

POLICY AND PRACTICE

Walking the talk: implementing HSPA in Hungary

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ABSTRACT

Following the adoption of the Tallinn Charter in June 2008 (1), the WHO Regional Office for Europe and the Government of Hungary, in their biennial collaborative agreements (BCAs), agreed to prioritize the institutionalization of health system performance assessment (HSPA) in Hungary in order to promote transparency and accountability for performance and to improve analytical capacity to assess the attainment of policy objectives and the impact of health system reforms. One of the underlying assumptions of the technical work was that

institutionalizing performance assessment can provide health policy-makers with systematic and comprehensive information about the performance of various parts of the health system. The following case study summarizes the process, the results and some of the challenges of the implementation of HSPA in Hungary, which might be helpful for those countries and experts who are looking for insights into and examples of a sustainable institutionalization and production process in this area.

Keywords: HEALTH POLICY, PERFORMANCE ASSESSMENT, POLICY CYCLE

MAIN CONSIDERATIONS IN OPERATIONALIZING THE HSPA POLICY FRAMEWORK IN HUNGARY

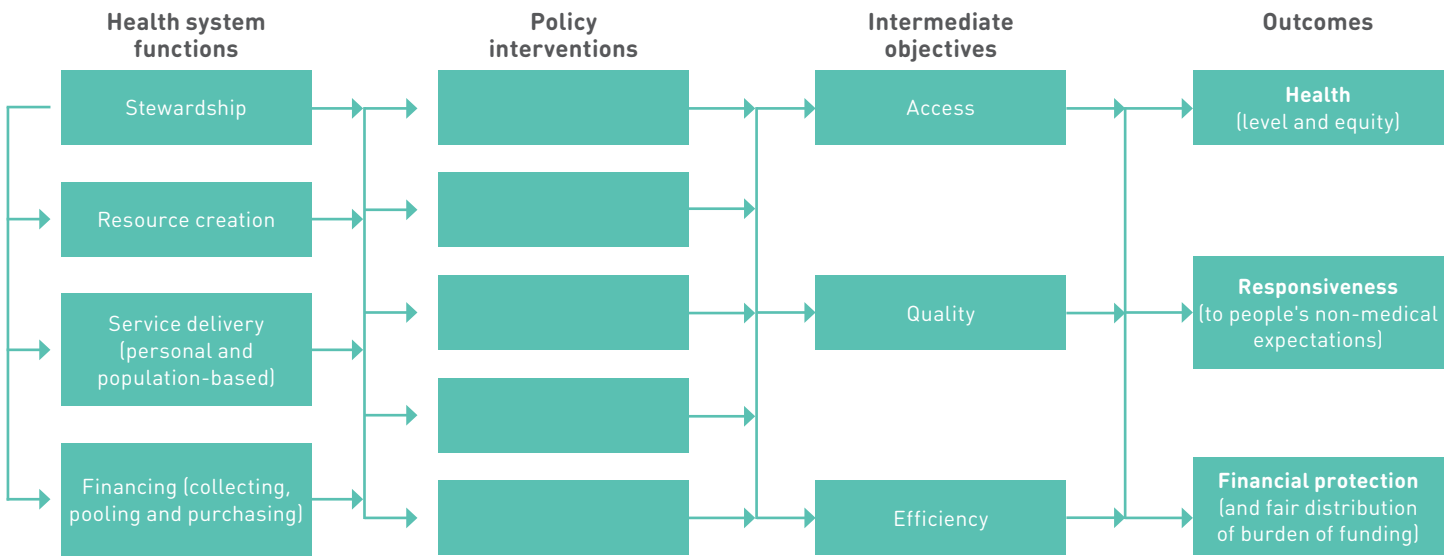
Regular, institutionalized performance assessment did not take place in the Hungarian health policy process for many years, despite the widely shared view that policy-making in Hungary operates in a data-rich environment and that the potential benefits of systematic use of the information collected are evident. Against this background, the existing systems of data collection and analysis first underwent thorough desk review by national and WHO experts to identify weaknesses, strengths and opportunities, in order to provide recommendations for developing a comprehensive performance-monitoring tool. The goal was to enable the existing statistical system to routinely produce information that would be useful in evaluating system performance and monitoring the impact of health policy interventions, producing a far more comprehensive assessment of health system performance than previously implemented.

Furthermore, a series of working papers addressed several performance objectives, including financial protection, equity in financing, financial sustainability and quality of care. The next round of BCA work agreed between the Regional Office and Hungary focused on elaborating proposals for institutionalizing the regular production of these reports (2).

An adapted version of the WHO health system framework (Fig. 1) was used as a conceptual basis for identifying the main dimensions of the HSPA in Hungary. It indicates that overall health policy goals can be attained through reforms and programmes linked to intermediate objectives measurable according to the set priorities. These reforms affect system performance in one or more functional areas. If the health system performance framework is systematically adapted, interventions in health system functions will improve intermediate objectives and, in turn, the overall goals. Therefore, the performance assessment can provide important feedback about goal attainment at system level.

Such a systematic approach has rarely been applied in Hungary's health policy. In fact, strategic goals and intermediate objectives

FIG. 1. WHO HEALTH SYSTEM FRAMEWORK



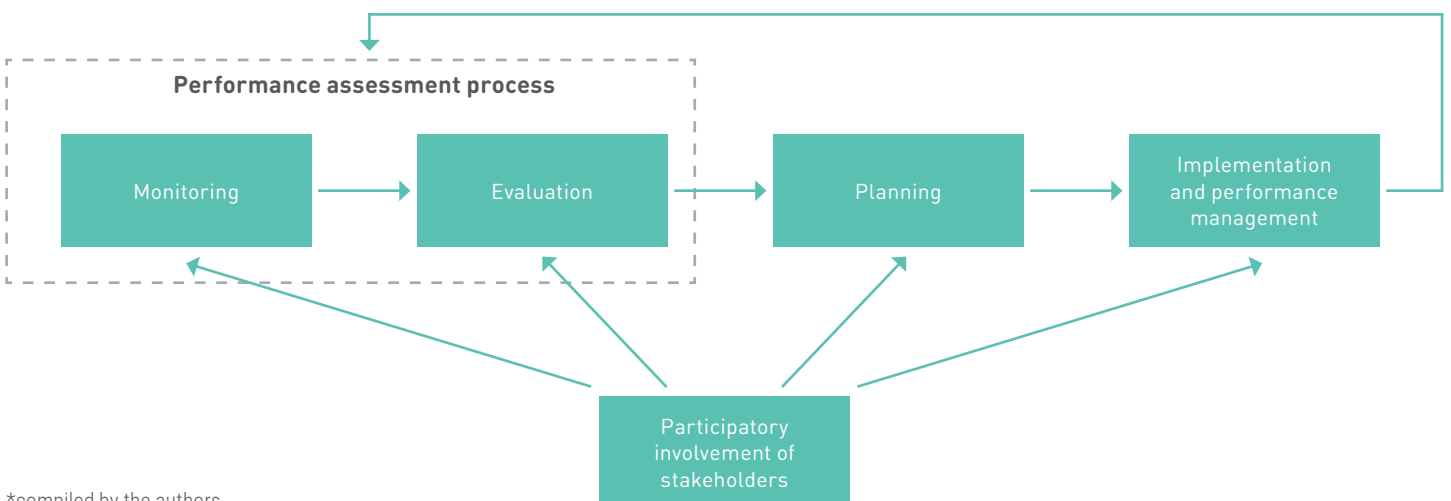
Source: Adapted from WHO (2005)

Note: The empty boxes under the heading of "Policy interventions" indicate the varying combinations of policy interventions in the various health system functions required to reach the objectives and outcomes of the health system.

were not routinely set in strategic and policy action plans, and evaluations tended to focus on legal and fiscal aspects of policy implementation and of the changes in the main functional elements of the system. As agreed in the BCA, institutionalized performance assessment aimed at systematically evaluating attainment of strategic goals and operational objectives was established in 2013. Fig. 2 shows the main functional stages of the policy cycle and the interconnection among its crucial functional elements. Using this approach, we understand the performance assessment process as the proper combination of

monitoring and evaluation stages of the policy cycle, involving all stakeholders. As shown in Fig. 2, it is essential to ensure effective organizational link between performance assessment and strategic planning as well as to efficient performance management also in policy practice, so that transparent and accountable policies can be created and implemented.

FIG. 2. MAIN FUNCTIONAL STAGES OF THE HEALTH POLICY CYCLE*



*compiled by the authors

INSTITUTIONALIZATION OF THE PROPOSED HSPA PROCESS

One of the crucial questions concerning HSPA was how it can be institutionalized. Strategic management needs can be a natural driving force behind HSPA institutionalization as one of HSPA's most important roles could be measuring the impact of strategic actions based on well-defined, specific targets compared with the baselines. In light of this, strategic management was identified as an area of Hungary's health governance that needed strengthening. Specific and realistic policy targets were missing and sectoral strategies or action plans were not in place in most of the health system functions, or were not systematically used (3). Therefore, technical experts suggested institutionalizing the performance assessment system in an organizational context that could subsequently be aligned to the evolution of strategic planning and management mechanisms.

The following five-step performance assessment formula was proposed:

1. deciding on the annual plan and methodology, including data collection plans;
2. formulating and evaluating indicators;
3. making recommendations based on the evaluations;
4. evaluating the assessment statements, proposals and methodology;
5. finalizing, approving and publishing the reports and recommendations.

The outputs of the technical work were presented at a policy dialogue at the end of 2011, when the State Secretary for Health announced that the Ministry would support the implementation of the HSPA recommendations. On the experts' recommendation to ensure HSPA sustainability regardless of any larger-scale reorganization of the public administration, the Ministry of Human Capacities issued a dedicated decree on the institutionalization of HSPA, specifying the main actors to be involved, the timing of the performance assessment process, the methodology of performance indicators, and the main outputs to be prepared regularly in the form of performance assessment reports. The decree stipulated that the overall performance reports need to be compiled biennially and must include a detailed assessment of all key performance dimensions. The implementation of the project in 2012 focused on laying the groundwork for codifying the decree.

The institutionalization process had the following milestones:

- The Ministry established a committee led by the Head of the Health Policy Department at the Ministry of Human Capacities. Among its members were representatives of various stakeholders, such as the National Health Insurance Fund Administration, the Hungarian Central Statistical Office, the National Institute for Quality and Organizational Development in Health Care and Medicines, the National Public Health and Medical Officer Services, other ministries and universities as well as the WHO Country Office for Hungary.
- The committee approved the concept paper.
- On the basis of the concept paper, the Health Care Unit of the Legal Department of the Ministry of Human Capacities drafted the decree on the performance assessment process and the corresponding ministerial order on the governing steering group.
- The documents were discussed and approved by the Ministry's executive management board and cleared for ministerial decision.
- The decree and the corresponding order were issued by the Minister of Human Resources in 2013.
- The implementation of the decree began in 2014.
- One technical unit for health system analysis of the NHSCC was assigned to coordinate and prepare the draft HSPA report and submit it for approval to the intersectoral steering committee.
- The first national report was published in May 2017 (4, 5).

LESSONS LEARNED FROM THE IMPLEMENTATION PROCESS

The first national performance report, which focused on some of the key problems facing the health system, such as high rates of avoidable and amenable mortality, was published in May 2017, attracting media attention. The media covered the report in numerous articles during the 2–3 weeks following publication. Professional organizations and individual experts praised the quality of the report, especially the depth of data analysis and the variety of indicators presented.

Another notable advantage of the institutionalized HSPA process was that it could effectively bring together all the main stakeholders of the health system during the production of the performance report. Their cooperation in the intersectoral steering committee was a key factor in the successful identification of data collection gaps and improvement of data analysis.

As regards human resources, there was initially considerable uncertainty about the availability of personnel needed to prepare the report and coordinate the technical work. However, since specific tasks were to be assigned on the basis of a clear regulation, the responsible national institute was able to allocate the human resources necessary for the first round of performance assessment.

It is important to note that the institutionalization process left some important issues unresolved. Firstly, the HSPA process needs to be linked to strategic planning and performance management of the health system as initially envisioned so that policy-makers can take full advantage of its benefits. This has not taken place until now. The institutional governance framework for strategic planning and management of the overall policy process still needs to be strengthened and consolidated.

Secondly, those involved in coordinating the implementation of HSPA must avoid any appearance of a conflict of interests. However, many senior health policy experts and stakeholders have warned that such conflicts may arise when the institution assessing health system performance is also primarily responsible for service delivery and owns public hospitals, which is the case with the National Health Service Care Centre. In the first draft of the document, this question was left open for the policy-makers so that the Ministry of Human Capacities could make the appointing decisions separately. However, during the review of the draft regulation, the Ministry of Justice and Public Administration insisted on naming the National Health Service Care Centre, which operates under the auspices of the Ministry of Human Capacities, as the host institution in the decree. Later in the production process, it was difficult for the institute to conduct a policy task that went beyond its core mandate of supervising day-to-day operations of public hospitals.

The clearly established regulatory framework bolstered the HSPA process and stakeholders' involvement during the restructuring of the Ministry and all its key national public health institutes in the years 2016–2017. While the re-engineering of the mandate, responsibility and authority of these institutes was taking place, the process and infrastructure of HSPA remained intact thanks to its sound regulatory framework.

In sum, we note that the Hungarian health system has seen a large-scale reorganization of its stewardship function since 2010. During that time, WHO provided continued technical support to the process of institutionalizing HSPA in the country. The experience differed from other countries' approaches that relied on occasional country-specific HSPA. The focus in Hungary was on creating an environment that would facilitate long-term institutionalization of HSPA and country ownership of the production of the report itself. It remains to be seen if this new approach will have a more sustained impact on the health policy process and on the health system in Hungary overall.

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