



# Country Health System Performance Assessment in the Context of Changing Health Needs

Jeremy Veillard  
Regional Adviser Health Policy and Equity  
WHO Regional Office for Europe

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# GEORGIA HEALTH SYSTEM PERFORMANCE ASSESSMENT

2009



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# ARMENIA HEALTH SYSTEM PERFORMANCE ASSESSMENT

2009



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## The Tallinn Charter: enhancing transparency and accountability through performance measurement

- Through the WHO Tallinn Charter (2008), Member States affirmed the principle that health systems need to demonstrate good performance
- Member States also committed themselves to promote transparency and be accountable for health system performance to achieve measurable results
- They also stated that monitoring and evaluation of health system performance and balanced cooperation with stakeholders at all levels of governance are essential to promote transparency and accountability
- Performance assessment is a 'public good' that will not occur naturally without government action
- Implementation requires sustained political and professional leadership at the highest level
- Implementation requires the creation of analytic capacity throughout the health system

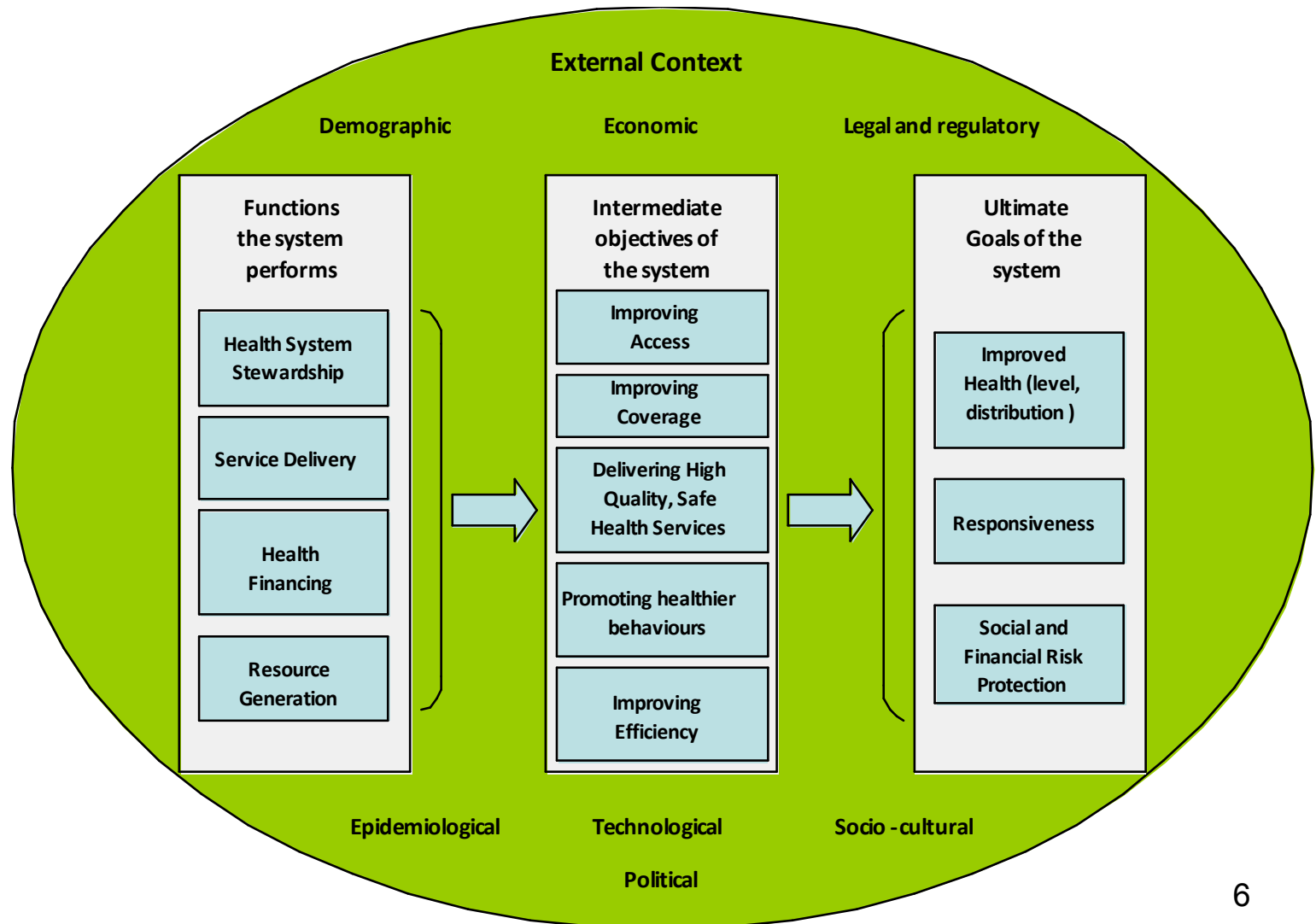
## Why is it important to assess health system performance ?

- Health system performance assessment can ensure that:
  - Health systems have a strategic direction focusing on improving health outcomes for the population
  - Performance measurement offers health systems major opportunities to secure performance improvement
  - Policy decisions are informed by appropriate intelligence with regard to health problems and their determinants
  - Healthy public policies are promoted across all aspects of government
  - Relationships between all health stakeholders are regulated in a context of transparency and accountability, which is an important condition for performance improvement

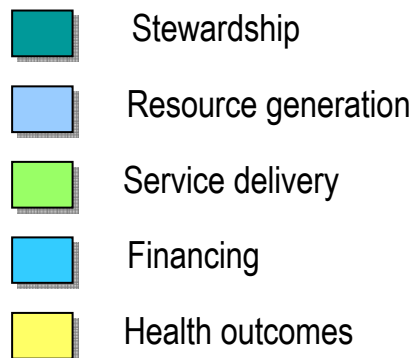
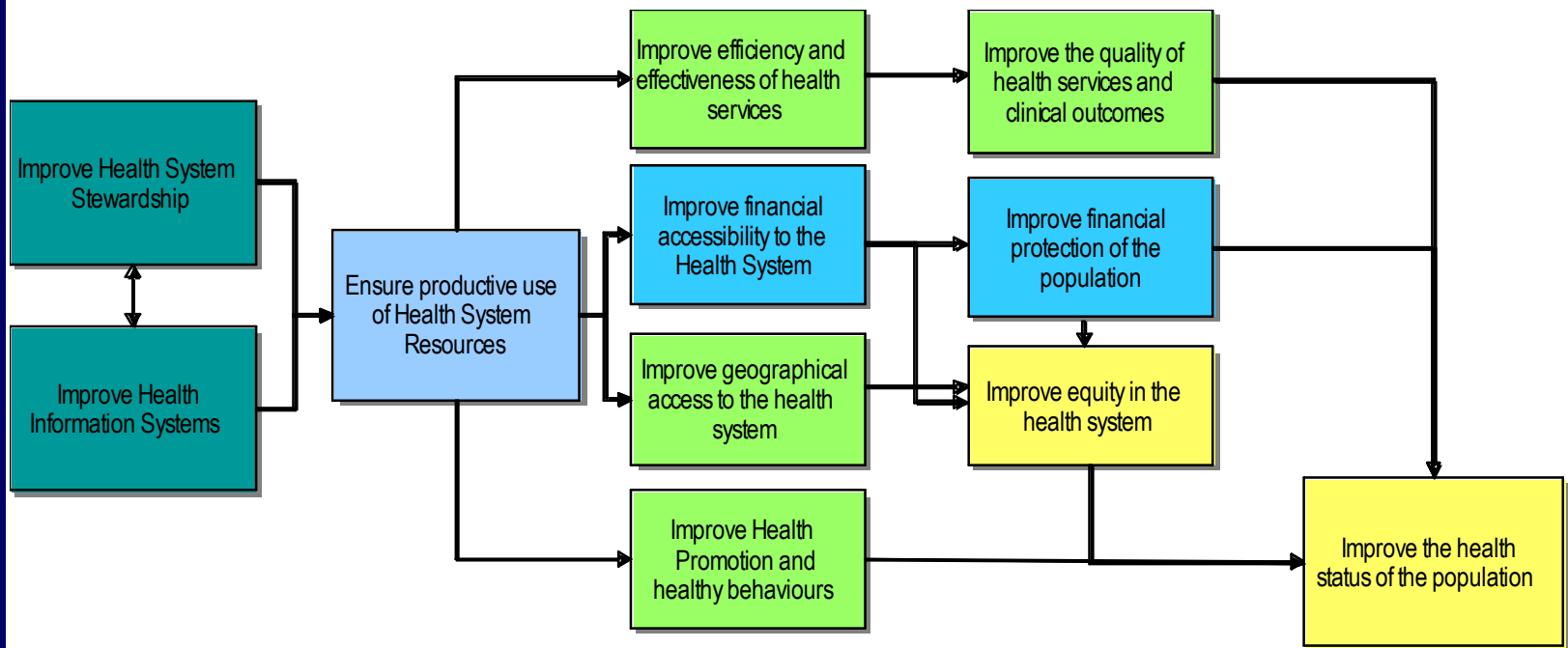
## What are the characteristics of a Health System Performance Assessment?

Characteristic	Explanation
It is regular, systematic and transparent	<ul style="list-style-type: none"><li>- Reporting mechanisms are defined a priori and cover the whole assessment</li><li>- It is not bound in time by a reform agenda though it may be revised regularly to reflect emerging priorities</li></ul>
It is comprehensive and balanced in scope	<ul style="list-style-type: none"><li>- It covers the whole health system and is not limited to specific programs</li><li>- The performance of the system as a whole is not equal to adding up the performance of each of its components</li></ul>
It is analytical and uses complementary sources of information to assess performance	<ul style="list-style-type: none"><li>- Performance indicators are supported in their interpretation by policy analysis, complementary information and reference points (targets, benchmarks etc)</li></ul>

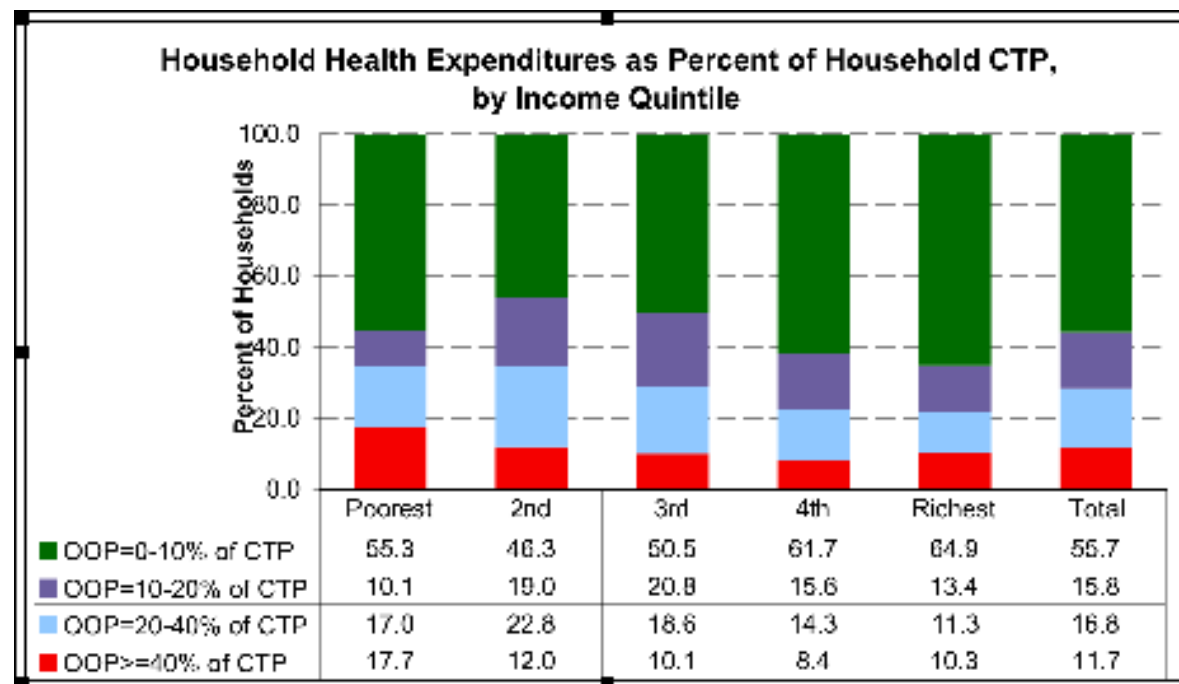
## Example 1: health system performance assessment in Portugal (2010)



## Example 2: health system performance assessment in Georgia (2009)



## Improving health system equity and financial protection in Georgia



Situation	Policy Recommendations
Increasing out-of-pocket payments for health care services at the point of delivery, driven in large part by expenditures on medical supplies and equipment. Level of catastrophic household spending on health care has a significant social gradient.	Expand insurance coverage further to allow households to prepay health expenses and better manage financial risks associated with health care needs. Consider options for pharmaceutical price regulation and/or introduction of outpatient drug benefit



It is important to qualify the level of performance for each indicator and each performance dimension

		Level of performance		
		Good	Satisfactory	Poor
Change in performance over time	Improving			
	No change			
	Worsening			

## Example 3: how performance assessment can help better manage performance in Estonia

		Level of performance		
		Good	Satisfactory	Poor
Change in performance over time	Improving	<ul style="list-style-type: none"> <li>Infant &amp; child mortality rate: fast decrease to the EU level</li> <li>Satisfaction with PHC system: high and improving</li> <li>Satisfaction with quality of health care services: perception of quality high at 72% in 2008 and improving</li> <li>Available mortality vs. overall mortality: substantial decrease of avoidable mortality over the years</li> <li>Immunization rates for 2-year-olds: 97% high at EU level</li> </ul>	<ul style="list-style-type: none"> <li>Weekly physical activity for overall population 35% improving</li> <li>Self assessed health: one person out of two rated his/her health as good or very good</li> <li>Hospital beds per 100 000 population comparable to EU</li> <li>Average length of stay in hospitals comparable to EU</li> <li>Number of physicians /100 hospital beds comparable to EU</li> <li>Total government health expenditures as % of government budget increased at 12% but still below EU average (14%)</li> <li>Increase in use of pharmaceuticals (DDDs) for different disease groups</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy: Estonia ranks 25 out of 27 in the EU, improving faster than EU average</li> <li>High mortality and avoidable mortality in males before 65</li> <li>High variation in bed occupancy rate in acute care hospitals</li> <li>Annual HIV incidence is improving but level still a concern</li> </ul>
	No Change	<ul style="list-style-type: none"> <li>Satisfaction with hospital care: level high at 92% and stable</li> <li>Number of years in education for total population: at around 18 years, higher than EU average, stable since 2004</li> <li>Access to clean drinking water: high in most of the country except in some rural areas</li> </ul>	<ul style="list-style-type: none"> <li>60% satisfied with health care system but no time trend</li> <li>52% satisfied with access to health care services with slight improvement</li> <li>45% satisfied with benefit package, no overall improvement</li> <li>Share of PHC budget in EHF services budget slight increase</li> <li>Ratio of contributing to equalized persons in EHF pool stable at around 50%</li> <li>Hospital readmission rates for AMI and asthma: level seems favorable but performance not improving 2006/2005</li> </ul>	<ul style="list-style-type: none"> <li>Overall health system financing becoming less progressive</li> <li>Rapid unemployment increase at 13% in 2009 due to crisis</li> <li>Energy intake (sources): level of sugar high and rising</li> <li>% uninsured around 5% increase due to unemployment</li> <li>Gender gap in LE stable at high level, far from EU average</li> <li>DFLE for males: stable and low level / EU at 51 years</li> <li>Daily exercise for 16 to 24 old stable for females at low level</li> <li>Nurses/doctors ratio stable with low number of nurses</li> <li>Low uptake of generic medicines</li> <li>Daily smoking decreased substantially over time but progress stalled and worse than EU</li> </ul>
	Worsening	<ul style="list-style-type: none"> <li>Ease of access to PHC: self-reported waiting times for PHC slightly worse but still within targets</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of households impoverished due to GDP increasing but relatively low / new EU countries</li> <li>Percentage of overweight for adolescents worsening</li> </ul>	<ul style="list-style-type: none"> <li>Change in proportion of PwHE vs. THE increased with higher burden to low income group from DOPS</li> <li>Hosp. waiting times: trend unclear latest data show increase</li> <li>Consumption pure alcohol increased until recently, high / EU</li> <li>Overweight &amp; obesity increased for all age groups, high / EU</li> <li>Access to dental care poor and worsening because of financial barriers</li> </ul>

## What are the conditions required to improve performance on key performance indicators?

- The data required for the performance indicators exist, are collected routinely and audited for accuracy and gaming
- Responsibility and accountability for delivery are clearly defined and understood by those involved in the delivery chain, with sanctions for failure and rewards for success
- The performance indicator is understood by, reported regularly to, those who are responsible and accountable for delivery

## Example 4: linking performance assessment and accountability in Estonia

Theme: improving health system responsiveness

### Conditions for performance improvement

### Findings for theme

Data routinely collected

Yes through annual surveys

Targets available with clear timeline

- Satisfaction of the insured with the health system: 63% for 2008
- Timely access of the insured to consultation by a medical specialist: 99% for 2008
- Satisfaction with quality of medical care: 72% for 2008
- Satisfaction with benefit package: 52% for 2008

Clarity in responsibility and accountability

Estonian Health Insurance Fund

Delivery chain defined in strategy/policy endorsed by government

EHIF annual report 2008 with rather clear delivery chain?

Regular performance reporting

Yes every year

Consequences exist for failure to perform

Yes: incentives are in place to stimulate achievement of targets

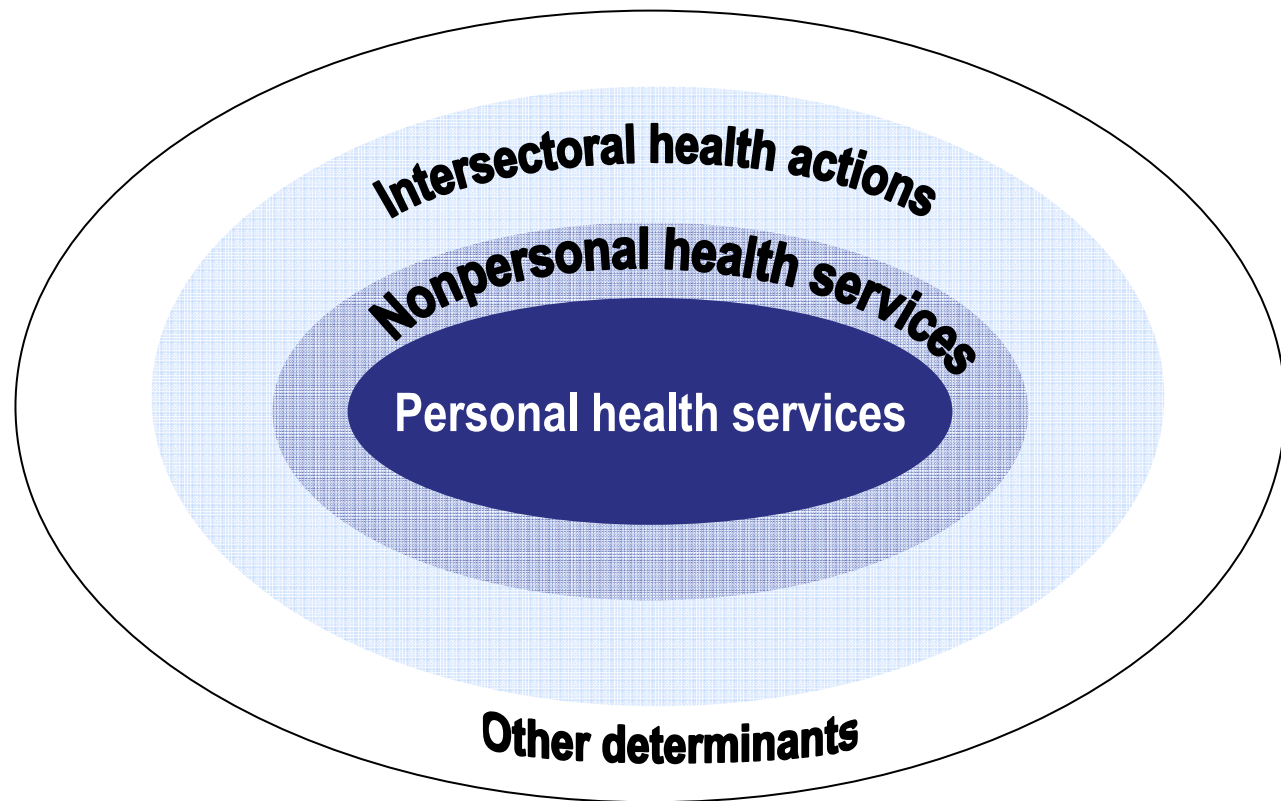


## We are currently taking steps to develop a common framework for health system performance assessment

- Revisit the WHO health system conceptual framework
  - to take further the WHO health systems framework to make it more amenable to performance assessment
- Guide the development of operational models in countries
  - to develop guiding principles which will support the development of operational models for health system performance assessment by Member States
- Develop cross-country learning and benchmarking processes
  - To develop and facilitate process for cross-country learning on health system performance among voluntary group of Member States
- Develop a compendium of health system performance indicators
  - To propose a set of health system performance indicators and standardized definitions for Member States to support their national process and to enable international comparisons when relevant

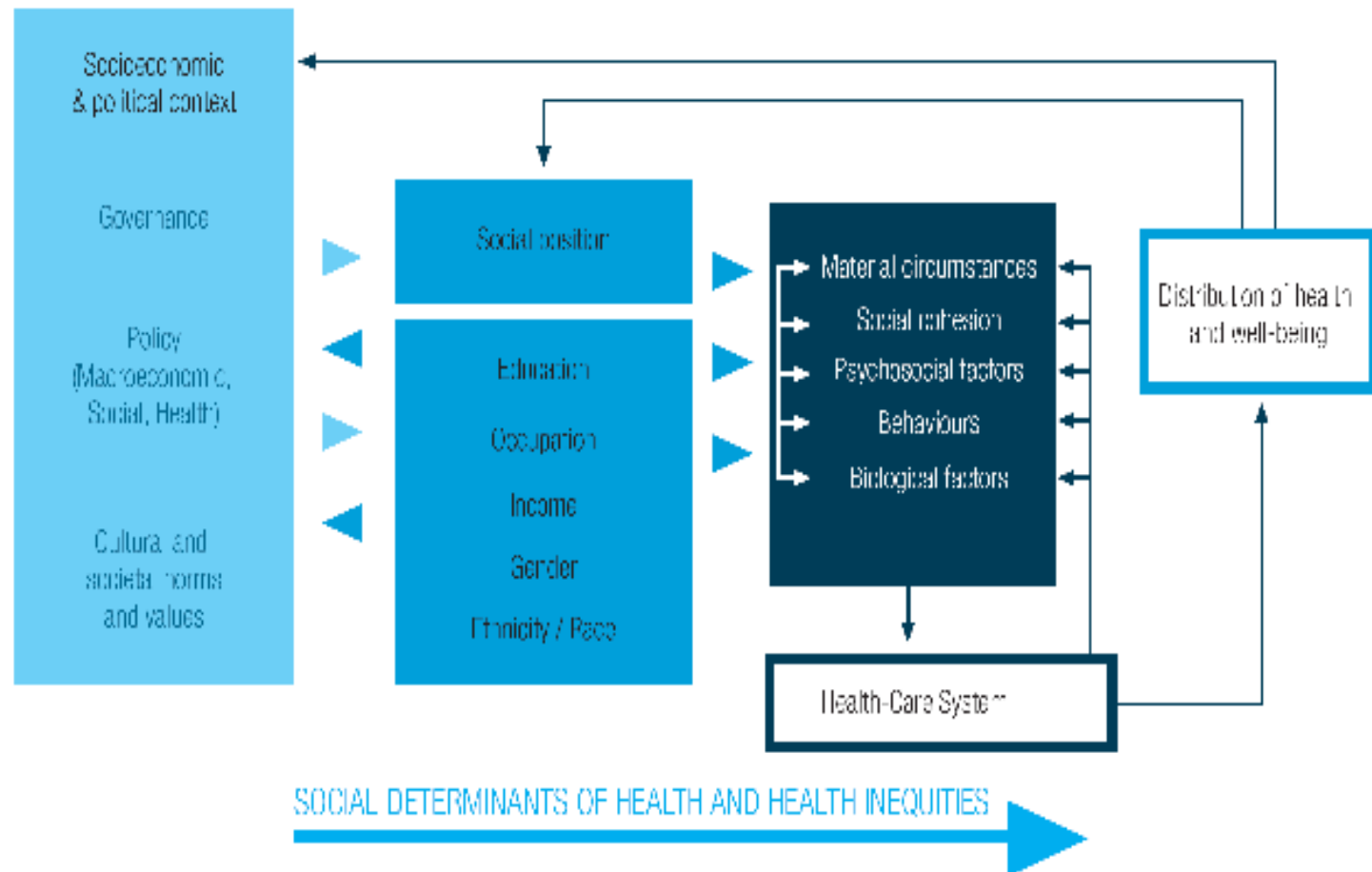
## What are the boundaries of Health Systems?

The health system is an universe of all actors and activities whose primary purpose is to **promote**, **restore** or **maintain** health



# Boundaries of health systems: consequences for health system performance assessment?

**Figure 4.1** Commission on Social Determinants of Health conceptual framework.

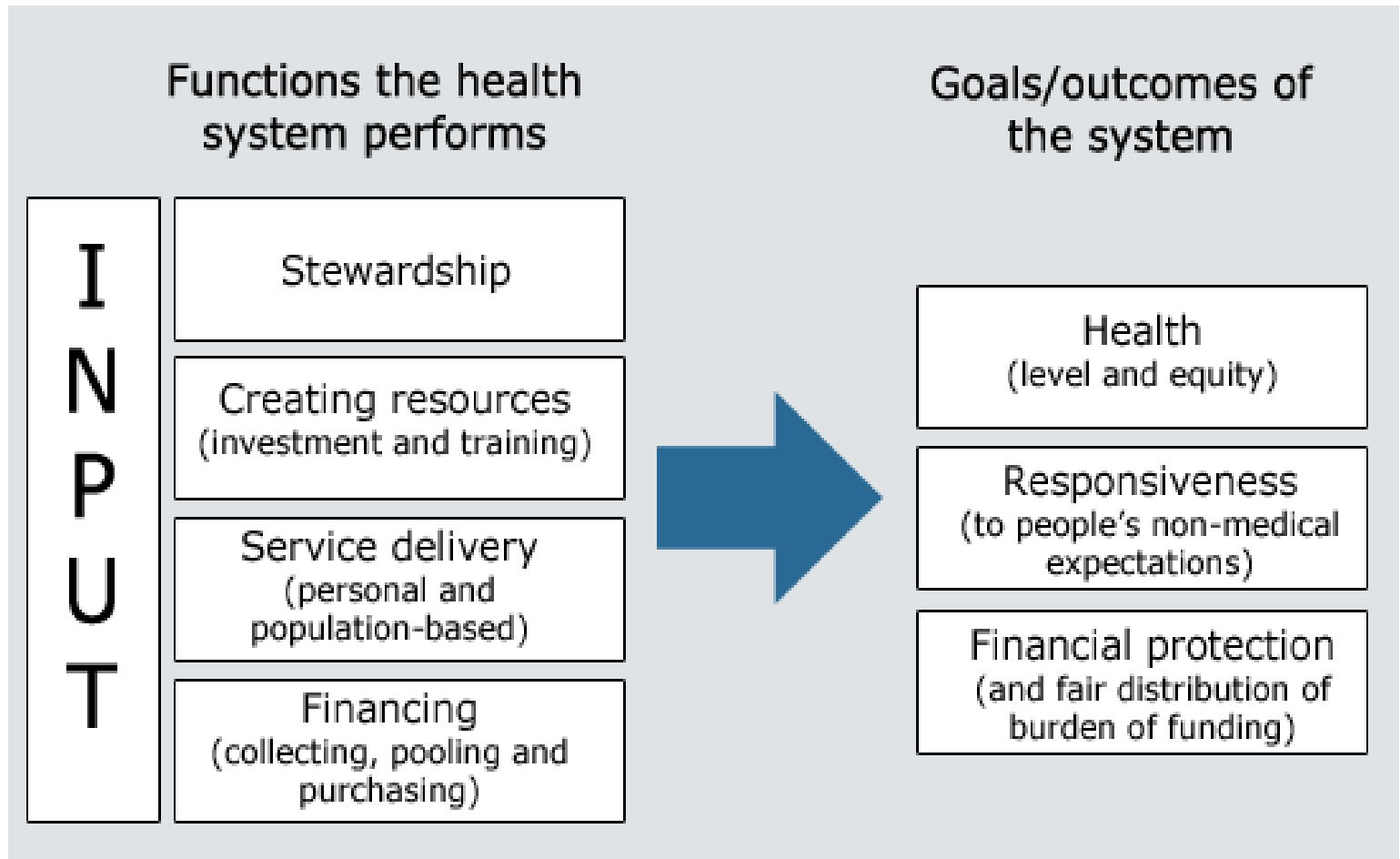


Source: Amended from Solar & Irwin, 2007



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Health systems aim at improving health, and ensuring responsiveness and financial protection





## Advantages of the WHO Health Systems Framework

- A health system functional approach is more desirable than previous structural approaches
- The health system framework is inclusive of various layers of the work of the World Health Organization
- There is an overall consensus on values and ultimate goals conveyed by the health system framework
- The framework has been largely taken up by member states to structure their health system strengthening efforts (Tallinn Charter)

## Example 5: issues raised during the development of the performance framework in Turkey

- Flexibility with regards to the WHO health system framework:
  - Are health system ultimate outcomes prescriptive or can we omit one to reflect strategic priorities of the country?
  - What are the trade-offs between the ultimate outcomes, the intermediary objectives and the health system functions (e.g. equity versus efficiency)
  - How to position efficiency in the conceptual framework? Should efficiency be seen as an intermediate objective or an ultimate outcome?
  - How to position sustainability and how do we make sure that we don't reduce it to financial sustainability?
- The experience has been that an iterative process was required to move from a conceptual framework to an operational model describing causal relationships and more amenable to performance assessment

## Theoretical and conceptual issues related to the WHO Health System framework

- Concerns regarding the content and construct validity, and explanatory power of the current health system framework re:
  - Social determinants of health
  - Vertical programs
  - Primary health care renewal agenda (universal coverage)
  - Demand side
  - Functions versus building blocks
- Desire for further alignment with other health system frameworks for performance assessment:
  - Macro, meso & micro levels
  - Health system vs. healthcare system
  - Health care outcomes vs. health outcomes
  - Performance for which ends
  - Trade-offs

## Accountability and operational issues related to the use of the WHO framework for performance assessment

- Reducing the “distance” between the framework and analytical modelling for performance assessment
  - Hierarchy and ordering issues
  - Harmonizing means and ends
  - Intermediary parameters
  - Causal and non-causal associations

Next steps: modeling different representations is useful to clarify what it is we are assessing...

What the  
health care  
system can  
do

What the  
health  
system can  
do

What  
public  
policy can  
do

What  
influences  
health

# A primer on current reflections to improve the health system performance assessment framework...

	Means	Ends
<b>External</b>	<u>Adaptation</u> : Will we continue to achieve our goals in the future through adequate resources and by responding to the threats in our environment?	<u>Goal attainment</u> : Are we achieving our goal of health for all while providing value for money?
	<ol style="list-style-type: none"> <li>1.Population risk factors</li> <li>2.Human and physical capital (level and distribution, current and projected)</li> <li>3.Financial sustainability</li> <li>4.Global threats (international action)</li> <li>5.Innovation and learning</li> </ol>	<ol style="list-style-type: none"> <li>1.Improved health (average level and equity in distribution)</li> <li>2.Social and financial protection (average level and equity in distribution)</li> <li>3.Responsiveness (average level and equity in distribution)</li> <li>4.Value for money</li> </ol>
<b>Internal</b>	<u>Value maintenance</u> : Are we providing a sound leadership for solidarity, equity and participation?	<u>Production</u> : Are we providing the appropriate services at a high level of quality (the right care at the right place at the right time to the right person)?
	<ol style="list-style-type: none"> <li>1.Governance, transparency and accountability</li> <li>2.Intersectoriality (health in all policies)</li> <li>3.Generating and using evidence for policy and performance management</li> </ol>	<ol style="list-style-type: none"> <li>1.Productivity</li> <li>2.Access</li> <li>3.Safety practice and compliance with evidence</li> <li>4.Coordination and continuity</li> </ol>

# Operationalization of the health system framework

## Measurement Tools

- Value of international comparisons, WHO should provide support to MS for this and help to standardize indicators
- WHO should not impose composites, especially with regards to aggregating different dimensions
- Certain composites such as DALYs which have high scientific validity are useful
- Should avoid an overwhelming amount of indicators
- Balance of lag, lead, prospective and retrospective indicators.
- Qualitative measures have a role to play depending on rationale of HSPA
- New indicators are interesting from attribution perspective (amenable mortality, effective coverage)
- Logic models may be useful in determining which indicators to use.

## Managing process

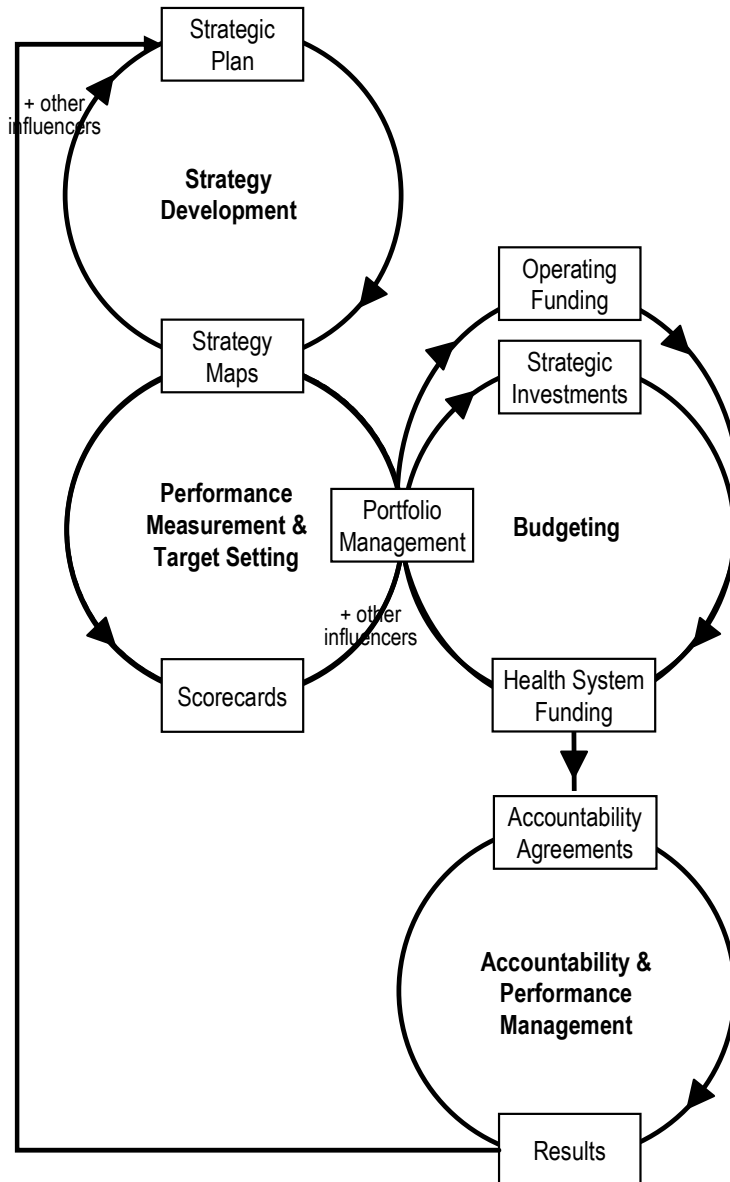
- Keep it simple
- Make proposals that are based on valid knowledge, relevant and that can facilitate comparison
- Accompany the framework with a toolkit
- Different frameworks for different stakeholders
- Involve stakeholders
- Document PA processes to build on knowledge
- Develop capacity
- Generate, stimulate demand
- Keep in mind that not all stakeholders have the same objectives

## Timelines for next steps on health system performance assessment

Steps	Timeline
Final draft paper on common framework for health system performance assessment	April 2010
Long list of performance indicators for inclusion in compendium	June 2010
Toolkit for health system performance assessment in countries	September 2010
Agreement of member states with health system performance assessment package and approach to cross-country learning and benchmarking	December 2010
Core set of performance indicators for performance comparisons	June 2011
Report Back to Regional Committee on Tallinn Charter Follow-Up	September 2011



## Recap: managing performance systematically in order to stimulate improvement



1. Develop a strategic plan for improving the performance of the system
2. Make strategy explicit and use key performance indicators to gauge progress against strategy
3. Make strategy operational through informed resource allocation decisions
4. Hold those receiving the allocated resources accountable for the results promised
5. Assess whether the results achieved have had an impact on the performance of the system
6. Adjust strategy or portfolio accordingly