Session 1:
Introduction to Health Systems and Universal Health Coverage

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In this session

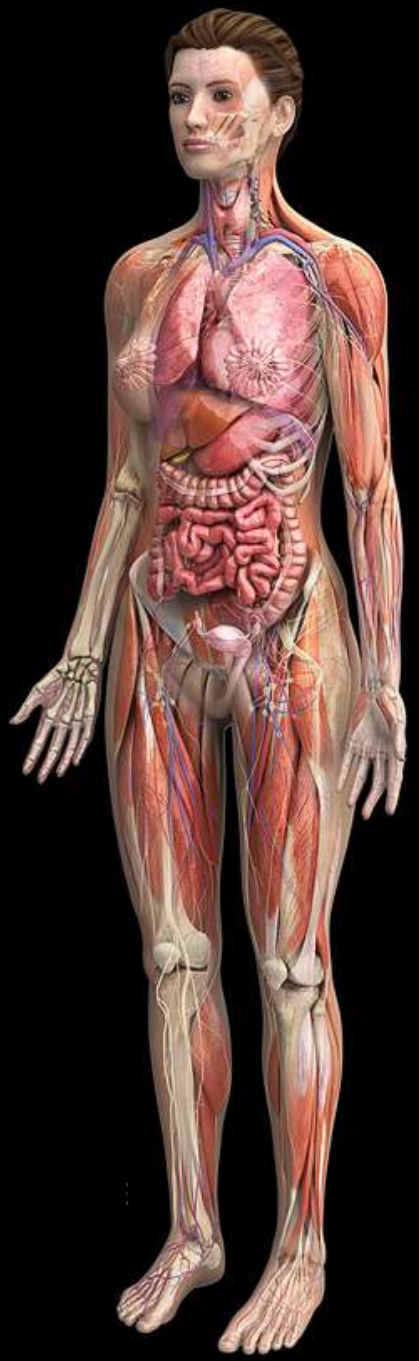
- What is a health system
- Performance of a health system
- Some useful frameworks
- Universal health coverage defined

A System

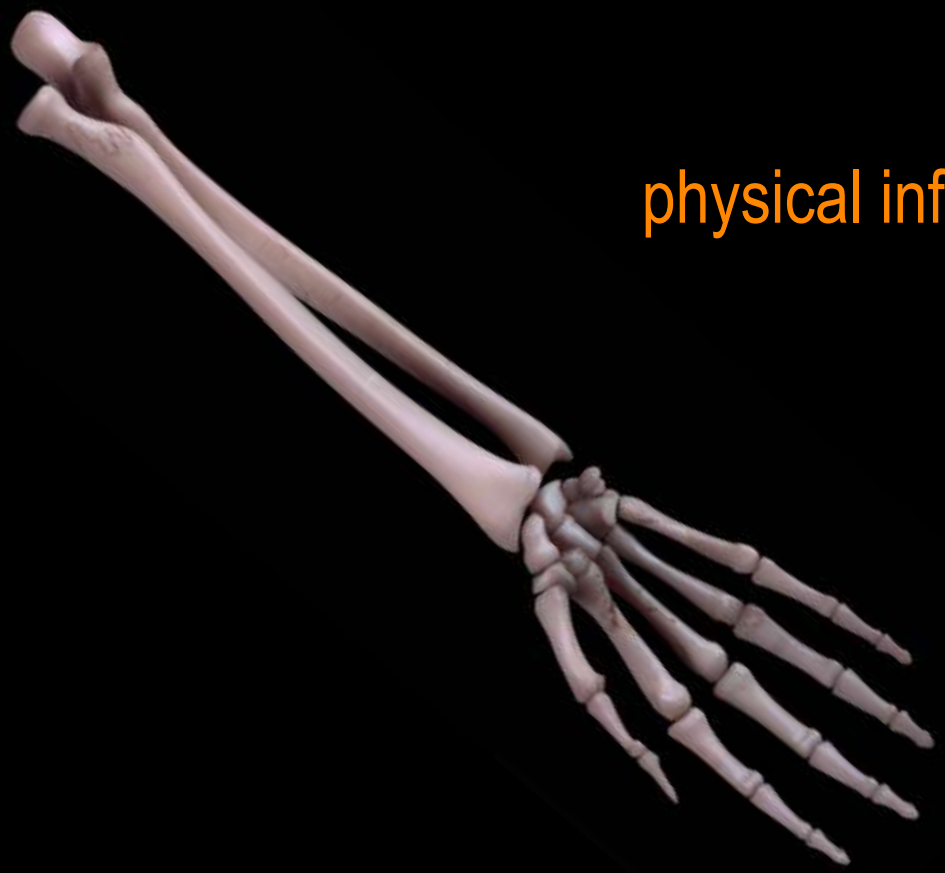
An interaction of parts and their interconnections that come together for a purpose

A health system is

like a human body

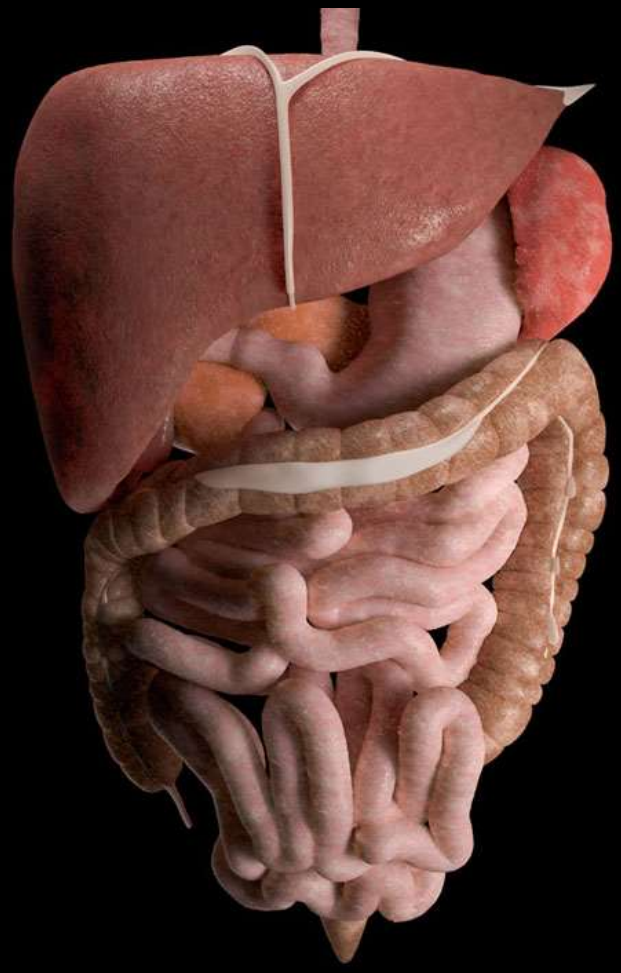


Source: blog by Ruth Levine on CGDev.org website



physical infrastructure

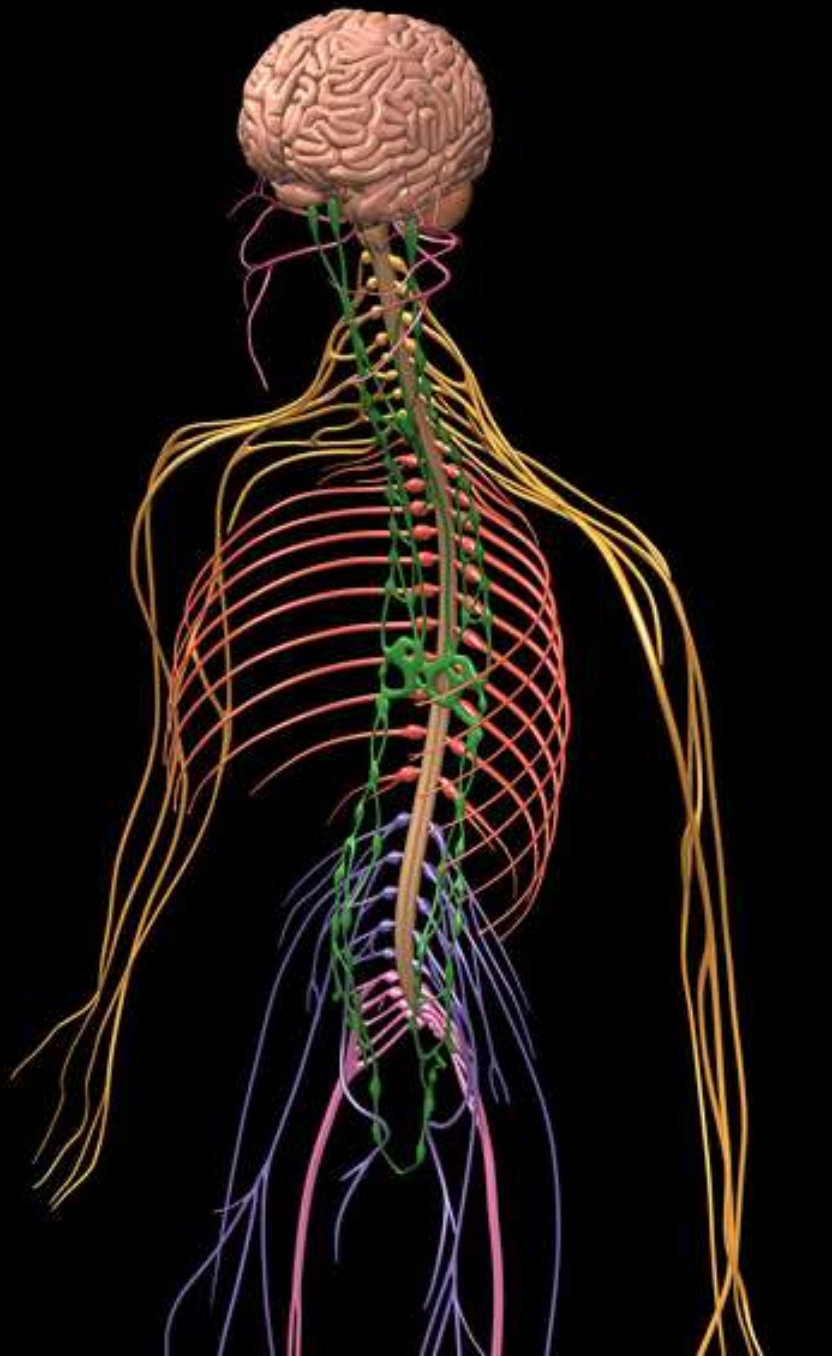
health workforce



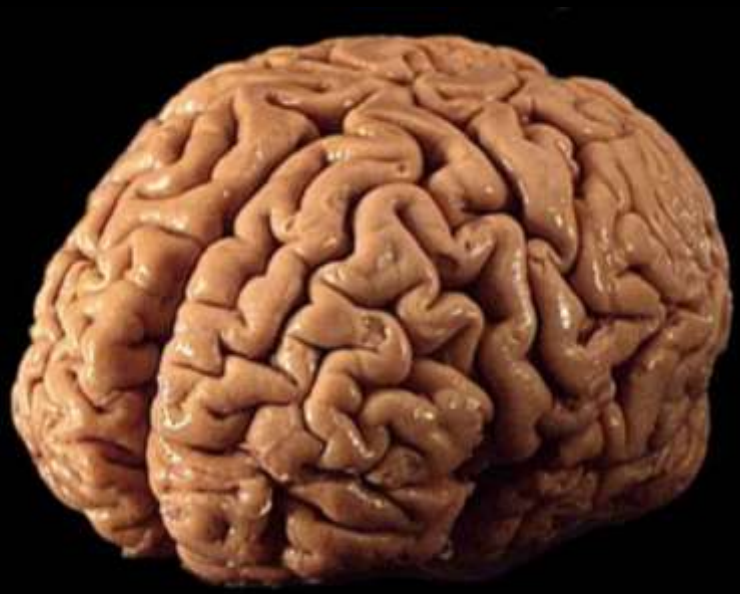
health financing

Supply chain

Information system



Oversight



What is a health system?

"The combination of resources, organization, financing and management that culminates in the delivery of health services to the population"

Roemer, 1991

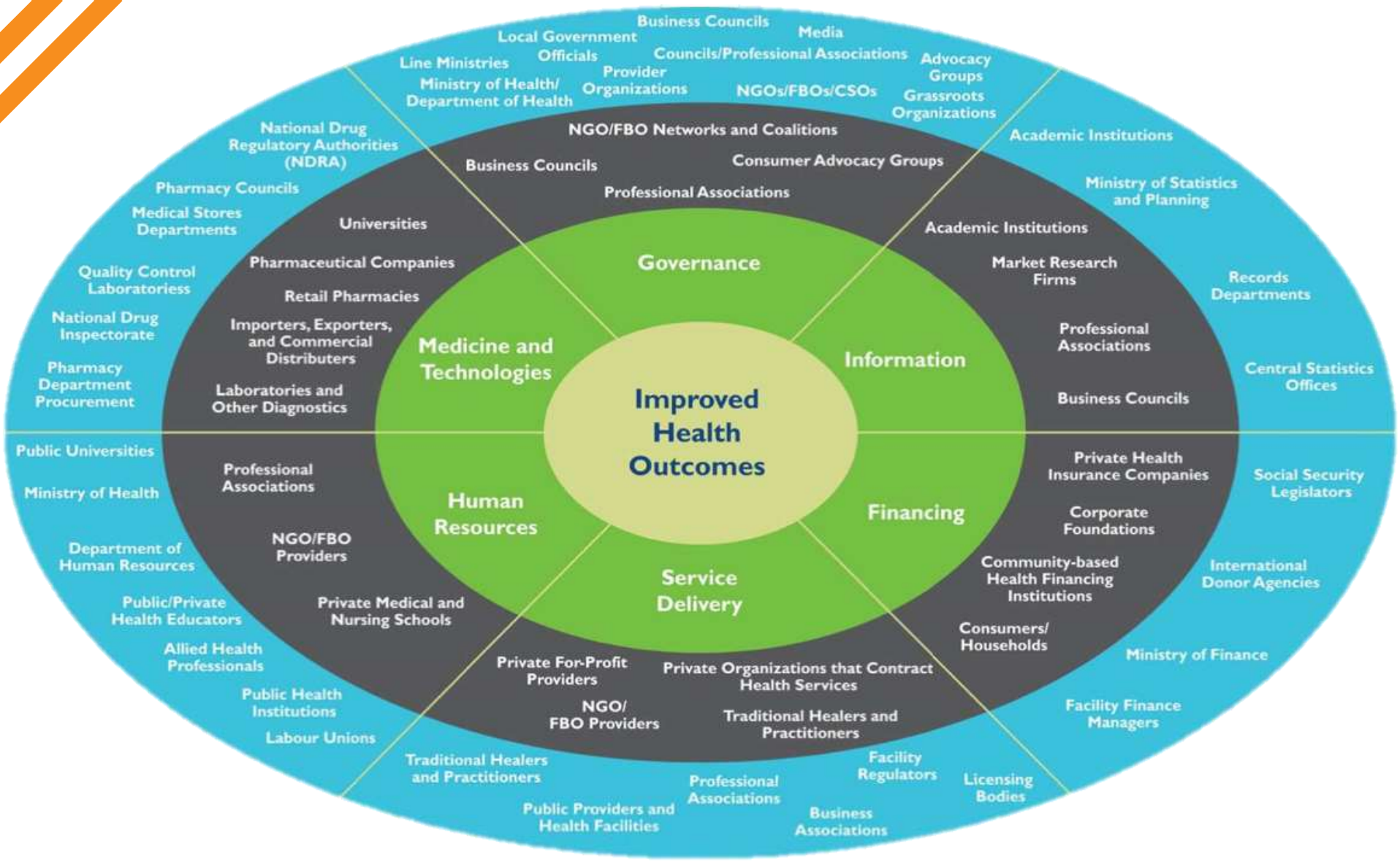
What is a health system?

"All organizations, people and actions whose primary intent is to promote, restore or maintain health"

WHO, 2007

A health system is a means to an end, not an end in itself

Who are the health systems actors?



Source: Health Systems 20/20, 2012

Achieving health systems goals

Intermediate Performance Measures

Access
Quality
Efficiency
Equity

Performance of a health system
Access

The ability of patients to use the services

- that they want to use
- that experts believe they should use

Access ≠ Use

Performance of a health system
Access

Access is influenced by:

- Physical availability

  Is the service available at a given location?

- Effective availability

  Are there barriers to patients who want to use the service? (e.g. payment [formal or informal]; limited service hours; waiting times; staff attitudes; cultural appropriateness)

Intermediate Performance Measures

Access
Quality
Efficiency
Equity

Performance of a health system
Quality

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge

(Institute of Medicine, 2001)

Performance of a health system
Quality

- Clinical quality

  providing the right kind of care in the right way and at the right time

- Service quality

  providing hotel services, amenities, convenience, courtesy, emotional support

Performance of a health system
Quality

When assessing clinical quality, monitoring tends to focus on causes rather than outcomes:

- The availability of inputs (e.g. medicines or equipment)
- The existence of appropriate processes (e.g. treatment protocols)
- The presence of structures (e.g. quality improvement unit)
- Providing the right outputs (e.g. adherence to evidence-based guidelines)

Performance of a health system
Quality

Important to monitor quality

Through for example:

- Patient surveys – to observe service quality (e.g. waiting times)
- Analysis of administrative records – to track inputs, structures and processes
- Analysis of medical records – to assess appropriate use of guidelines

And to act

Through for example:

- Changing provider payments to better align incentives
- Improving processes

Intermediate Performance Measures

Access
Quality
Efficiency
Equity

Performance of a health system
Efficiency

Using your limited resources in the best possible way to achieve your goals

Performance of a health system
Efficiency

- Technical efficiency ("doing things right")

  using only the minimum necessary resources to finance, purchase, and deliver a particular activity or set of activities

- Allocative efficiency ("doing the right things")

  devoting resources to the mix of activities that will have the greatest impact on health

Intermediate Performance Measures

Access
Quality
Efficiency
Equity

Performance of a health system
Equity

Refers to the distribution of the costs of health services and the benefits obtained from their use between different groups in the population

Equity in health is

"The absence of differences in health that are unnecessary, avoidable, unfair and unjust"

(Whitehead, 1990)

or

"The absence of systematic disparities in health (or its social determinants) between more and less advantaged social groups"

(Braveman and Gruskin, 2003)

How do we define the social groups?

Based on:

- Gender
- Age
- Ethnicity
- Religion
- Place of residence
- Type of occupation
- Educational level

For example:

- Socio-economic position
- ...

If you compare the health status of the poorest 20%

of the population to that of the best-off 20%

What do you see?

huge disparities

A poor infant is more than twice as likely to die before reaching the age of 1 than a better-off infant

A poor child is more than 3 times as likely to suffer from severe stunting than a better-off child

The adolescent fertility rate is 3 times higher among the poor than among the better-off

[based on an analysis of DHS data from 56 countries]

Source: Gwatkin et al., 2007

Why such inequalities?

One of the many reasons:

health sector failures

If you compare the health service utilization by the poorest 20%

of the population to that by the best-off 20%

What do you see?

huge disparities

A poor pregnant woman is more than 3 times as likely to deliver at home than a better-off woman

A poor child is half as likely to have received full basic childhood immunization than a better-off child

A poor woman of childbearing age is 40% less likely to practice contraception than a better-off woman

[based on an analysis of DHS data from 56 countries]

Source: Gwatkin et al., 2007

What can we do

about such inequalities?

make policies and interventions pro-poor

and

monitor inequalities

Performance of a health system
Equity

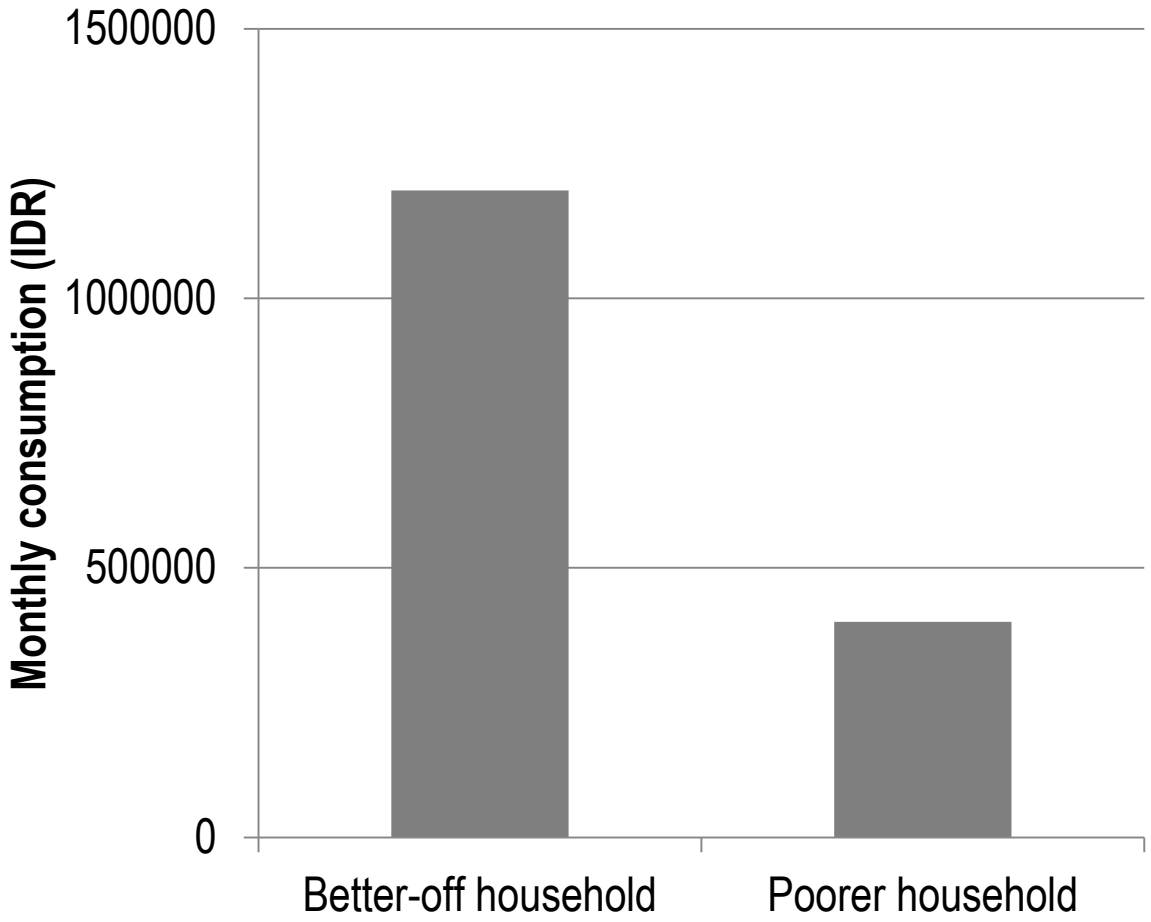
- Horizontal equity – equal treatment of equals
  - Households with equal ability to pay should be charged the same
  - Individuals with the same health condition should have equal access to health services

- Vertical equity – individuals who are unequal in society should be treated differently
  - Payment according to ability to pay
  - Unequal treatment for unequal need


Health System
Intermediate Performance Measures
Access
Quality
Efficiency
Equity
Performance Goals
Improved health outcomes
Financial protection
Customer satisfaction
Responsiveness

What do we mean by financial protection?

Imagine two households...



Both experience illness and need to seek care.

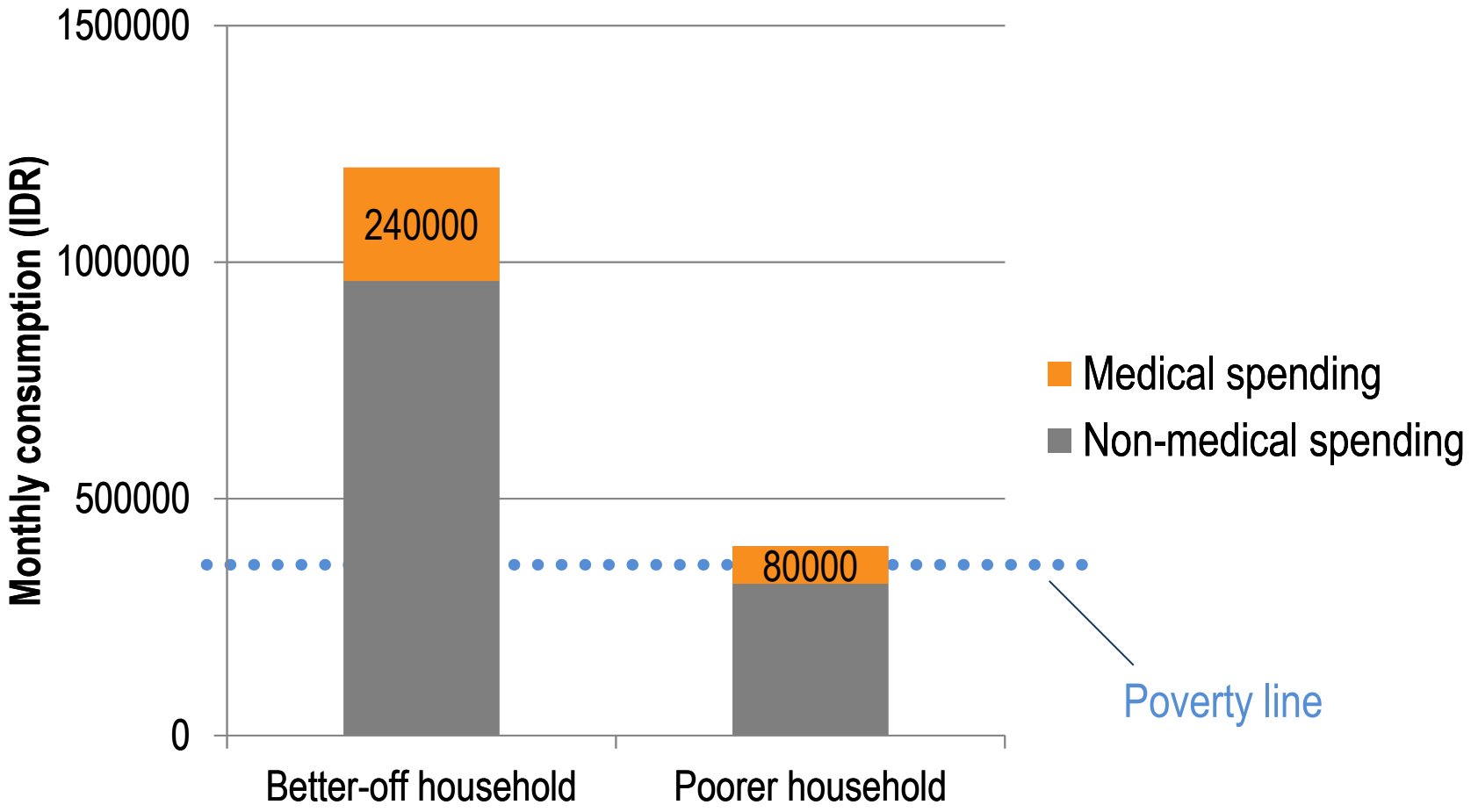
They need to pay out of pocket for the care.

How much does the out of pocket payment represent?

Imagine it accounts for more than 10% of their total consumption (e.g. 20%).

➔ It is considered catastrophic

But only for the poorer household is the spending also impoverishing



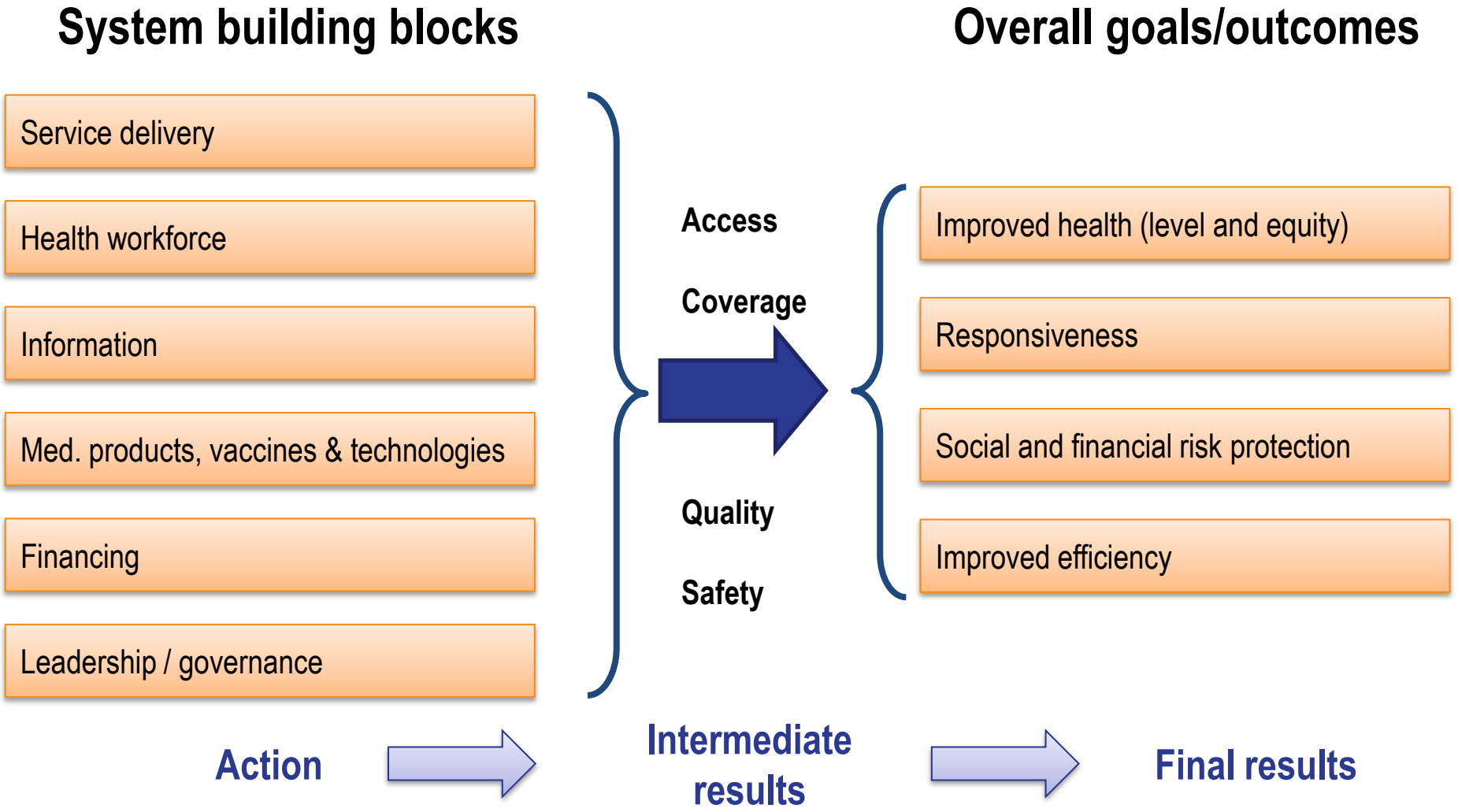
➔ The two measures of financial protection relate out-of-pocket spending to a threshold

Out-of-pocket spending is catastrophic if it exceeds a certain fraction of the household pre-payment income or consumption

Out-of-pocket spending is impoverishing if it is so large that it pushes the households (further) into poverty

SOME USEFUL FRAMEWORKS

WHO's "Building Blocks" framework



Source: WHO, 2007

Priorities by “Building Block”

- Service delivery
- Health workforce
- Information
- Med. products, vaccines & technologies
- Financing
- Leadership / governance

Access

Coverage

Quality

Safety

- Improved health (level and equity)
- Responsiveness
- Social and financial risk protection
- Improved efficiency

Source: WHO, 2007

Priorities by “Building Block”

- Service delivery

  packages; delivery models; infrastructure; management; safety & quality; demand for care...

- Health workforce

  national workforce policies and investment plans; norms; standards...

- Information

  facility and population based information & surveillance systems; global standards, tools...

Priorities by “Building Block”

- Medical products & technologies

  norms, standards, policies; reliable procurement; equitable access; quality

- Financing

  national health financing policies; tools and data on health expenditures; costing

- Leadership and governance

  health sector policies; harmonization and alignment; oversight and regulation

Limitations of the "Building Blocks"

The framework encourages "silo thinking"

"make sure each building block is ok and you'll have a well-performing health system"

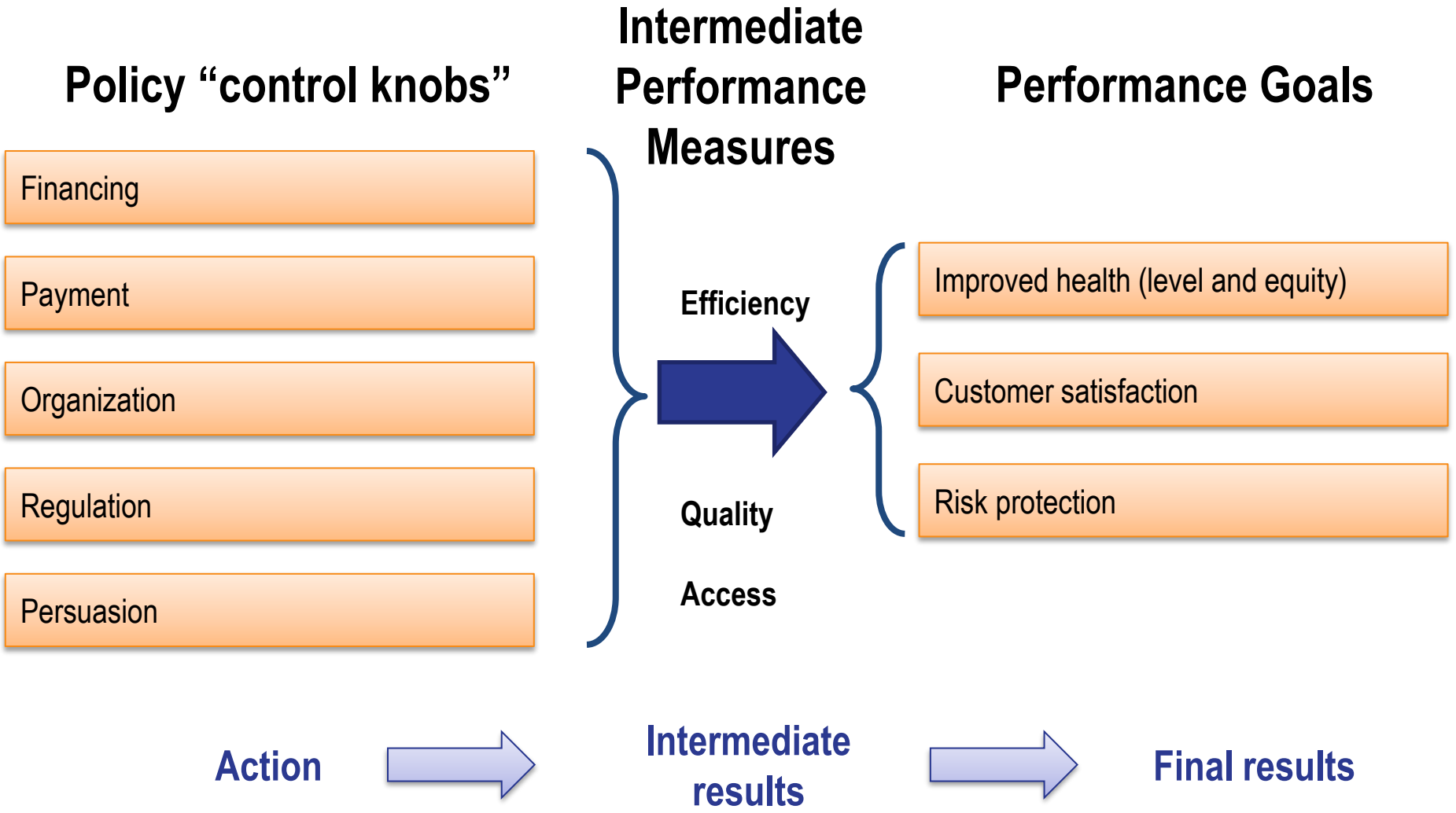
Having different actors focusing on different "blocks" may result in a fragmented approach that lacks a holistic view of the system

Limitations of the "Building Blocks"

What is missing in this framework:

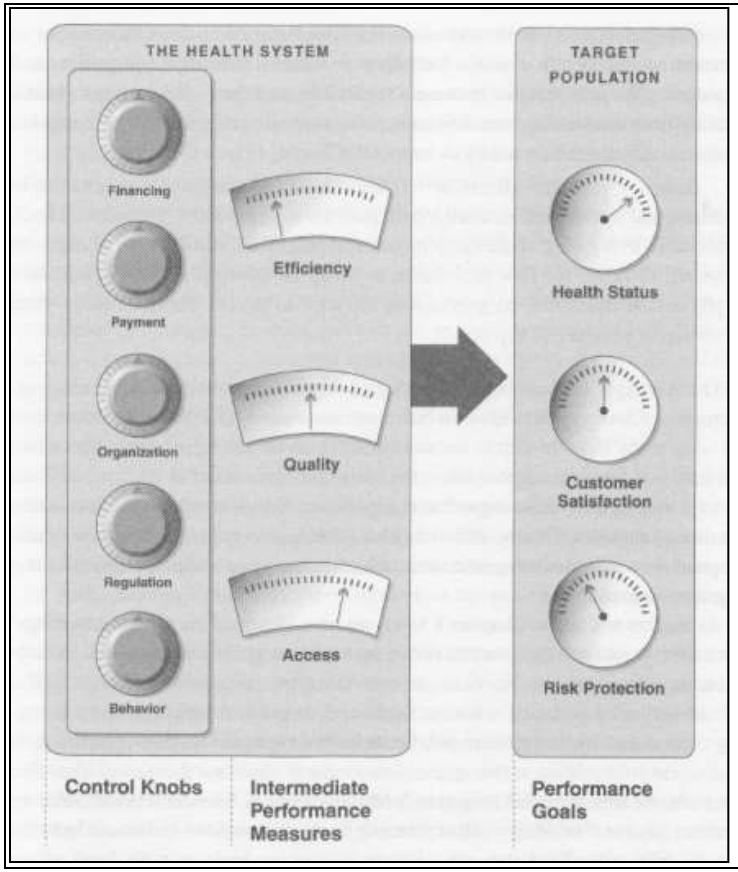
- How the different parts are interconnected and influence one another
- A proactive view – link with health policy
- The demand side: community, households, clients, not only as recipients of services, but also as producers of health (was added in subsequent versions of the framework)

The "Control Knobs" Framework



Source: Roberts et al., 2004

The "Control Knobs" Framework



The knobs reflect the

"…factors that determine a health system's outcomes and that can be used deliberately to change those outcomes…"

Source: M Roberts, W Hsiao, P Berman and M Reich, *Getting health reform right: a guide to improving performance and equity*, Oxford University Press, New York (2004).

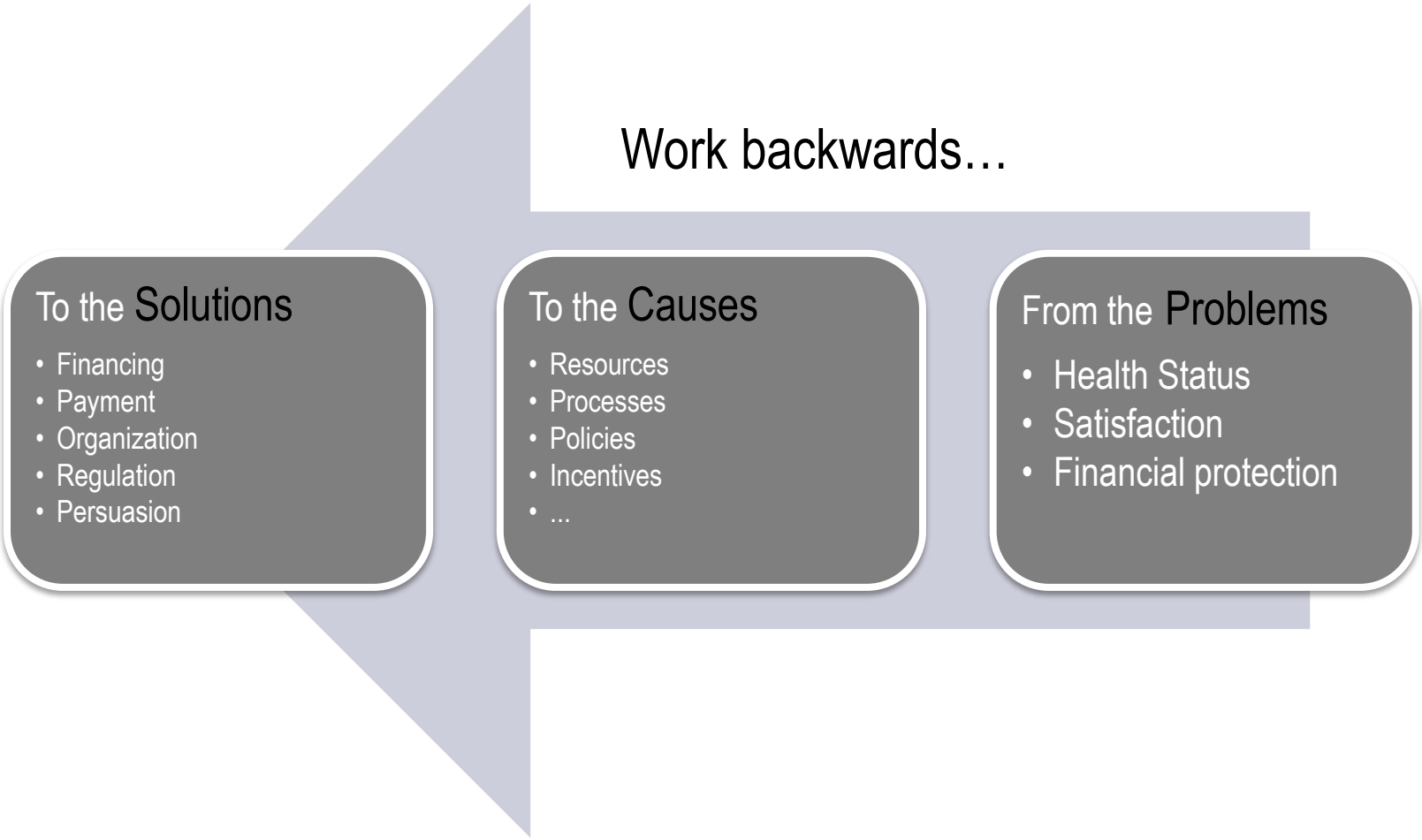
The “Control Knobs”

- Each ‘knob’ is a set of features of the health sector that can be altered by public policy
- Changing the “setting” is likely to change the performance of the health sector
- Using more than one control knob is normally required to change system performance

The "Control Knobs"

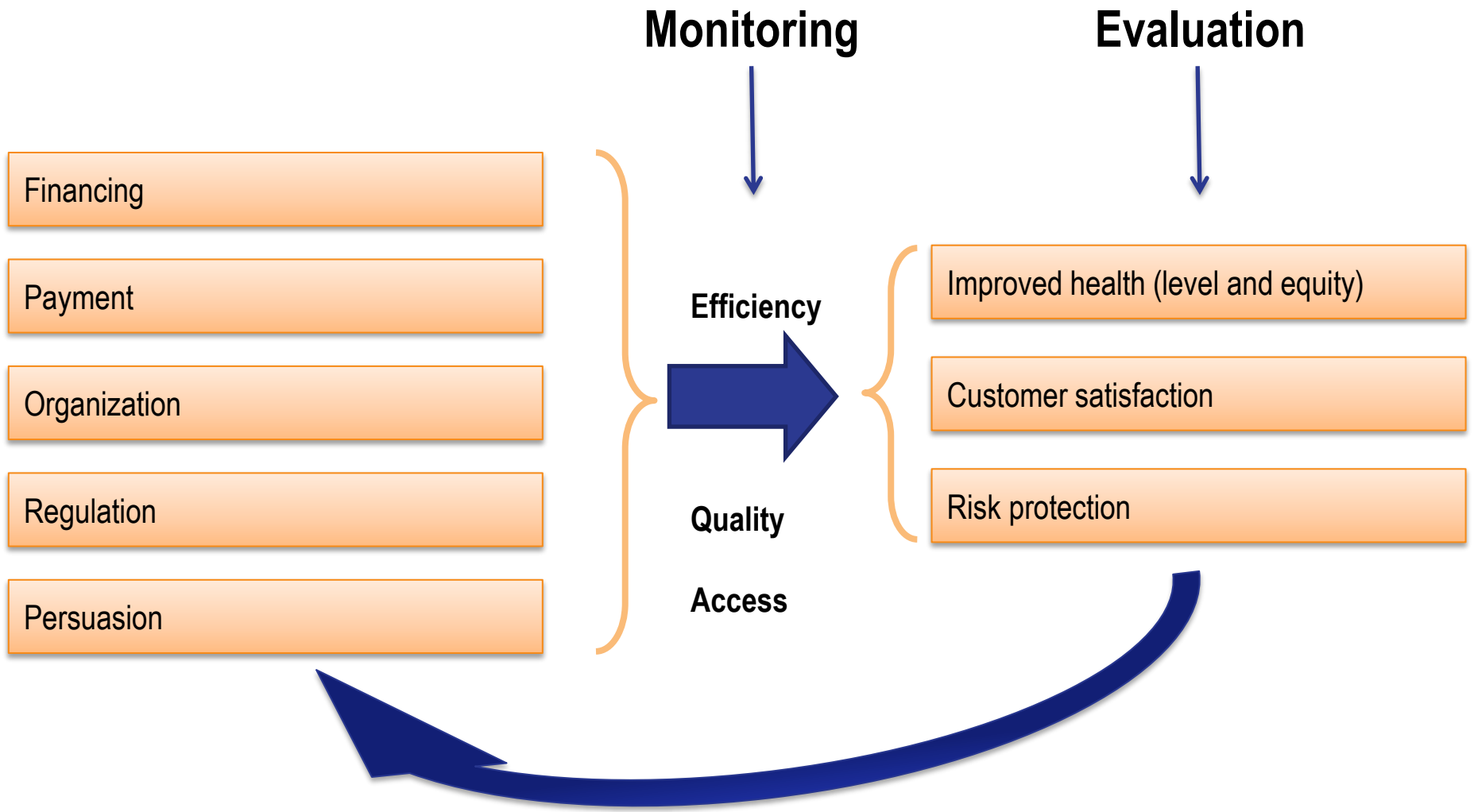
- Financing
  All mechanisms for raising the money that pays for activities in the health sector
- Payment
  Methods for transferring money to health care providers
- Organization
  Mechanisms to affect the mix of providers, their roles and functions and how they operate internally
- Regulation
  Use of coercion by the state to alter the behavior of actors in the health system
- Persuasion
  Efforts to influence how individuals act in relation to health and heath care

Applying the “Control Knobs”

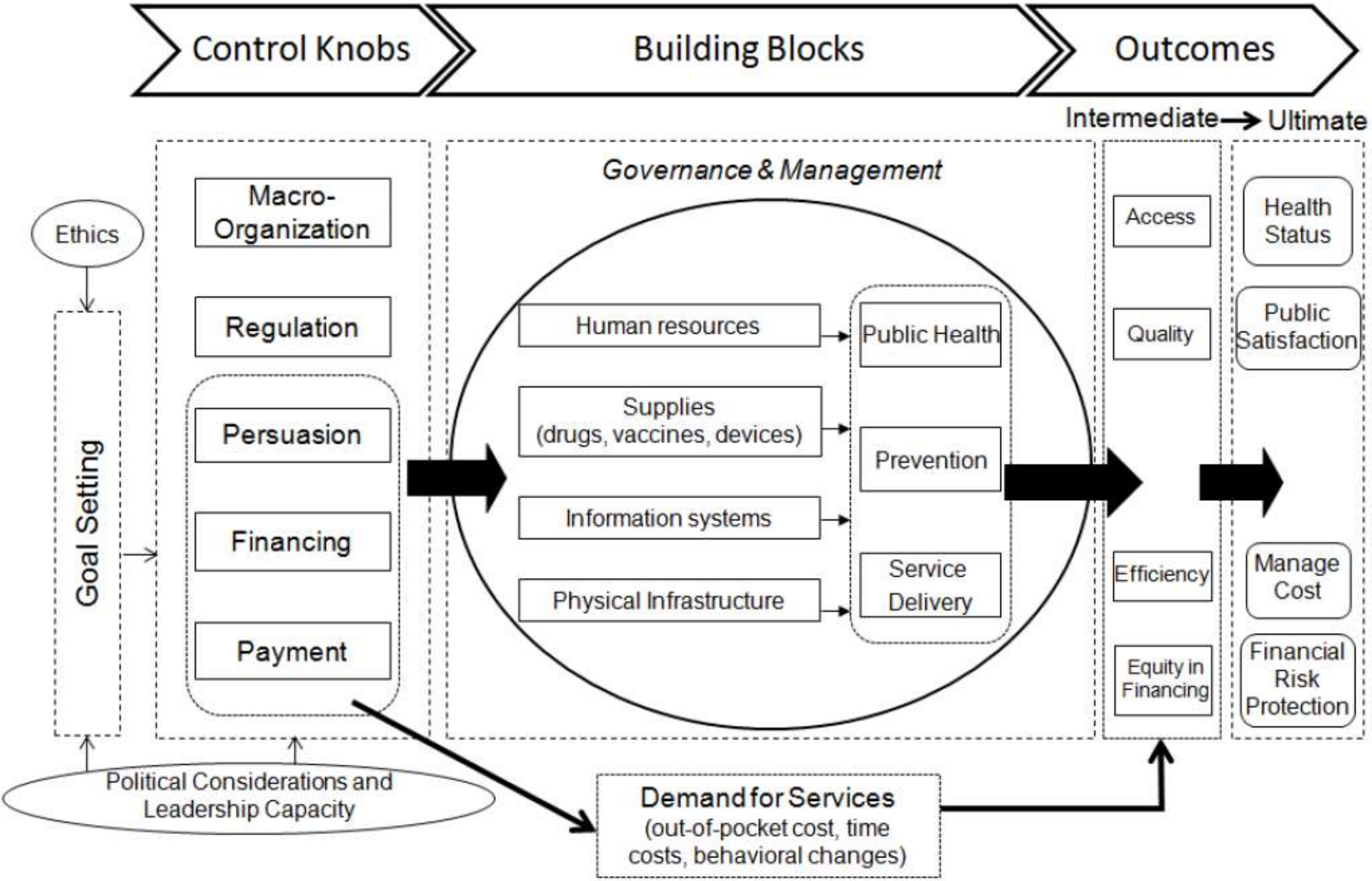


Then comes implementation...

... and M&E



... and policy feedback



Source: Hsiao and Sparkes, 2012

WHAT IS UNIVERSAL HEALTH COVERAGE?

“Universal coverage is
the single most powerful concept
that public health has to offer”

Director-General of WHO Margaret Chan

UHC defined

All people should have access to needed health services without experiencing financial hardship

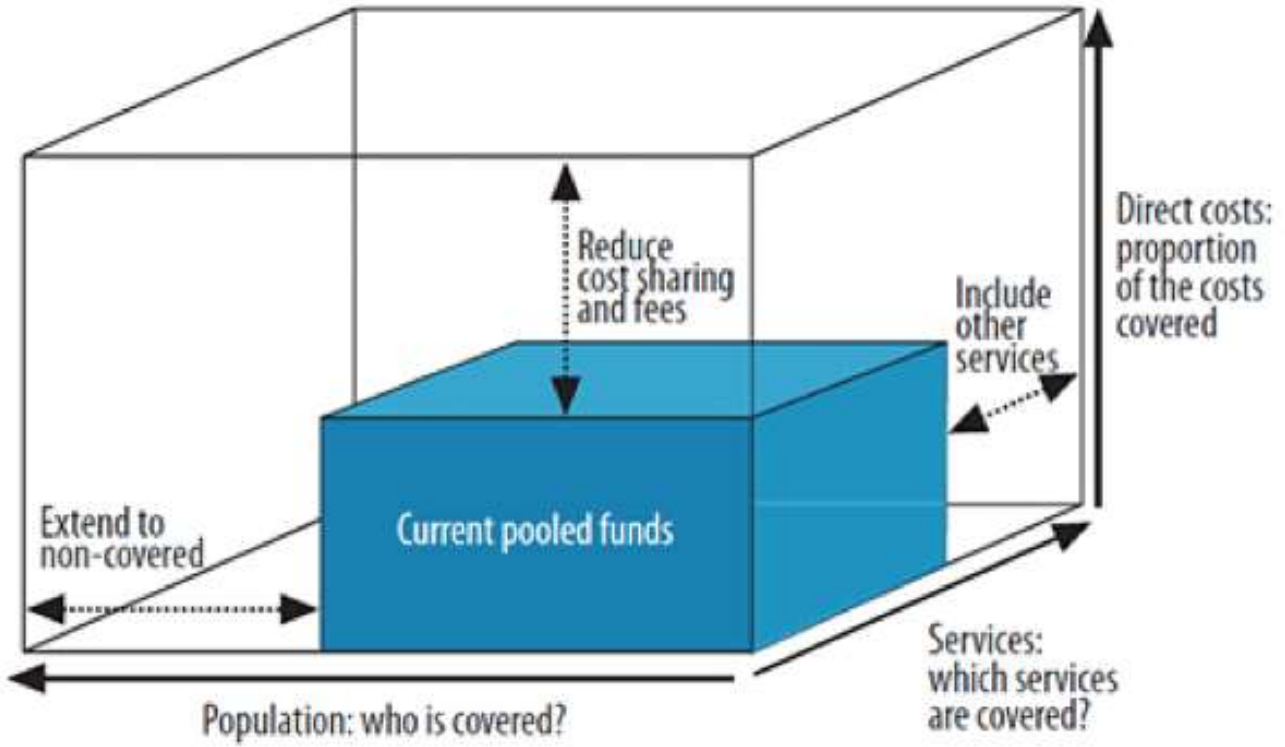
UHC objectives

- Equity in service use
- Quality
- Efficiency (best use of scarce resources)
- Financial protection

- ... for everyone → Is that realistic?

Think of UHC as a direction rather than a destination

The universal coverage cube



The universal coverage cube

Three Ways to Move Towards UHC:

- Population – who is covered

  Increase the share of the population that benefits from pooled financing
- Services – which services are covered

  Expand the scope of services that are paid for from pooled financing
- Direct cost – proportion of direct costs that is covered

  Reduce the amount of out-of-pocket payments through increased financing with insurance (pre-paid risk pooling) and/or general government revenue

"There is no single, best path for reforming health financing arrangements to move systems closer to universal health coverage"

World Health Organization, 2010

- Does that mean that anything goes? No

There are some pitfalls to avoid!

Adapted from Joe Kutzin, 2012

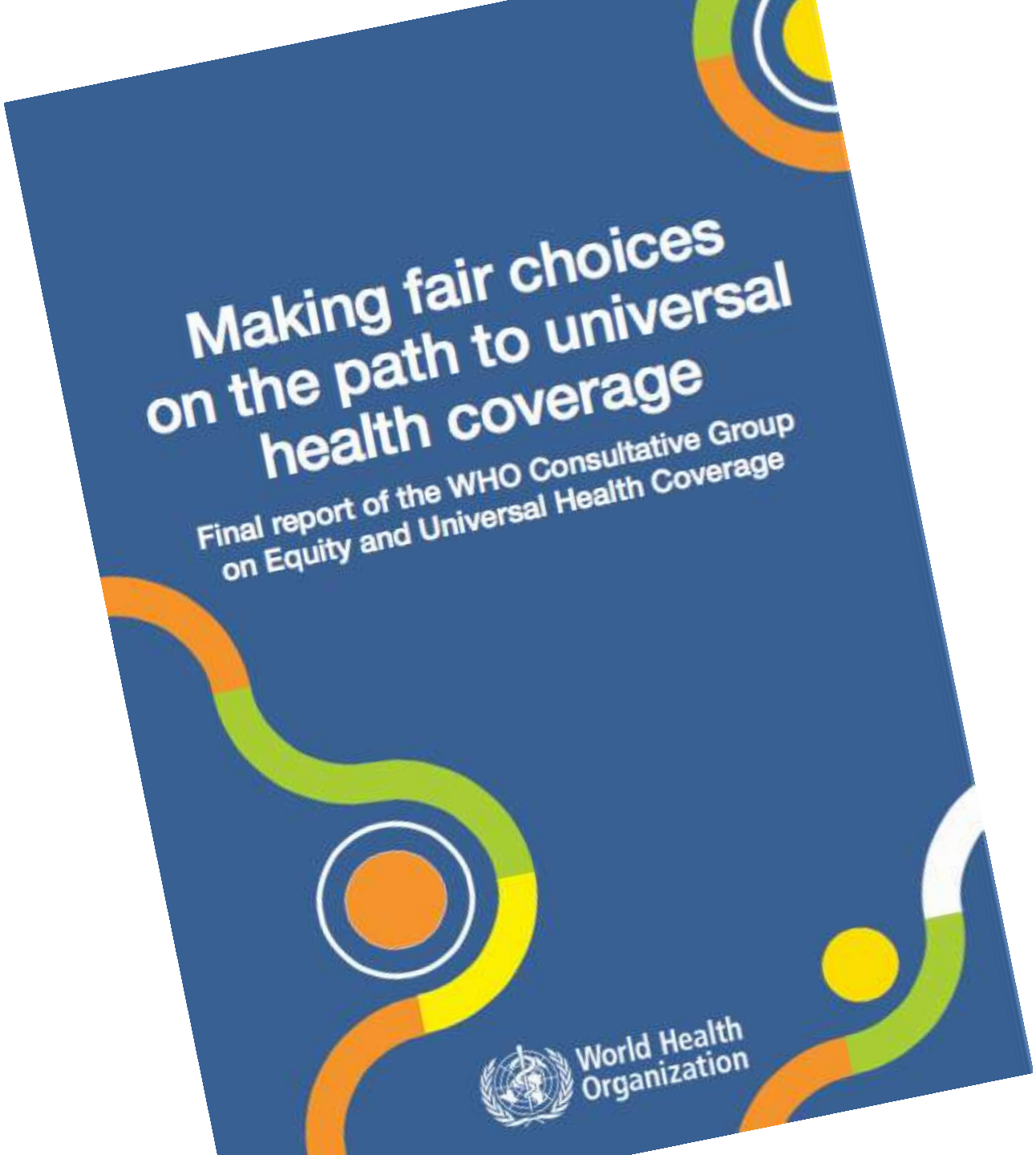
Importance of priority setting

Resources and capacity are limited

➔ Covering everything, fully, for everyone is not feasible

➔ Important to make fair choices at each step along the path to UHC !

- Whom to include first, whom next...?
- Which services to cover first, which next... (benefit package)?
- How to shift from out-of-pocket payment toward prepayment?


Making fair choices on the path to universal health coverage
Final report of the WHO Consultative Group on Equity and Universal Health Coverage
World Health Organization

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