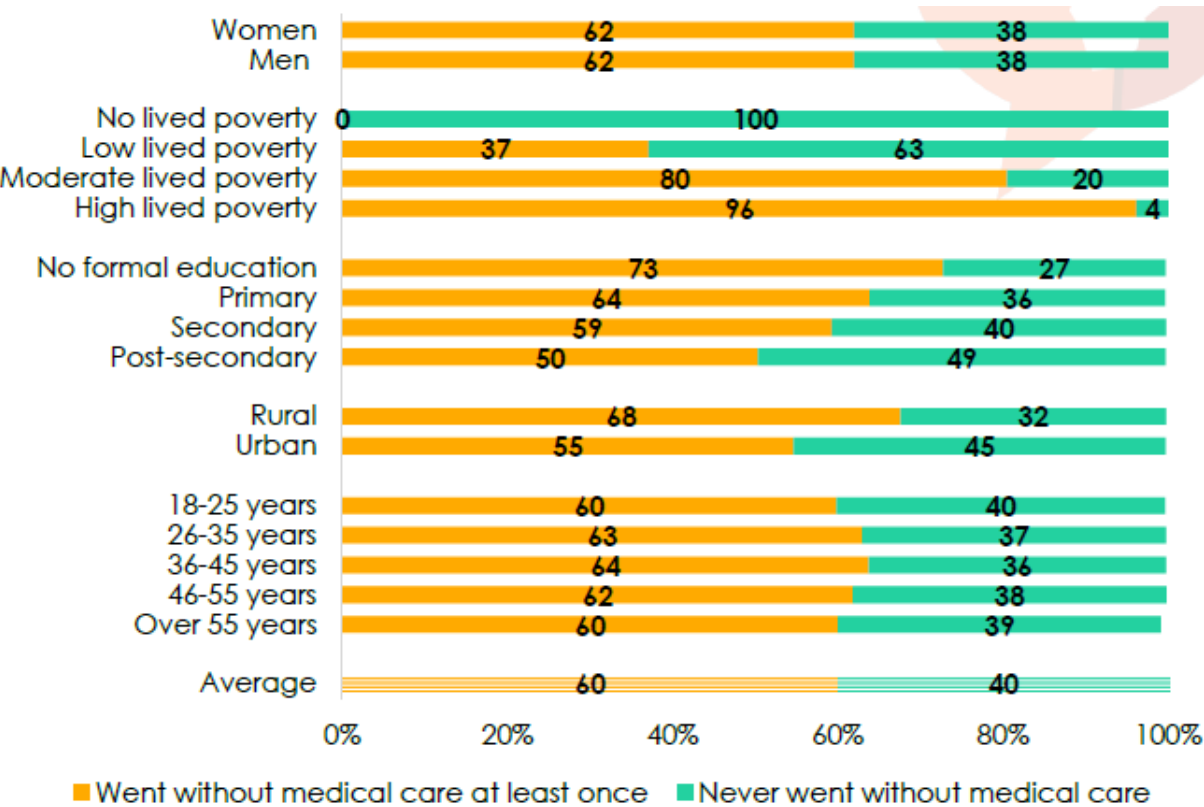
x Quality = Outcomes

Fig. 1. Three dimensions to consider when moving towards universal coverage

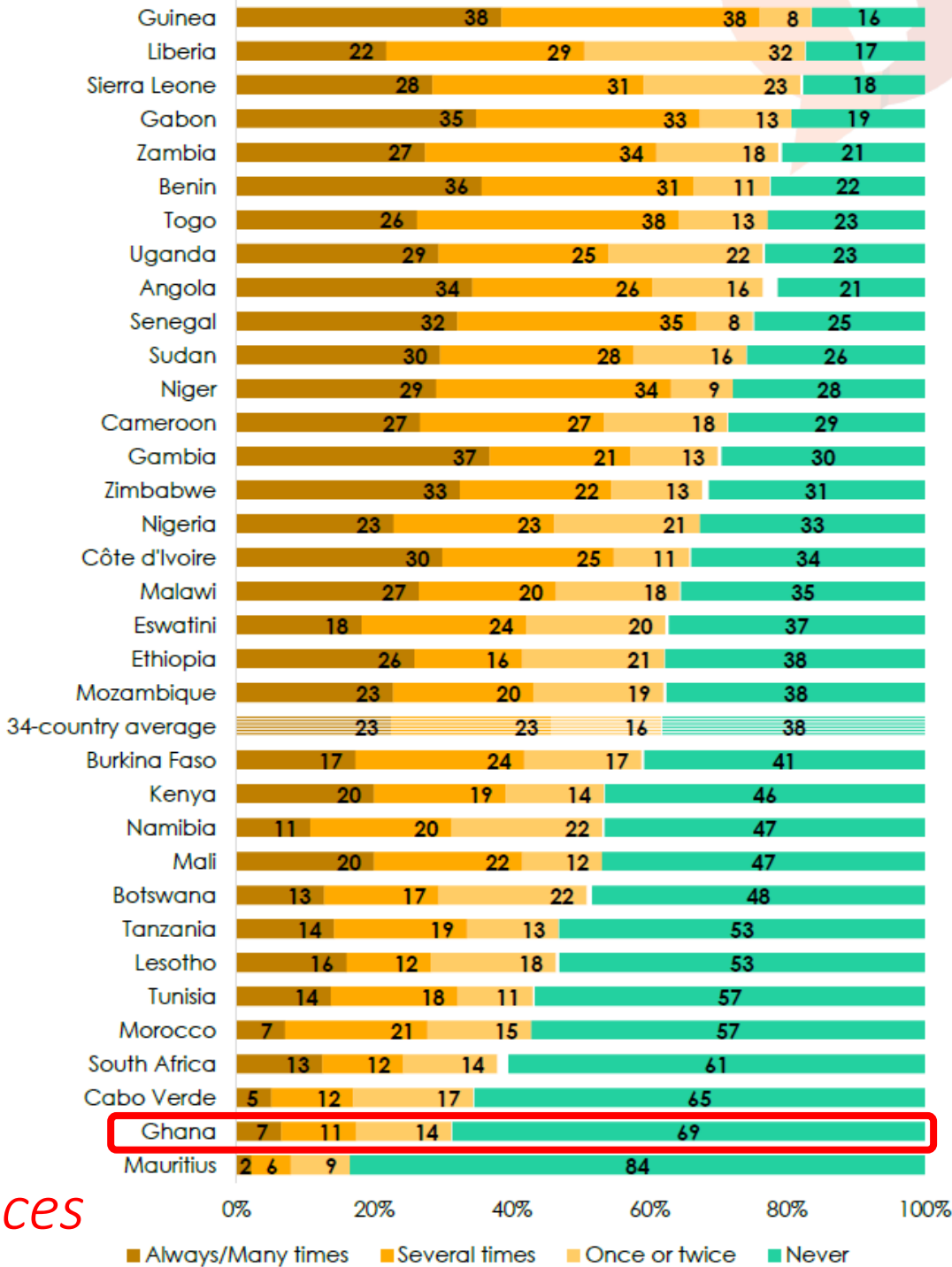


Source: Adapted from [9, 10].

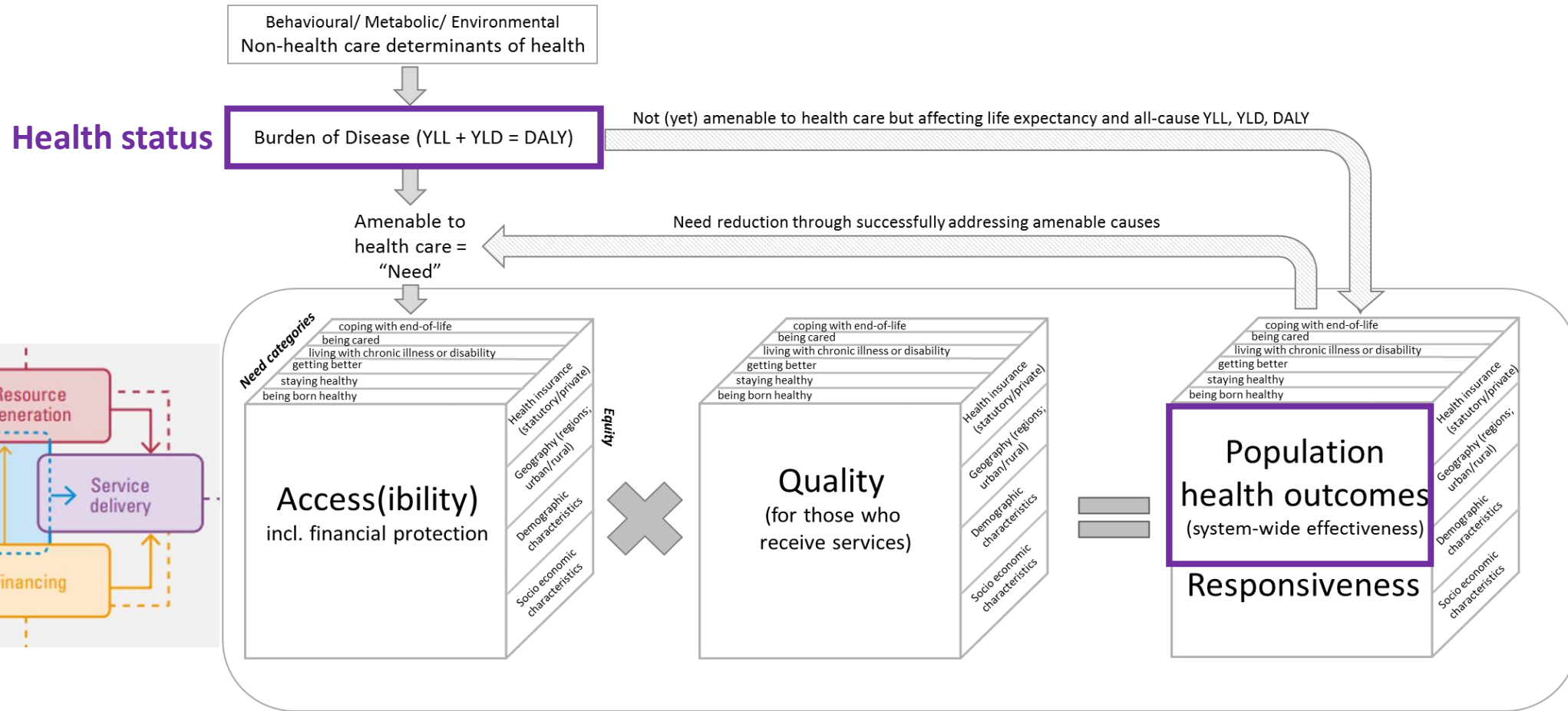
The ultimate indicator for Access(ibility): unmet need (going without medical care): *Ghana doing comparatively well ...*



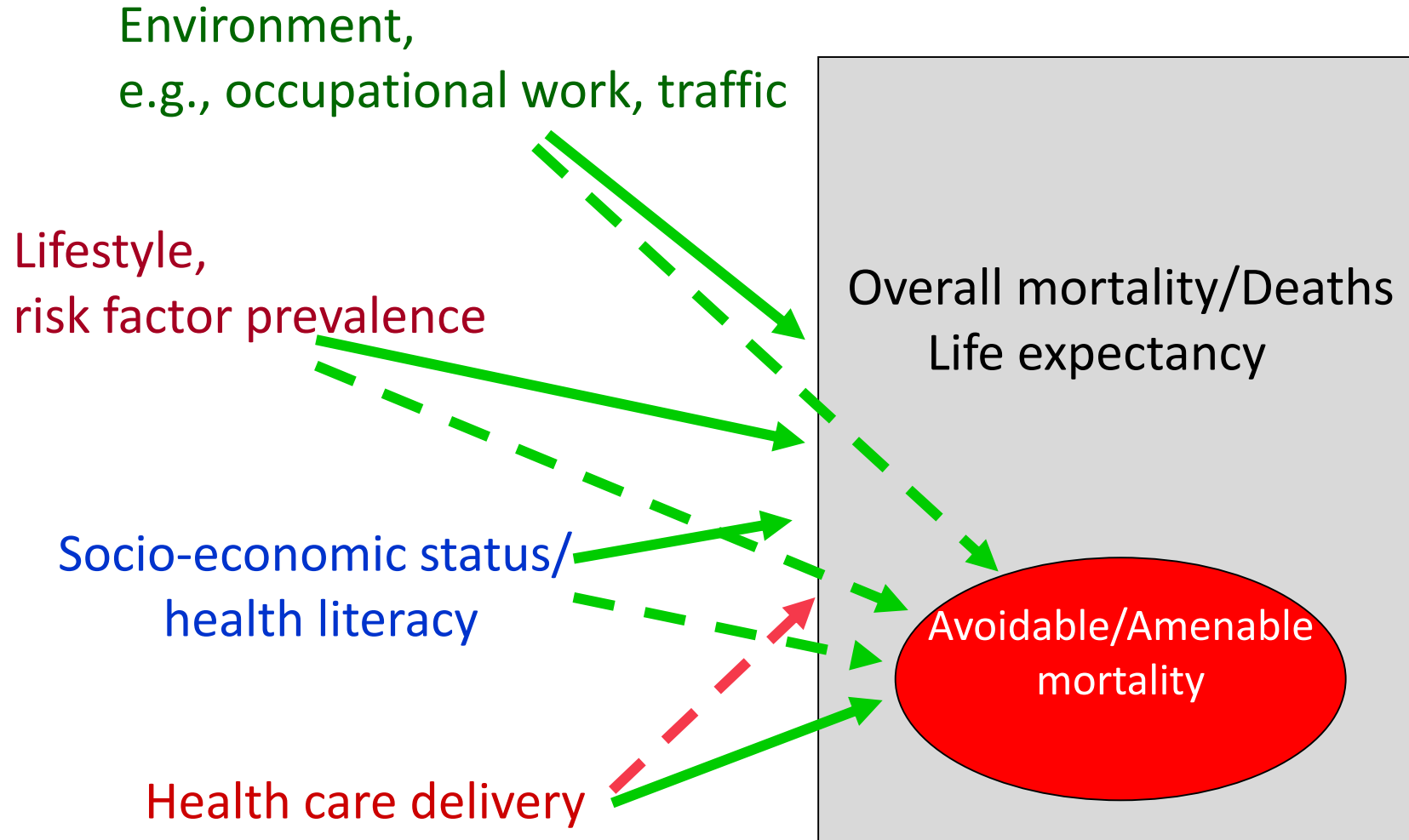
... but with huge socio-economic differences



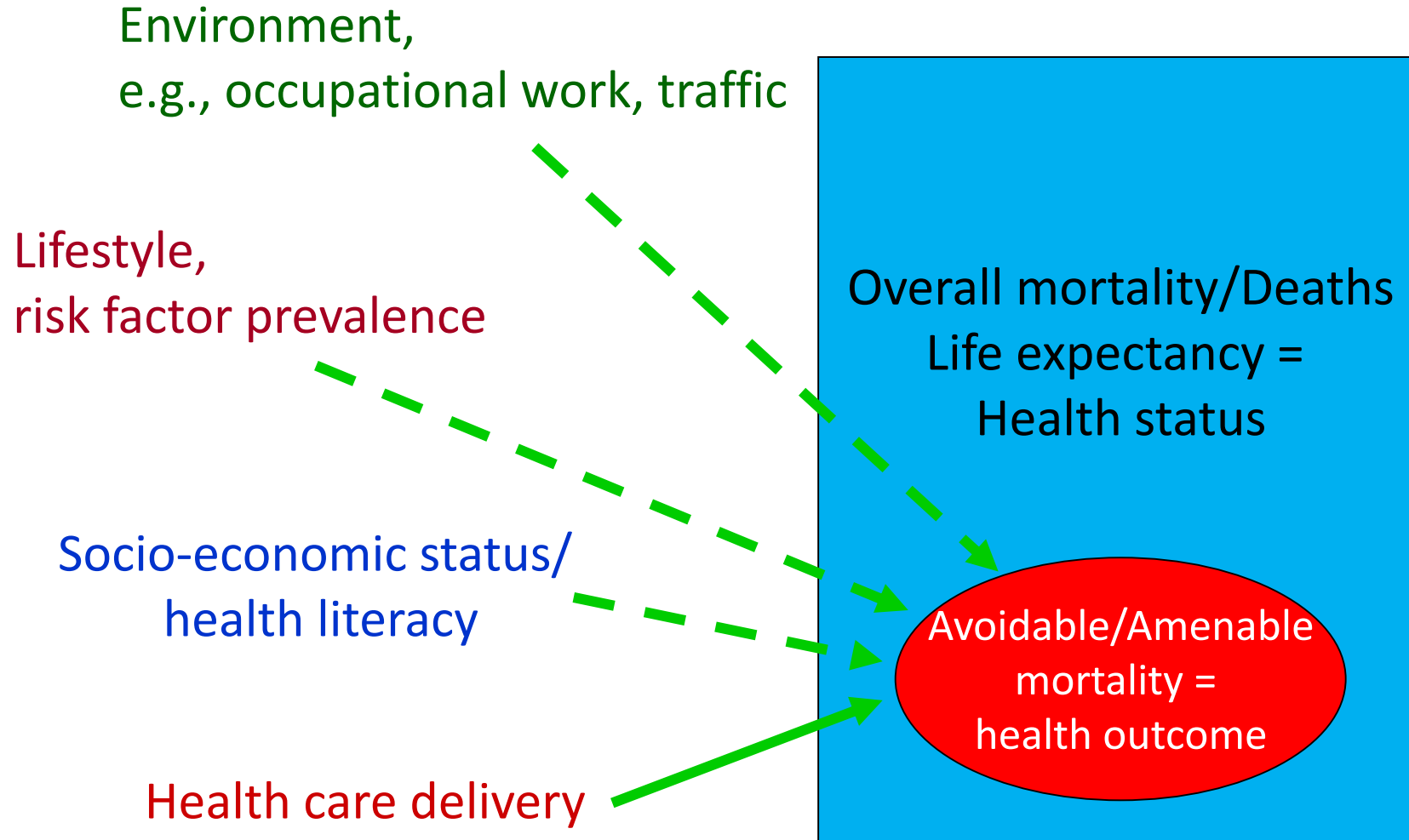
The goal “improved health” is difficult to measure as the counterfactual (health without a health system) does not exist ... important to disentangle “outcomes” from “health status”



Diagnoses where health policy/ care can make a difference: “avoidable mortality”



Diagnoses where health policy/ care can make a difference: “avoidable mortality”



Data on avoidable mortality are regularly available from GBD study (“Healthcare Access & Quality Index”): the list of included conditions and age groups

	Amenable age ranges (years)		
Communicable, maternal, neonatal, and nutritional diseases		Cardiovascular diseases	
Tuberculosis*	0-14, 15-64, 65-74	Rheumatic heart disease	0-14, 15-64, 65-74
Diarrhoea, lower & upper respiratory, and vaccine-preventable diseases		Ischemic heart disease	15-64, 65-74
Diarrheal diseases*	0-14	Stroke	0-14, 15-64, 65-74
Lower respiratory infections	0-14, 15-64, 65-74	Hypertensive heart disease	15-64, 65-74
Upper respiratory infections	0-14, 15-64, 65-74	Chronic respiratory diseases	0-14
Diphtheria	0-14, 15-64	Digestive diseases	
Whooping cough*	0-14	Peptic ulcer disease	0-14, 15-64, 65-74
Tetanus	0-14, 15-64, 65-74	Appendicitis	0-14, 15-64, 65-74
Measles	0-14	Inguinal, femoral, and abdominal hernia	0-14, 15-64, 65-74
Maternal disorders	0-14, 15-64	Gallbladder and biliary diseases	0-14, 15-64, 65-74
Neonatal disorders	0-14	Neurological disorders	
Non-communicable diseases		Idiopathic epilepsy	0-14, 15-64, 65-74
Neoplasms		Diabetes, urogenital, blood, and endocrine diseases	
Colon and rectum cancer*	0-14, 15-64, 65-74	Diabetes mellitus	0-14, 15-64
Non-melanoma skin cancer (squamous-cell carcinoma)*	15-64, 65-74	Chronic kidney disease	0-14, 15-64, 65-74
Breast cancer*	15-64, 65-74	Other non-communicable diseases	
Cervical cancer*	15-64, 65-74	Congenital heart anomalies	0-14, 15-64, 65-74
Uterine cancer*	15-64	Injuries	
Testicular cancer*	0-14, 15-64, 65-74	Unintentional injuries	
Hodgkin lymphoma*	0-14, 15-64, 65-74	Adverse effects of medical treatment*	0-14, 15-64, 65-74
Leukemia*	0-14, 15-64	<p>Although 0 (at birth) to 1 are listed as the lower bound of age ranges, age restrictions are applied for many causes such that mortality estimates are not produced before a given age group (eg. 15–19 years for many non-communicable diseases). Causes are ordered on the basis of the GBD cause list and corresponding group hierarchies.</p> <p>GBD=Global Burden of Disease. *Mortality incidence ratio used instead of risk-standardized death rate.</p>	

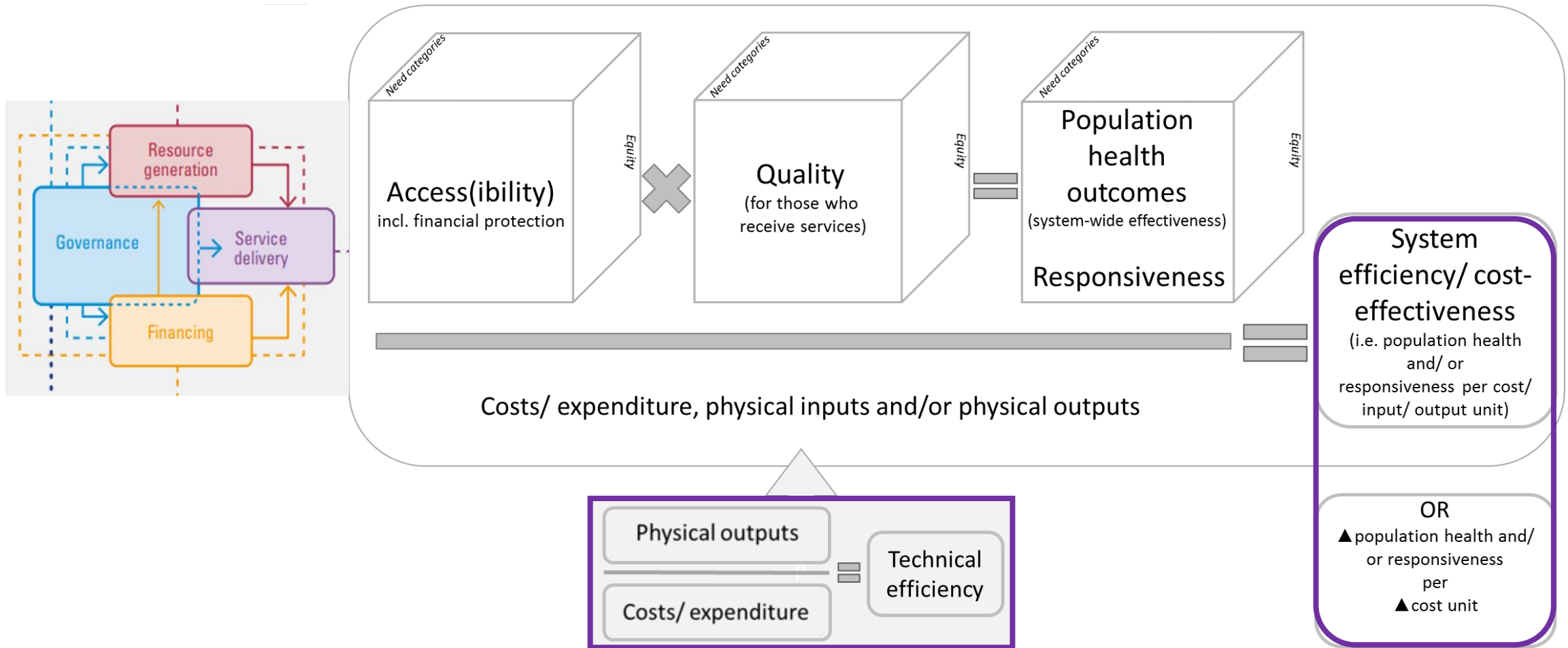
Age- and usually risk-adjusted data show that Ghana scores below lower-middle SDI countries, both on level but especially change since 1990

	2019 HAQ Index (95% UI)				Absolute change 1990–2019 (95% UI)			
	Overall (0–74 years)	Young (0–14 years)	Working (15–64 years)	Post-working (65–74 years)	Overall (0–74 years)	Young (0–14 years)	Working (15–64 years)	Post-working (65–74 years)
Global	54.4 (53.1 to 55.7)	64.5 (62.9 to 66.0)	55.9 (54.3 to 57.5)	51.2 (49.6 to 52.8)	19.6 (17.9 to 21.3)	22.5 (19.9 to 24.7)	17.2 (15.2 to 19.1)	15.1 (13.2 to 17.0)
High SDI	83.4 (82.4 to 84.3)	89.0 (88.2 to 89.8)	82.8 (81.6 to 83.7)	79.1 (77.7 to 80.2)	15.1 (14.3 to 15.9)	11.4 (10.8 to 12.1)	15.0 (14.0 to 16.0)	16.7 (15.6 to 17.8)
High-middle SDI	70.0 (68.8 to 71.2)	79.3 (78.2 to 80.4)	69.6 (68.0 to 71.0)	64.7 (63.0 to 66.2)	17.8 (16.5 to 19.1)	17.7 (16.3 to 19.1)	16.4 (14.9 to 17.8)	15.1 (13.6 to 16.6)
Middle SDI	60.9 (58.7 to 63.0)	68.2 (66.5 to 69.9)	62.7 (60.0 to 65.4)	59.9 (56.4 to 63.5)	25.9 (23.2 to 28.8)	28.4 (26.2 to 30.3)	22.9 (19.0 to 26.7)	22.0 (17.2 to 26.4)
Low-middle SDI	39.0 (36.4 to 41.7)	50.1 (47.2 to 53.1)	41.0 (37.7 to 44.5)	37.8 (34.2 to 41.6)	17.5 (14.1 to 20.7)	20.8 (15.2 to 24.9)	15.0 (11.1 to 19.2)	13.2 (9.4 to 17.5)
Low SDI	30.7 (28.6 to 33.0)	40.4 (37.1 to 44.0)	33.8 (31.0 to 36.6)	30.4 (27.8 to 33.0)	11.8 (9.1 to 14.3)	15.9 (10.2 to 20.6)	9.7 (6.8 to 12.6)	6.8 (4.3 to 9.5)
Western sub-Saharan Africa	29.7 (26.3 to 33.5)	30.5 (26.3 to 34.9)	37.0 (32.6 to 41.7)	32.2 (28.4 to 36.4)	10.3 (6.1 to 14.9)	11.2 (5.4 to 16.9)	10.5 (5.3 to 15.8)	7.2 (3.1 to 11.5)
Benin	31.4 (26.4 to 36.0)	34.5 (28.2 to 41.4)	36.5 (31.2 to 41.9)	32.0 (27.4 to 36.8)	11.3 (5.8 to 16.4)	14.5 (7.2 to 22.1)	9.0 (2.9 to 15.2)	7.3 (1.8 to 12.6)
Burkina Faso	28.5 (24.9 to 32.4)	30.5 (25.0 to 36.1)	33.2 (29.0 to 38.0)	29.3 (25.0 to 33.9)	7.6 (3.4 to 11.8)	8.5 (2.0 to 15.0)	5.0 (-0.6 to 10.9)	3.5 (-1.7 to 8.7)
Côte d'Ivoire	34.3 (30.4 to 39.4)	40.8 (34.9 to 48.2)	37.3 (32.4 to 42.8)	33.4 (29.0 to 38.5)	11.3 (6.2 to 16.7)	14.1 (6.6 to 21.9)	8.7 (2.7 to 15.3)	7.2 (2.2 to 12.8)
The Gambia	34.7 (31.4 to 39.0)	47.6 (41.5 to 53.7)	36.8 (32.3 to 41.9)	31.7 (27.3 to 37.2)	7.4 (1.8 to 13.2)	17.3 (8.9 to 26.1)	4.3 (-3.8 to 12.3)	2.9 (-4.2 to 10.0)
Ghana	36.1 (32.8 to 40.0)	47.4 (41.3 to 53.9)	38.6 (35.0 to 42.9)	35.2 (31.5 to 38.9)	10.0 (5.5 to 14.9)	13.1 (5.8 to 20.7)	7.8 (2.4 to 13.6)	7.6 (2.2 to 13.3)
Nigeria	31.6 (26.0 to 38.0)	30.8 (25.8 to 36.4)	40.1 (32.1 to 49.0)	34.8 (28.0 to 42.4)	11.1 (4.3 to 18.2)	10.9 (3.9 to 17.8)	11.8 (1.7 to 21.5)	8.3 (0.4 to 16.3)
Sierra Leone	30.9 (26.1 to 35.9)	30.5 (23.5 to 38.3)	34.8 (29.8 to 39.9)	32.2 (27.4 to 37.3)	9.9 (3.6 to 15.9)	15.0 (7.2 to 22.8)	3.9 (-2.5 to 11.1)	4.8 (-1.7 to 11.3)
Togo	33.5 (29.9 to 37.3)	45.5 (39.7 to 51.0)	35.3 (30.8 to 40.1)	31.2 (27.0 to 35.2)	8.8 (4.0 to 13.4)	17.2 (10.6 to 23.4)	5.6 (-0.4 to 11.9)	4.5 (-0.9 to 9.8)

HAQ=Healthcare Access and Quality. SDI=Socio-demographic Index. UI=uncertainty interval.

Table: HAQ Index estimates, by location, in 2019 and absolute change from 1990 to 2019, overall and by select age group

Another dimension requiring thought is efficiency, both “technical efficiency” (outputs per GHC) and “system efficiency” (outcomes per GHC)



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“sys

Performance score	Indicator	Code
Objective. 3: Improve efficiency in governance and management of the health system		
6 had maximum score: +2	<ol style="list-style-type: none">1. Regional and district hospitals providing traditional and alternate medicine2. Proportion of hospitals (public and private) with functional emergency department3. Per capita expenditure on health (all sources) - (USD)4. GoG budget execution rate for goods and services5. GoG budget execution rate (total)6. Proportion of Agencies with functional audit committees	
10 scored: -2	<ol style="list-style-type: none">4. Proportion of encounters with an antibiotic prescribed5. GoG allocation to health (%)6. Percentage change in annual revenue mobilized from all sources (real and nominal)7. Proportion of NHIF receivable funds released to NHIA by MOF8. Proportion of total health budget allocated to health research activities	

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Another framework, not from left to right, not from right to left, but from outside (left) to the center (right)

