



Health System Performance Assessment for UHC – theory, scope, purpose, content

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"a country-specific process of monitoring, evaluating, communicating and reviewing

the achievement of high-level health system goals based on health system strategies"

Why do we need HSPA?

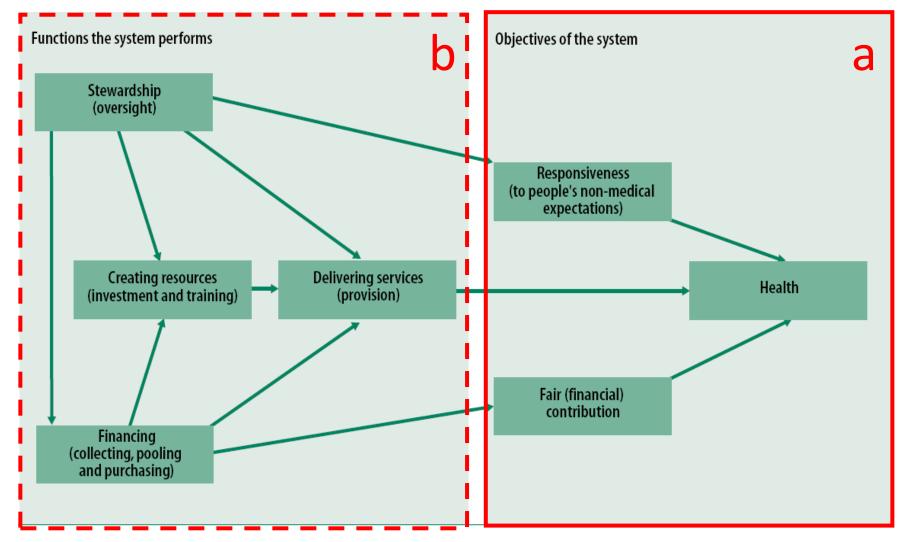


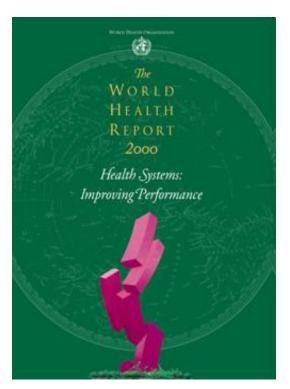
Health policy-making and reform require, first and foremost, a sound understanding of how a health system is performing.

Assessing the performance of a health system effectively is the first step to improving it.

(1) "Performance" needs (a) an understanding about systems' objectives and (b) which elements (e.g. "functions") contribute to achieving them







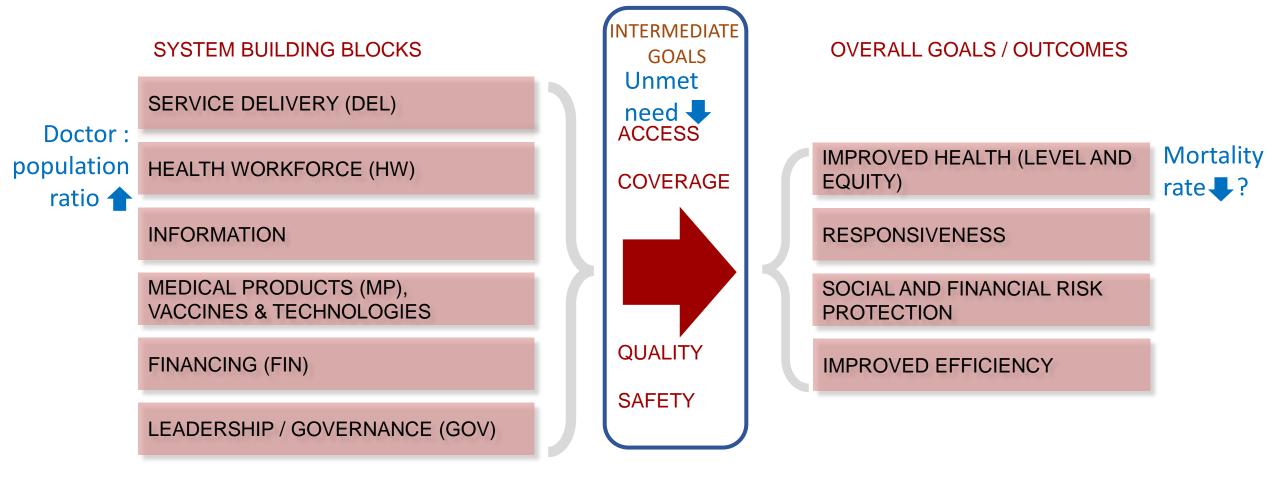
Looking at the results from 2000, the political applicability was questionable

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		ATTAINMEN	ENT OF GOALS			Health	PERFORMANCE			
	Member State	Н	Health		Responsiveness		Overall	expenditure	On level Overall	
#10		Level (DALE)	Distribution	Level	Distribution	financial contribution	goal attainment	per capita in international dollars	of health	health system performance
	Equatorial Guinea	152	151	143	118	134	152	129	174	171
	Eritrea	169	167	186	169 - 170	108 - 111	176	187	148	158
	Estonia	69	43	66	69	145	48	60	115	77
	Ethiopia	182	176	179	179 - 180	138 - 139	186	189	169	180
	Fiji	106	71	57 – 58	73 – 74	54 – 55	78	87	124	96
	Finland	20	27	19	3 – 38	8 – 11	22	18	44	31
	France	3	12	16 – 17	3 – 38	26 – 29	6	4	4	1
	Gabon	144	136	118 – 119	101 - 102	84 - 86	141	95	143	139
	Gambia	143	155	165 – 167	157	149	153	158	109	146
	Georgia	44	61	165 – 167	141	105 – 106	76	125	84	114
	Germany	22	20	5	3 – 38	6 – 7	14	3	41	25
	Ghana	149	149	132 – 135	146	74 – 75	139	166	158	135
	Greece	7	6	36	3 – 38	41	23	30	11	14
	Grenada	49	82	63 - 64	84 - 85	147	68	67	49	85
	Guatemala	129	106	115 – 117	159	157	113	130	99	78
	Guinea	167	166	168 – 169	130 - 131	76 – 78	172	159	160	161
	Guinea-Bissau	170	177	184	174	122 - 123	180	156	156	176
	Guyana	98	126	114	105 - 106	45 - 47	116	109	104	128
	Haiti	153	152	157 - 160	172 - 173	163	145	155	139	138
	Honduras	92	119	129	163	178	129	100	48	131

As linking goal outcomes to functions (or building blocks) directly is difficult, <u>intermediate outcomes</u> were added, where results can be better attributed (and influenced)

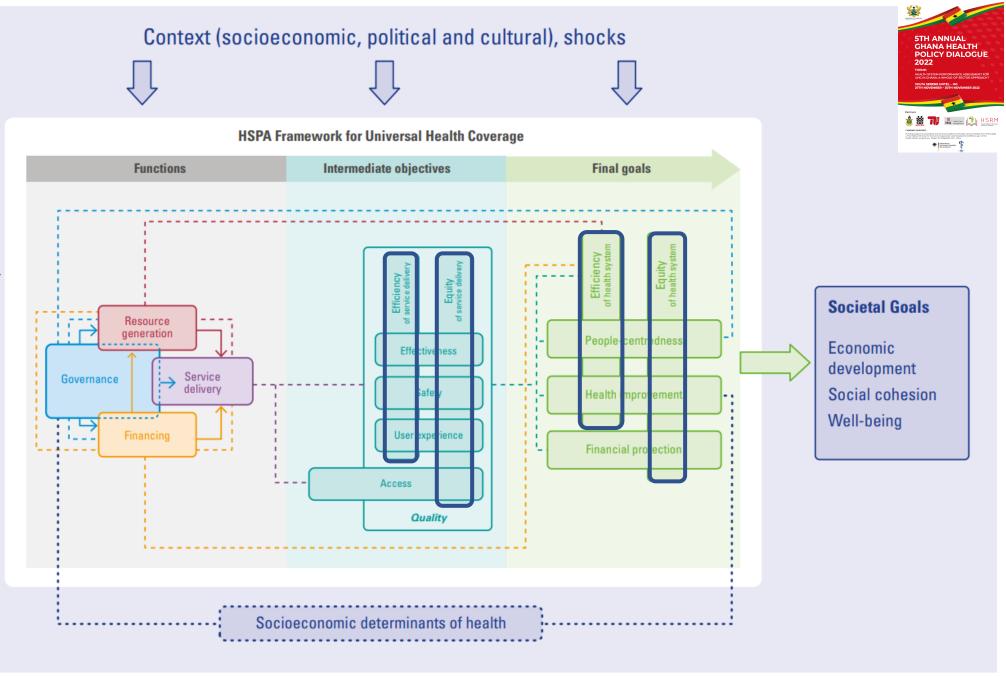




Source: World Health Organization (WHO) (2007) *Everybody's business: Strengthening health systems to improve health outcomes. WHO's framework for action.* Geneva: WHO Document Production Services.

Equity and efficiency seen as cross-cutting issues: we come back to that

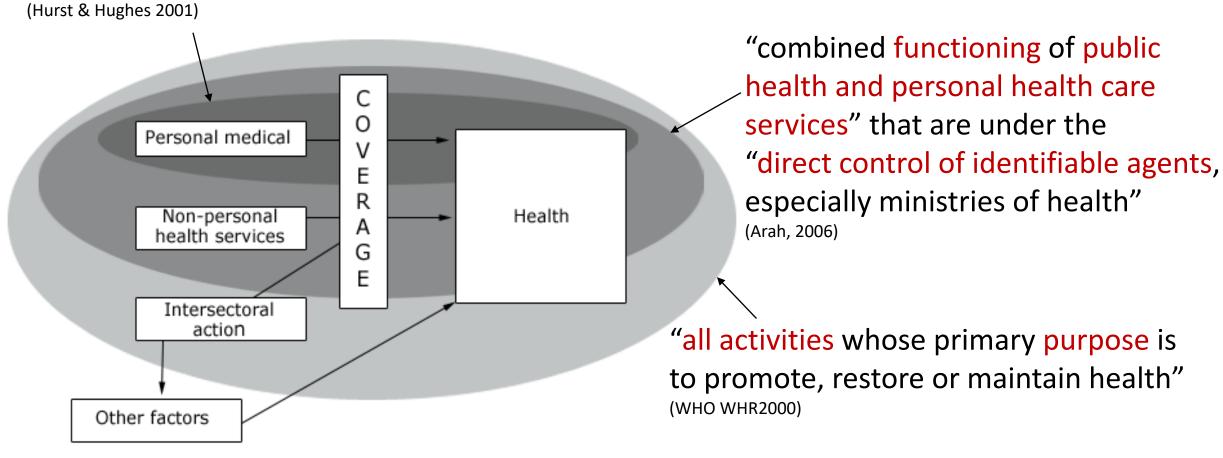




(2) "Performance" needs an agreement about which activities are part of the "health system" (and which are not)



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



Source: Murray, CL. and Evans, DB. (2003) Health systems performance assessment: Debates, Methods and Empiricism. Geneva: World Health Organization.

Pros and Cons of different health system boundaries

- + Closer to concept of UHC
- + Accountability
- + Clarity in areas of action

- + More holistic view
- + Accounts for interactions



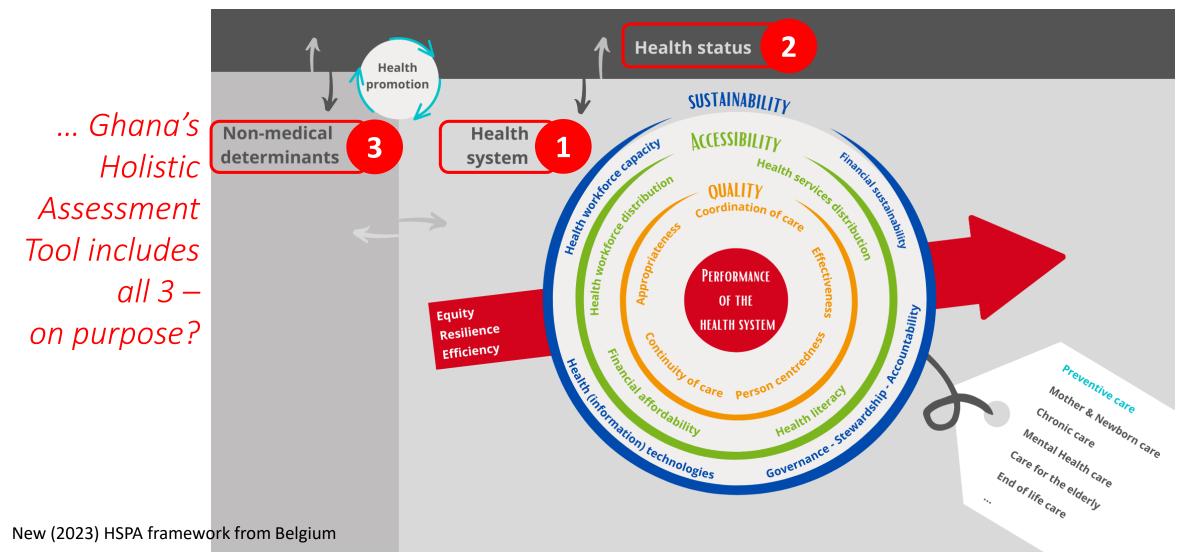
- Exclusion of (most) determinants
- Hard to measure effect on outcomes

- Slow change
- Lack of clarity on roles
- Hard to assign responsibility



In balance, I suggest that we need (1) HSPA, (2) health status reporting (burden of disease) and (3) Health Impact Assessment of non-medical determinants – separate but thought together ...





In short, enough issues to discuss, especially ...



- 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!