



World Health
Organization

REGIONAL OFFICE FOR Europe

Health systems
performance assessment

➤ **A TOOL FOR HEALTH
GOVERNANCE IN
THE 21ST CENTURY**



Health system performance assessment: a tool for health governance in the 21st century

In offices all around Europe, policy-makers are struggling with the health challenges of our time. Health authorities are working to manage and improve health system performance against a backdrop of growing public expectation and often limited financial resources. Many of these shared problems challenge the way we govern the health system: how to adapt health care to respond to an ageing population; what to prioritize in a difficult financial climate; how to tackle inequalities; how to meet increasing expectations of populations; how to assess which health technology is best; and how to balance health promotion, prevention activities and curative services.

In this context, health systems performance assessment (HSPA) is increasingly recognized as one of the tools that can be used to gather information to inform policy-making, to monitor progress and to identify best practices. HSPA can help optimize health systems for

health authorities committed to improving the health of their people.

This brochure seeks to provide an overview of what HSPA is and how it can be used. High-level officials from Europe's health ministries share how they found HSPA useful in their work, and experts who have put HSPA into practice provide their perspectives on the process and outcomes.

Sharing our knowledge of HSPA

HSPA already has many passionate and knowledgeable advocates. Here at the World Health Organization Regional Office for Europe, we want to make sure that this international network of expertise is accessible to everyone, particularly countries wanting to establish their own HSPA.



Zsuzsanna Jakab, Director of the WHO Regional Office for Europe.

“HSPA is an indispensable tool for governing the health system and WHO Europe encourages all of its Member States to carry out periodic HSPAs to inform policy-making and align stakeholders.”

What is HSPA?

HSPA is a country-owned process that allows the health system to be assessed holistically, a “health check” of the entire health system. It uses statistical indicators to monitor the system and links health outcomes to the strategies and functions of the health system.

Each HSPA is developed along the lines of a strategic framework that is specific to the country, such as the strategic framework embodied by a national health strategy.

Why is an HSPA started?

Most countries in the WHO European Region have been practising health sector performance assessment in some form for many years. What is different about HSPA

is that it assesses the entire system, rather than focusing on specific programmes. This approach is important because of the multiple relationships and interactions between health system functions and programmes. Once the whole system is understood, policy decisions and priority-setting can be informed by clear evidence, and results can be monitored.

For many, HSPA is a step in the implementation of the 2008 Tallinn Charter on Health Systems: Health and Wealth. In this charter, the 53 WHO Member States made a commitment to increase transparency in managing the health system. They also made a commitment to measure and demonstrate the results of health system performance.

HSPA in action

What can HSPA do?

We asked people with hands-on experience of HSPA to tell us what it achieved, and here are their answers. HSPA has played an important role in the following areas:

- o fostering transparency in the health system regarding performance and progress;
- o creating a shared understanding and vision among stakeholders of the priorities for strengthening the health system;
- o supporting evidence-based policy-making and priority-setting by providing information on system performance;
- o providing a platform for dialogue between programmes and sectors to create a shared understanding of how joint actions influence health outcomes;
- o monitoring the effects of health system reforms and national health strategies and providing a basis for adapting these as needed;
- o fostering understanding of potential areas for improving efficiency and equity in the system; and
- o formulating well-supported and convincing applications for donor funding.



Expert view: HSPA as a tool for donors

Dr George Shakarishvili, Senior Advisor, Health Systems, the Global Fund.

“For donors such as the Global Fund, the top priority is to ensure that the money we spend is used effectively and efficiently.

“Unless a funding application is based on an analytical exercise such as HSPA... then we get the shopping list or wish list... and we can't see why [the applicants] propose this particular intervention rather than something else.”

A journey around Europe with HSPA

In the country briefs that follow, experts give their perspectives from Armenia, Belgium, England, Estonia, Georgia, Kyrgyzstan, Portugal and Turkey.

ARMENIA

Armenia has completed two HSPA exercises and is starting a third. HSPA first started in 2005, and there is a long-standing commitment to the approach. Although there had been a strong record of reform in different sectors following independence, Armenia had no overall health system reform strategy before HSPA.

Findings and policy applications

The 2009 HSPA report highlighted the following areas of concern:

>> Early detection of cancer has not seen enough improvement since 1989.

>> A concerted effort is needed in prevention of noncommunicable diseases.

>> Quality of care and patient safety are areas that need attention.

>> Health inequality is an important issue that needs to be addressed in health strategies and programmes.

>> The report identified functional shortfalls and gave specific priorities, such as addressing the high prevalence of behavioural risk factors, particularly smoking among men, and focusing on lower-income households.

>> The report also recommended revision of the basic package of services covered under health insurance as well as continued reforms in primary and hospital care.

>> Parts of the report have been widely disseminated and used in preparation of international and national programmes. One example is the National Tobacco Control Programme, which has used statistics on prevalence of smoking among men below the age of sixty. Information from the 2007 and 2009 HSPAs informed policy documents and served as evidence for legal changes in tobacco advertising, which resulted in a total ban on all types of tobacco advertising in 2011.



Professor Harutyun Kushkyan, Minister of Health, Armenia, writing in 2009.

“The HSPA report offers a broader approach. It brings us invaluable information about the health system and the impact of health reform steps... We need to use the findings and recommendations of the Report to build policies, regulations and legislation which tomorrow will make the Armenian health system a true system, which directs all its resources to making the people of Armenia healthier and keeping them healthy.”

Challenges and lessons learned

Limited data was the biggest problem encountered during the HSPA. Through the HSPA process, information gaps were identified. The problem was then partially solved by carrying out household surveys.

The future

In 2012 Armenia's third HSPA report will go to the press. This time the government will partially fund the process, alongside the World Bank. The government's willingness to commit financially is an indication of the confidence it now has in HSPA.



Expert view:

Dr Diana Andreyan, Head of Department of HSPA, National Health Information Analytical Center, Armenian Ministry of Health.

"We can say that HSPA is now a continuous process."

"HSPA can have a direct role in improving the performance of health systems by embedding strategic performance information into decision-making processes."

"HSPA is the key tool for health system decision-makers."

BELGIUM

HSPA started in Belgium in March 2008, at the request of the National Institute for Health and Disability (NIHDI), which wanted to use international indicators to monitor the performance of the system and to validate international comparisons. The health system in Belgium is of a high standard and is also accessible, but the question is whether it is efficient.

The first HSPA report was delivered in December 2009. HSPA was started, in part, to allow policy-makers to see whether value for money was being realized and where greater efficiencies could be delivered. Belgium had limited experience of evaluating health system performance and had not carried out a systematic assessment before the first HSPA.

Findings and policy applications

- >> In 2007 Belgium spent more than 32 billion euros on health, one of the highest figures in Europe as percentage of GDP.
- >> Most of the population is covered by health insurance; access is almost universal.
- >> Belgium's health is improving. Performance lags behind the European average in some fields, however, such as exposure to ionizing radiation, out-of-pocket expenditure and some efficiency measures, including length of stay in hospital and the rate of mammograms in women who are not eligible for population screening.
- >> As a result of these findings, Belgium has launched national information campaigns to raise awareness among patients and medical staff of the high level of medical radiation exposure, with CT scans being a large contributor. This indicator is useful because it highlights weaknesses in safety, quality of care and patient empowerment.

Challenges and lessons learned

- >> There was strong political support for HSPA and extensive involvement of stakeholders. This is partly due to the fact that HSPA was launched with an emphasis on facilitating participation and feedback during the process. Technical staff worked on the report, and a political working group met every two to three months with representatives from federal and regional administrations. Another high-level political group met twice a year to discuss HSPA's political evolution. In this way everyone was kept informed and was able to help steer the process.
- >> HSPA has strengthened coordination among all health authorities in Belgium. Integrated health policy is increasing in the regions. The Flemish government was already working with priorities and targets, and now the French government has decided to collect indicators and to document its policies as well.

The future

The Belgian authorities have found the results encouraging and have decided to continue using HSPA as a tool. Work has now started on another full-length report, for publication at the end of 2012.



Dr Pascal Meeus (centre) and other members of the HSPA team.

Expert view:

Dr Pascal Meeus, Institut National d'Assurance Maladie-Invalidite.

"We need indicators and monitoring to see if what we spend for health is good or not. That was the motivation..."

"International comparison is important because it can give you a push from outside... It's a way to say somebody is looking at us and we need to have an answer."

ENGLAND

England has at least three decades of experience in using a target-setting approach to measure health system performance, with the aim of increasing transparency and holding strategic health authorities accountable for measurable results. The first systematic performance measurement in the National Health Service (NHS) took place in 1983. Since then, performance-based management approaches in the NHS have become a central element of health policy and helped to shape priorities. They have succeeded in creating a performance management mentality. The schemes have been dynamic, evolving continuously and building on achievements and lessons learned. A brief discussion of the two most recent schemes follows below.

Vital Signs

Vital Signs was a monitoring scheme for health authorities and NHS providers such as primary care trusts and NHS trusts. It was introduced in 2007 and ended in 2011. It illustrates some of the benefits and challenges of translating national targets into meaningful change at a local level, while also taking specific local needs into account in the implementation. To do this, Vital Signs was built on three levels. First, mandatory targets were set nationally and then cascaded down to the regions. Second, the regional authority set targets based on the national priorities to be delivered at the local level. At the third and final level, targets and

priorities were set locally. While adaptation at the local level was a recognizable part of the process, the scheme was based on a central vision of health care priorities.

Findings and policy applications

>> Some Vital Signs targets sparked major public and political discussion. During the 2010 election campaign the Labour Party promised legally binding guarantees for patients, including the right to access services within maximum waiting times and for the NHS to take all reasonable steps to offer the patient a range of suitable alternative providers if the waiting time exceeded the limit. This commitment led to focused action and substantial improvements, such as reduced waiting times for treatment in accident and emergency departments.

>> Conversely, putting health providers under the spotlight and setting strict targets sometimes had an adverse effect. Targets could distort clinical priorities and behaviours; for example, providers might refuse to admit patients to emergency departments until the maximum allowable waiting time was likely to be achieved.

>> Schemes such as Vital Signs have also facilitated discussions about using data on quality of services and patient experience, which have paved the way for a more outcome-oriented approach.



LSE/ Nigel Stead

Expert view:

Professor Gwyn Bevan, Department of Management, London School of Economics and Political Science.

“From 2000, targets, as part of a system of public reporting and performance management, proved effective in reducing hospital waiting times in England.”

“A challenge in setting targets is finding a balance between realism and ambition. Ambitious targets may result in considerable improvements even when these targets are missed, but this might be understood by the public as a failure.”



Andrew Lansley, Health Secretary, United Kingdom.

“Our ambition is to achieve health outcomes at least as good as any in the world. To achieve this, we need to focus on outcomes and their robust, continuing measurement. Our focus on improving health outcomes will give the NHS, public health organizations and local government a benchmark for what the public expects to see from their health services.”

Challenges and lessons learned

- >> Management’s use of targets was recognized as valid and useful, but it was felt that the Vital Signs scheme imposed rigid national requirements on health care delivery. Priorities set nationally were not necessarily applicable at the local level.
- >> Performance management schemes designed to detect weaknesses but not to identify causes or remedies, like Vital Signs, need to be complemented by analytical tools that enable an understanding of strengths, weaknesses and ways to address shortcomings.
- >> Choosing a balanced set of indicators to measure and manage performance remains a challenge. Arguably, Vital Signs may have created more of a focus on processes than on outcomes. This issue is addressed in the new NHS Outcomes Framework. Nevertheless, process and input indicators of performance are needed in order to assess outcomes directly or to predict outcomes in areas where results are difficult to measure, slow to develop or influenced by factors outside the health sector.
- >> Rigid and specific accountability mechanisms for nationally set priorities, coupled with a shortage of analytical tools to understand, communicate and act on the reasons for not achieving targets, were said to create anxiety among poorly performing teams. Adverse effects

of this anxiety could include “tunnel vision,” the tendency to focus on improving the figures rather than improving performance.

The future: the NHS Outcomes Framework

Since December 2010, work has been undertaken to develop a set of indicators that covers effectiveness, patient experience and safety. The aim is to move the focus away from centrally driven process targets towards the outcomes that have the greatest effect on patients. The plan for the future includes a move away from centrally driven priorities towards locally negotiated assessment of results; an integrated approach to social and healthcare outcomes for adults; and the inclusion of international comparisons, where possible, to show how England is performing in comparison to other countries.

A Public Health Outcomes Framework is also being developed to set out roles and responsibilities for society, government and individuals in improving and protecting public health.

ESTONIA

In Estonia, HSPA helped identify areas in need of reform as the country developed its national health plan.

Findings and policy applications

>> Child obesity was a problem highlighted in the HSPA. Data were available but came from different sources and surveys, so the picture was fragmented. When HSPA brought it together, the scope of the problem became clear and prompted more focused policy action. More specifically, data on children and adults as well as on obesity, diet and physical activity were all brought together by the HSPA. Such a systematic overview, general enough for direct use in the policy process, was new. Policy action has included prioritization of directives on healthy food in the schools and kindergartens, funding for dietary and physical education and an increase in the budgets for relevant infrastructure such as cycling tracks, walking paths and physical activity groups for children.

>> The Estonian HSPA clearly showed that the economic downturn and resulting budget cuts had led to longer waiting lists for specialist care. The evidence provided by the HSPA helped protect, and even increase, the health care budget.

Challenges and lessons learned

>> HSPA was effective in engaging other parts of the government, including the Ministry of Finance, in a dialogue on health care. HSPA also prompted dialogue with other players, such as employer organizations and the private sector. The report was shared in parliamentary committees and helped place the health system firmly on the parliamentary agenda.

>> Accountability was a core aim of the HSPA, but it was difficult to define a limited number of indicators that were general enough and could also be attributed to a specific policy or entity for accountability purposes.

>> The HSPA team started small and grew as the project took shape. The objectives and the indicators both changed as the project developed. This ensured a process tailored to Estonia's needs, which created a sense of national ownership, in which WHO played a supporting role.

>> HSPA coincided with work on the National Health Plan, creating opportunities for synergy. The involvement of WHO in the HSPA also enhanced the international credibility of the national process.



Expert view:

Dr Taavi Lai, Health Information and Analysis Department, Ministry of Social Affairs, Estonia.

“The most inspiring thing was the launch of the report. I haven’t heard ever before such a good response from policy-makers, politicians, colleagues etc...”

“One of the high-level policy-makers said they would keep [the HSPA report] on their bedside table, so they could go through all the data and figures before a new day of discussing health matters.”

The future

Whether HSPA will be delegated to an independent institution or whether it will stay in the hands of the

Ministry of Social Affairs is still being debated. It is likely, however, that HSPA will remain in the Ministry of Social Affairs as a reporting tool within the National Health Plan.



Hanno Pevkur, Minister of Social Affairs, Estonia.

“The economic downturn has called us to review the effective use of resources, especially in the health sector. All decisions and changes here need to be considered especially carefully and based on solid evidence. HSPA has proved very useful in introducing policy changes and in decision-making in order to meet the changing needs of today’s world.”

GEORGIA

HSPA started in Georgia in 2007 at the request of the Minister of Labour, Health and Social Affairs. The first report was published in 2009, and the second report is now underway. HSPA has shown where improvements have been made over the past few years and has been useful as a tool to trace progress towards the Millennium Development Goals.

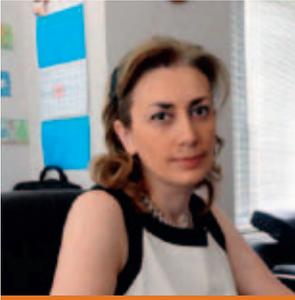
Findings and policy applications

- The first assessment of health system performance in Georgia has shown that the health status of the population, as measured by core indicators such as life expectancy and infant and maternal mortality, has been improving since the last half of the 1990s.
- Deficiencies in the reporting system resulted in significant data gaps. Data on some of the core

Mikheil Dolidze, Deputy Minister of the Ministry of Labour, Health and Social Affairs, Georgia.

“The Government of Georgia is striving to improve the health status of the population through various reform initiatives... HSPA has been introduced in Georgia to trace the progress in implementation of reform activities and to measure improvement in health outcomes... The results of the HSPA serve as an effective tool for evidence-based policy-making and inform strategic decisions concerning health reform initiatives.”





Expert view:

Dr Rusudan Rukhadze, Head of Health Care Department, the Ministry of Labour, Health and Social Affairs, Georgia.

“The HSPA report was a first step for the Ministry of Labour, Health and Social Affairs to utilize the evidence available to make better policies.”

indicators, such as immunization and maternal and infant mortality, however, were found to be reliable.

- >> Low insurance coverage and increasing out-of-pocket payments for health indicate that basic health services are unaffordable for many Georgians. One out of four Georgian citizens cannot afford prescribed diagnostic laboratory tests, and one out of ten cannot afford to buy prescribed medicine or to go to the hospital.
- >> In 2008 a large portion of public financing for health care was diverted to cover a health insurance programme for people living under the poverty line. Reimbursement of the cost of some drugs was included in the revised state-subsidized insurance programme in 2010.
- >> Since 2010 the insurance companies have become involved in building and renovating hospitals in different districts. By 2013 the country will have 150 new hospitals with 8000 hospital beds.
- >> Since 2006 building and renovation of primary health care facilities as well as retraining of family doctors and nurses have been ongoing in Georgia in order to improve the quality of primary care.
- >> A new national health information management system is being developed. All providers, insurance companies and pharmaceutical companies will be connected to the system so as to provide comprehensive and reliable statistical information.

Challenges and lessons learned

- >> The initial set of 100 indicators was too broad, and some indicators required special surveys in order to collect the data. In response, the number of indicators was decreased to 38.
- >> Consultations with the national and international health system stakeholders were held at each stage of the development of the HSPA. This facilitated useful discussions throughout the process.
- >> Although not all policy recommendations have been implemented yet, the HSPA is a major step forward in supporting evidence-based policy-making, transparency and accountability in the health system.

The future

HSPA was institutionalized in Georgia by governmental decree in August 2010 and will be carried out every two years. In 2012 the MoLHSA intends to conduct the second HSPA report in collaboration with the WHO Regional Office for Europe. The HSPA team is expected to generate recommendations that will promote an evidence-based policy-making process in Georgia.

KYRGYZSTAN

Kyrgyzstan has been a pioneer in developing and refining a monitoring instrument that laid the foundation for a country-specific HSPA. Work started on health system monitoring in 2001. In addition, in-depth policy studies are commissioned every year to build an understanding of what lies behind the trends. Since 2006 HSPA has fed into annual meetings between the government, other stakeholders and development partners, where progress, future programmes and investment plans are discussed.

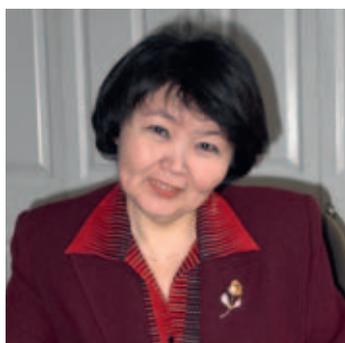
Findings and policy applications

- >> The annual performance reviews demonstrate progress in financial protection, access and efficiency. They provide a decade-long record of the impact of reform and have been used in advocating for health system reform at the highest levels of government and with development partners.
- >> Information from the HSPA was used to highlight the impact of informal payments charged by doctors, showing how this practice made health care unaffordable for a significant proportion of the population.
- >> With HSPA it is possible to identify specific problems and to direct policies accordingly. Despite investments in maternal and child health, for instance, more than 40%

of pregnant women still deliver with anaemia. Another policy concern is the increase in informal payments to medical personnel, despite a reduction in the financial burden on patients for hospital care due to better availability of medicines and supplies. Informal payments have increased because of a widening salary gap between health care providers and employees in other sectors. Furthermore, there is a shortage of health professionals in rural areas. These problems were identified in the last report and informed the development of the 2011 health sector programme.

Challenges and lessons learned

- >> The annual performance reviews are critical, providing a platform to discuss progress in key areas.
- >> Performance assessment has highlighted disappointing information on health outcomes in priority areas such as cardiovascular disease and maternal and child health. The new health sector programme focuses on improving public health and individual services, to help ensure that strengthening the health system leads to better health outcomes.
- >> Building in-country capacity for HSPA is an ongoing process, in which the WHO Regional Office for Europe can provide valuable support.



Dr Ainura Ibraimova, former Deputy Minister of Health for Kyrgyzstan and General Director of the Mandatory Health Insurance Fund, Ministry of Health.

“Evidence on the extent of under the table payments helped us to get support across the whole government, to push forward with a fundamental reform of the way we finance health services.”

“[HSPA] has a very promising future. In spite of the current economic challenges of Kyrgyzstan and political changes, the Ministry of Health does not want to lose this tool. The Ministry uses it very widely.”

>> Determining the consequences for failing to meet performance targets presented a challenge. The punishment mentality inherited from the Soviet era has gradually been replaced by collective dialogue to address shortcomings.

>> Data gaps remain a problem. Routine data obtained through the health information system cover inputs (such as beds and staff), processes and health outcomes. Data on health behaviours, out-of-pocket payments, various dimensions of inequality and quality of care need specially designed surveys, which require planning and funding.

The future

Kyrgyzstan needs to develop a long-term institutional arrangement for HSPA, led by the Ministry of Health with support from various public and private agencies.

Kyrgyzstan now faces political and economic uncertainty. Both political leaders and WHO staff, however, believe that HSPA has proven its worth in building capacity for evidence-based policy-making.



Expert view:

Dr Melitta Jakab, Senior Health Financing Policy Analyst, WHO Regional Office for Europe.

“In Kyrgyzstan, HSPA is not a report but a carefully crafted process of transparency and accountability. There is a formal annual health system performance review, taking place over one or two weeks... with participation of the government, stakeholders and development partners. The conclusions of the review then drive policy, programmatic and funding decisions throughout the year. This dialogue is much more valuable than the sector monitoring instrument and evaluation studies by themselves.”

PORTUGAL

Portugal was severely affected by the global financial crisis of 2008. The government has faced difficult choices since then in stimulating the economy while also attempting to maintain the public deficit at around the European Union average.

Within this difficult financial context, HSPA was used to complement the monitoring and evaluation of the current National Health Plan and to help develop the next

National Health Plan. It provided a whole-system perspective. Monitoring and evaluation of the National Health Plan focused on political accountability— that is, whether promised health outcomes were delivered. HSPA considered the larger question of how the system was functioning and identified opportunities to improve the system. HSPA provided a platform to examine priorities, processes and structures, not just health outcomes.



Expert view:

Dr Paulo Nicola, Office of the High Commissioner of Health, Portugal.

“The greatest impact was that it was clear how to build the next National Health Plan. It became a continuation of the HSPA and the previous plan. We merged them... The HSPA framework has helped us to move from a value-based NHP to a performance-based framework.”

“HSPA prepared the ground for greater collaboration between Portugal and the World Health Organization. After HSPA, WHO knew Portugal and its reality much better and was both able and ready to help and act as a consultant for the NHP.”

Findings and policy applications

» HSPA was used to complement monitoring and evaluation of the National Health Plan 2004–2010. The Ministry of Health was also presented with evidence and policy options from the HSPA for use in the next National Health Plan 2011–2016.

» HSPA facilitated transparency at a time when stakeholders were concerned about health care expenditure and wanted a clear picture of what they were receiving from the health system. HSPA was launched at a press conference and put online, so the aims and results were publicly available.

Challenges and lessons learned

» Portugal has a rich health policy knowledge base with a great deal of literature in the Portuguese language. Local experts felt that it would have been beneficial to integrate this existing knowledge in the early stages of the HSPA.

» HSPA created opportunities for dialogue on health sector performance between ministries and within and beyond the health sector. The HSPA process also stimulated a cycle of feedback and reflection on the role of all stakeholders in the health sector.

» Finding synergies between the National Health Plan and HSPA was beneficial in terms of resource-sharing. Because the two were implemented at the same time, the HSPA team worked alongside national institutions, sharing staff and, to a large extent, using the same data.

» HSPA was also helpful in introducing health system terminology and widening the discussion to issues other than population health, such as health financing and human resources.

The future

It is difficult to know the future for HSPA in the current climate of political and economic instability in Portugal. Nevertheless, the experts who were involved in HSPA have suggested that it become an integral part of the National Health Plan.

TURKEY

The Ministry of Health in Turkey has implemented a comprehensive sector reform programme, the Health Transformation Program (HTP), which is aimed at improving the governance, efficiency and quality of the health sector. The HTP's success is dependent on tracking its impact on health outcomes, outputs and structures.

Monitoring and evaluation have become even more important following the development of the Ministry of Health Strategic Plan for 2010–2014 and the move to performance-based budgeting.

Findings and policy applications

>> A well-defined health reform programme and the Ministry of Health Strategic Plan guided the development of the HSPA framework. The framework was discussed within the ministry and with other stakeholders, providing opportunities to make sure objectives were aligned and to build a common vision. The HSPA framework was then used in the Strategic Plan in order to show how all programmes contribute to better and more equitable health outcomes.

>> Units within the Ministry of Health, along with other stakeholders such as the Turkish Statistical Institute and Social Security Institution, were involved in data collection, reviewing the first draft report and collecting information on policy documents.

>> A broad participatory approach has allowed stakeholders to develop a sense of ownership of the process.

Challenges and lessons learned

>> The quality and availability of data for some indicators created significant difficulties during the HSPA process. Data came from a number of sources; thus, timelines, definitions and methods of calculation were varied and not always compatible with international data standards. Moreover, as in many countries, data-sharing between the Ministry of Health and other institutions posed a challenge. The HSPA team dedicated a significant amount of time to finding ways to overcome these problems.



Recep Akdağ, Minister of Health, Turkey.

“Turkey’s Health System Performance Assessment is a concrete step, which Turkey took in order to conform with the Tallinn Charter. The Charter aims to increase the capacity of the Member States of the WHO Regional Office for Europe, to regularly monitor and report on health care systems performance. We believe that the study, in the context of transparency and accountability, will prove to be useful for all actors involved in the health care system, as well as highlighting the major health sector reforms made since 2003 within the scope of the Health Transformation Program.”



Ceren Akbiyik and Dr Ayşegül Gençoğlu from the School of Public Health.

Expert view:

Ceren Akbiyik and Dr Ayşegül Gençoğlu, School of Public Health (TUSAK).

Ceren Akbiyik: “The Minister requires Turkish HSPA to show the Turkish people and the international community the success achieved since the initiation of HTP.”

Dr Ayşegül Gençoğlu: “From our experience, HSPA comes strongly recommended as an instrument for identifying political priorities and formulating evidence-based policies.”

Ceren Akbiyik: “It is more efficient when someone else, an outer eye, is assessing your performance and also comparing you with other countries. They can be more objective and unbiased.”

➤ This process was an opportunity to identify information gaps and to map the available sources of data. A data bank, regularly monitored and centrally available, would be an extremely useful side product of the HSPA process.

➤ How HSPA can be used for performance management at the regional level is still being debated.

➤ The involvement of international organizations and consultants helps maximize transparency and credibility. It also provides local staff with international technical expertise. Continuity of support by international consultants is extremely important.

The future

The Ministry of Health plans to carry out HSPA periodically. This means that standardizing and streamlining the process, particularly with regard to data-sharing, is critical. Regular HSPA implementation also requires developing the capacity of the national team.



Conclusion

Results of HSPA from our case studies

There is no “right way” to carry out HSPA. As we have seen, HSPA can be used in different ways, depending on the needs and resources of individual countries, and it can produce a variety of results. These results include fostering dialogue, engagement and participation; mobilizing other sectors; highlighting data gaps or problems with data quality; revealing conflicting health system values or objectives; fostering consensus on priorities for better performance; and developing a culture of striving towards better performance.

For countries that have a national health policy and/or a health sector reform programme, HSPA can be used to monitor and evaluate system reform or strategy. In other words, it can help adjust existing frameworks, define the scope for future reform or draw stakeholders to the table for discussions on system performance.

Key factors and guiding principles to consider in conducting HSPA

- o HSPA works best with a flexible framework and set of indicators. Flexibility allows for changes over time in response to changing priorities or environments, such as a change of government or economic conditions.
- o Depending on the country’s priorities, HSPA can be placed in the health ministry, in an independent institution at arm’s length from government or in a setting entirely independent from government.

- o HSPA delivers long-term results in terms of health system excellence and performance. It requires ongoing investment in terms of capacity and resources. Enthusiasm and continuity of staff are also important factors in the success of the process.
- o To date HSPA has been conducted mainly at a national level, with national objectives and priorities. All principles and values could be applied to health systems at a subnational level. Health systems also need to be understood at local and regional levels with performance assessment cascaded downwards.

Guiding principles

Our aim is to facilitate a continuous international conversation on how HSPA can best be applied to improve health systems. Each HSPA is specific to the country carrying it out. At the WHO Regional Office for Europe we want to facilitate the best possible support for those seeking to raise the standards in health systems across Europe. For this purpose, based on the wealth of experience gathered in the case studies, the WHO Regional Office for Europe has identified five guiding principles for conducting HSPA.

- o To improve performance, our approach needs to be coherent. This entails coordinated action on multiple system functions. It is not enough to gather information and put it together; dialogue is critical to make sure that information coming from different perspectives is properly understood and integrated.

- o A performance framework of the whole health system is a helpful tool and separates the health system into manageable parts. The framework illustrates relationships and links between areas of the health system. It also identifies key forces outside the health system, such as social determinants and other sectors of government.
- o HSPA is more than a group of technical staff gathering results on indicators and producing a report. The process creates a momentum that engages stakeholders from the starting point onwards. This raises awareness, develops capacity and fosters common understanding. In this way we build a sense of shared ownership and acceptance of the HSPA results.
- o An equity lens can and should be part of each step of the HSPA process: during the development of the framework, during the collection of data, during analysis of the data for relevant groups and during formulation of policy recommendations.
- o Arriving at meaningful answers to the policy questions requires more than simply looking at the indicators. Meaningful answer requires analytical studies and evaluation.

Further reading

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