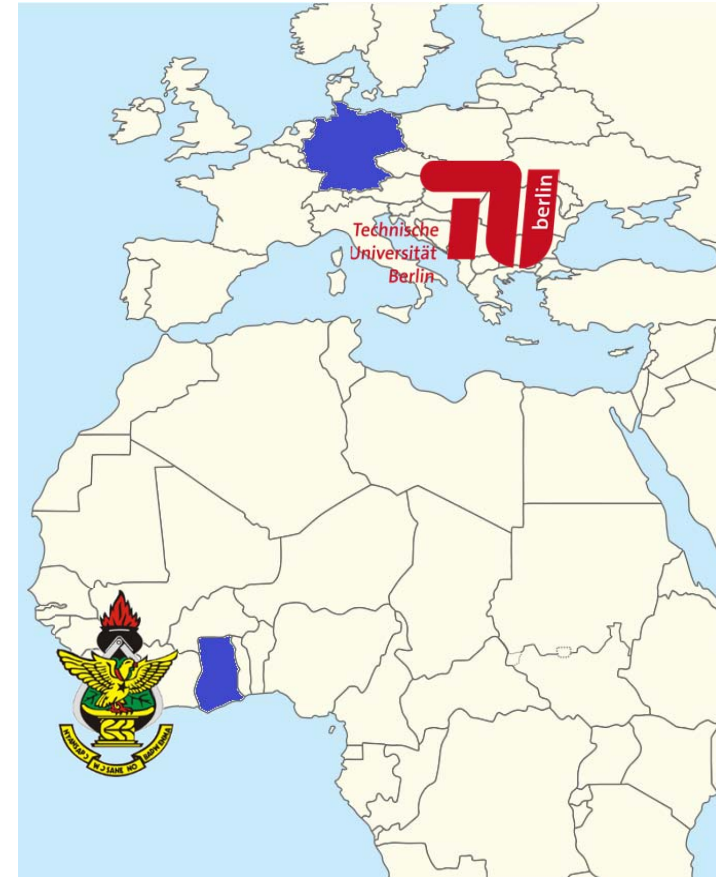


HSRM

Capacity-building in Health Systems
Research and Management

Rethinking health care purchasing Assessing needs and the appropriate technologies to address them

Dimitra Panteli, MD, MScPH, DrPH



PAGEL
Partnerschaften für den Gesundheitssektor
in Entwicklungsländern
DAAD



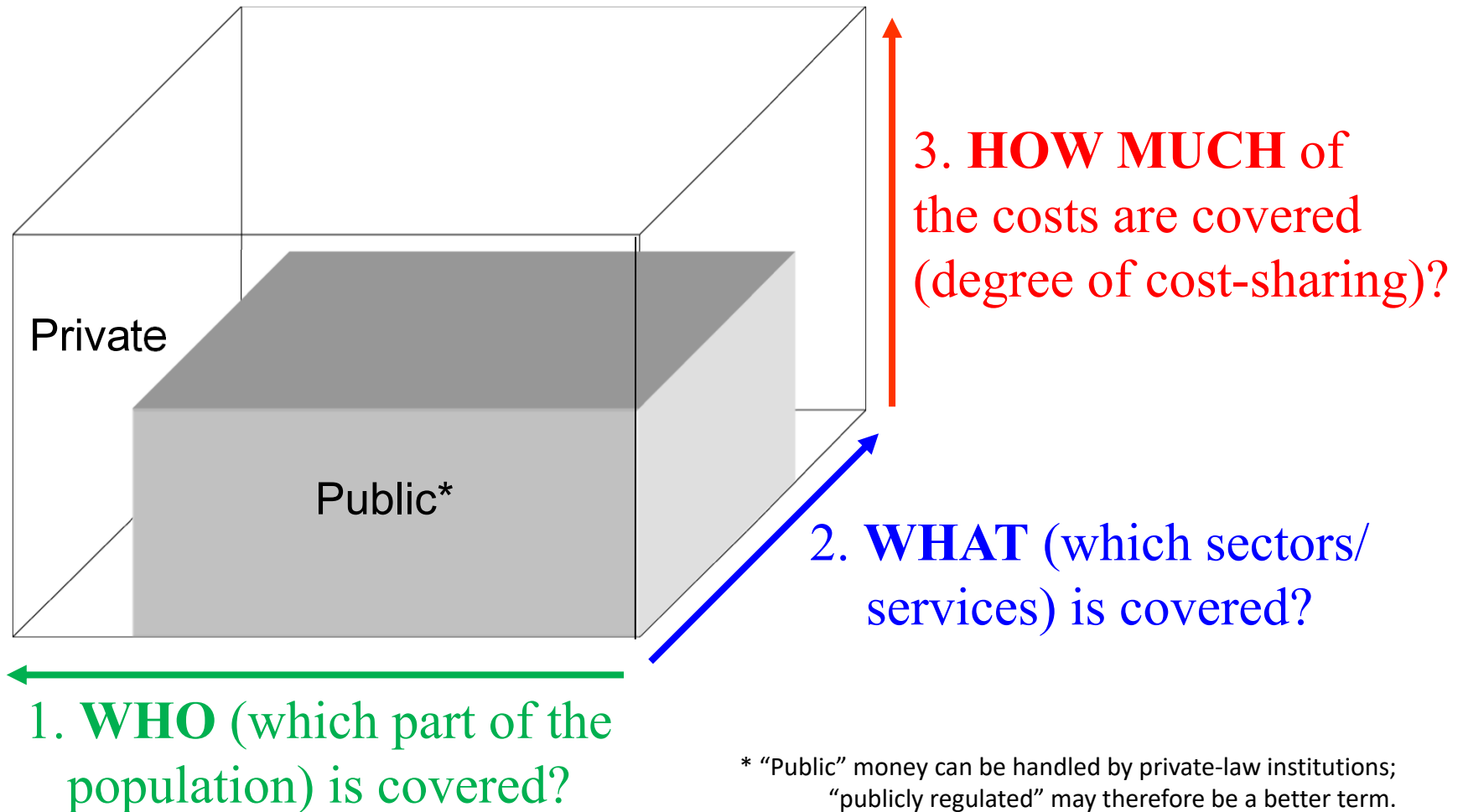
SCHOOL OF
PUBLIC
HEALTH



Management im
Gesundheitswesen

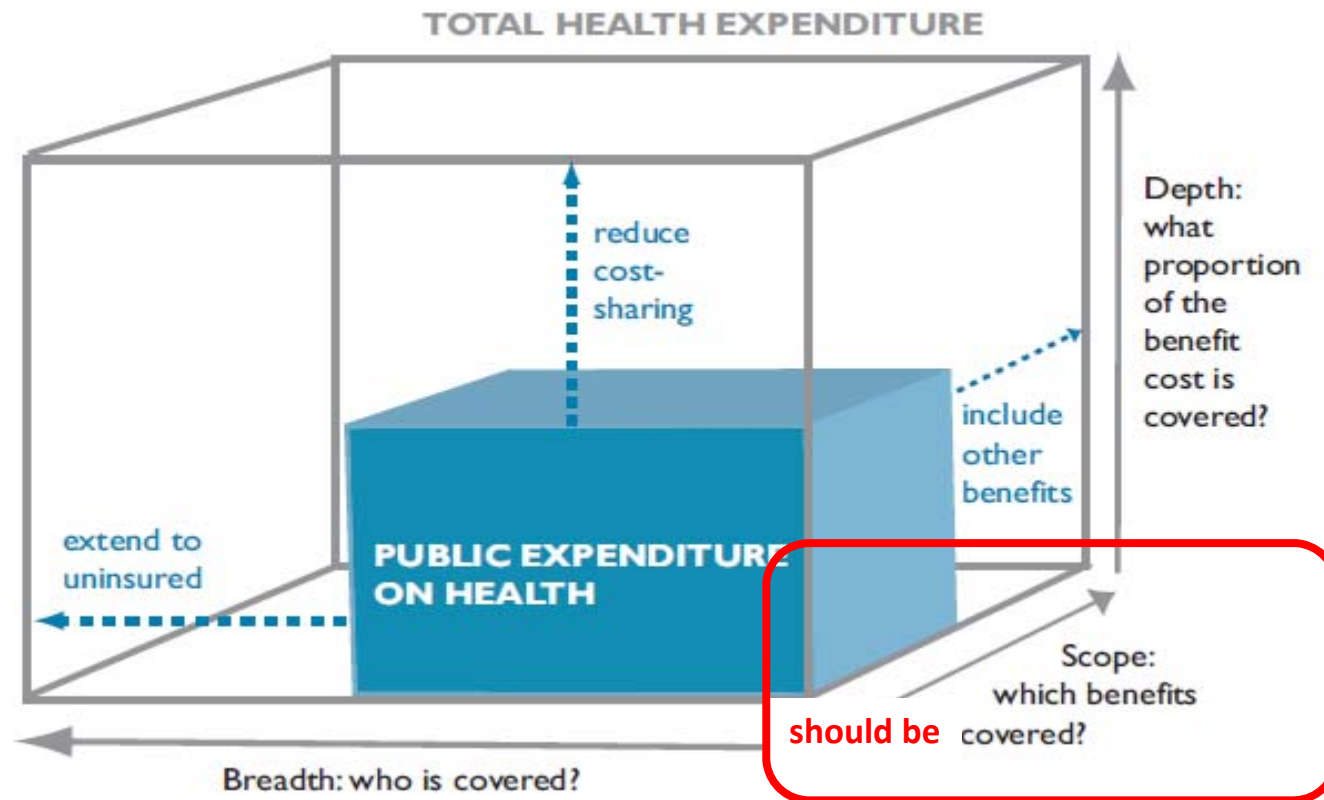


The three dimensions of coverage decisions





The basis for universal health coverage (UHC)



WHO based on R. Busse

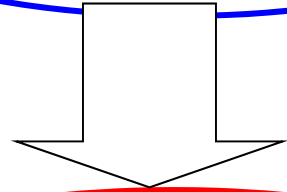


How do we choose what to cover?

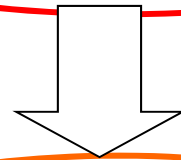
- Most health care systems have some form of a uniform/ standard/ minimum package of benefits to which the persons covered are entitled. This can be
 - explicit, i.e. a list states all the benefits available under the statutory system (or separate lists exist for various sectors)
 - implicit, i.e. based on traditions and routine.
- If an **explicit** package exists, questions include
 - which types of benefits are included (e.g. are categories such as dental care, rehabilitation covered)?
 - How is it established? **Who** is involved in the decision-making process (e.g. government, parliament, delegation/ devolution to local and/ or self-regulating actors)? **Are the decisions made in form of an “old boys agreement” or based on explicit criteria and/ or following health technology assessments?**



“All” possible health benefits



Covered benefit categories



Actual benefits

(Social) Courts

Representative institutions, e.g. Parliaments (Law)



Planning Bodies
Coverage Commissions
using HTA

Third-party Payers

Advisory bodies



Examples of explicit benefit basket types

Explicit Benefit Packages in UNICO countries, 2011–12

Country and program	Description
Argentina—Plan Nacer	Positive list: Combines health conditions, clinical procedures, and other broad categories.
Brazil—Primary Health Care Extension Strategy (PHCES)	Positive list: Health conditions and clinical procedures, ICD-10 codes not used.
Chile—AUGE	Positive list of prioritized health problems, further detailed as a set of guaranteed services with their protocols.
Costa Rica—CCSS	Not explicit: Only broad categories. However, for pharmaceuticals, negative list exists.
Georgia—MIP	Positive and negative lists: Broad categories of services included, and also some explicit exclusions.
Ghana—NHIS	Negative list: Comprehensive benefit package with an exclusion list.
Guatemala—PEC	Positive list: Health conditions (and population groups).
India—NRHM, RA, and RSBY	Not explicit in NRHM, positive list in RA and positive and negative lists in RSBY. ICD-10 codes are not used.

[World Bank](#)



How do we choose what to cover? (continued)

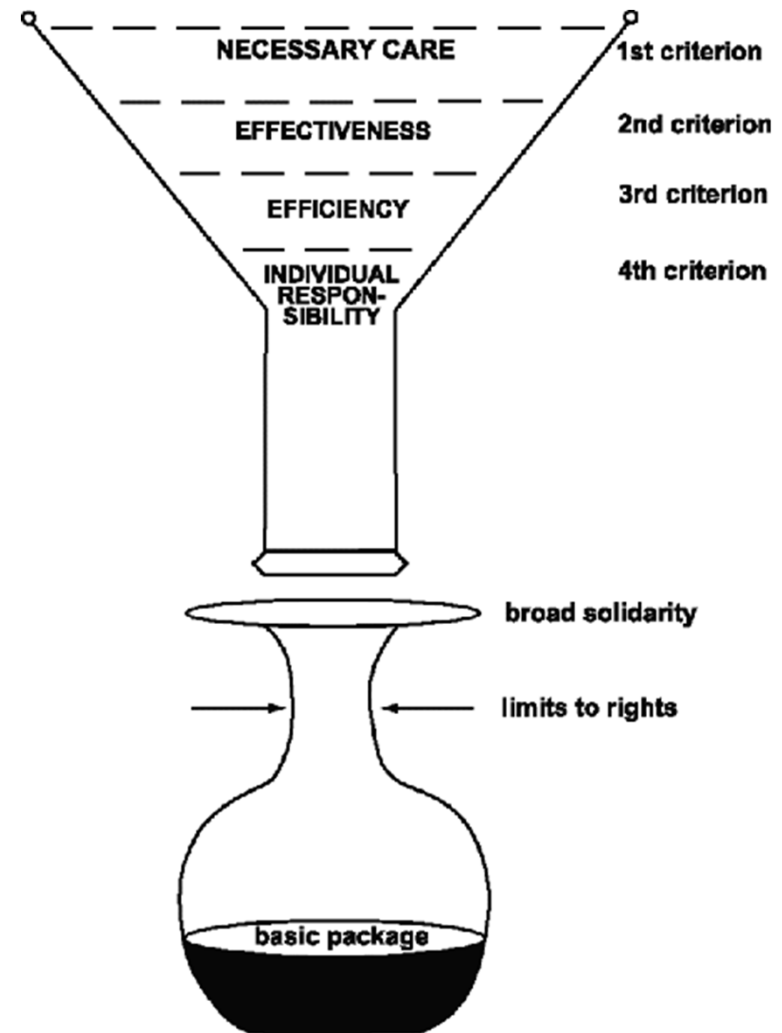
- Two levels of need/necessity
 - **Population:** Health needs assessment (reflecting population health status and prioritized areas for action; usually (not) performed at higher level)
 - **Individual:** Reflects the importance of a given service/intervention in dealing with a specific health condition (at the service level, usually of interest to payers; at the patient level determined by health professional)
- Since we cannot cover everything, focus on purchasing those services that are necessary, effective and make the best use of limited system resources



Prioritization process in the Netherlands

Dunning-Committee 1991:

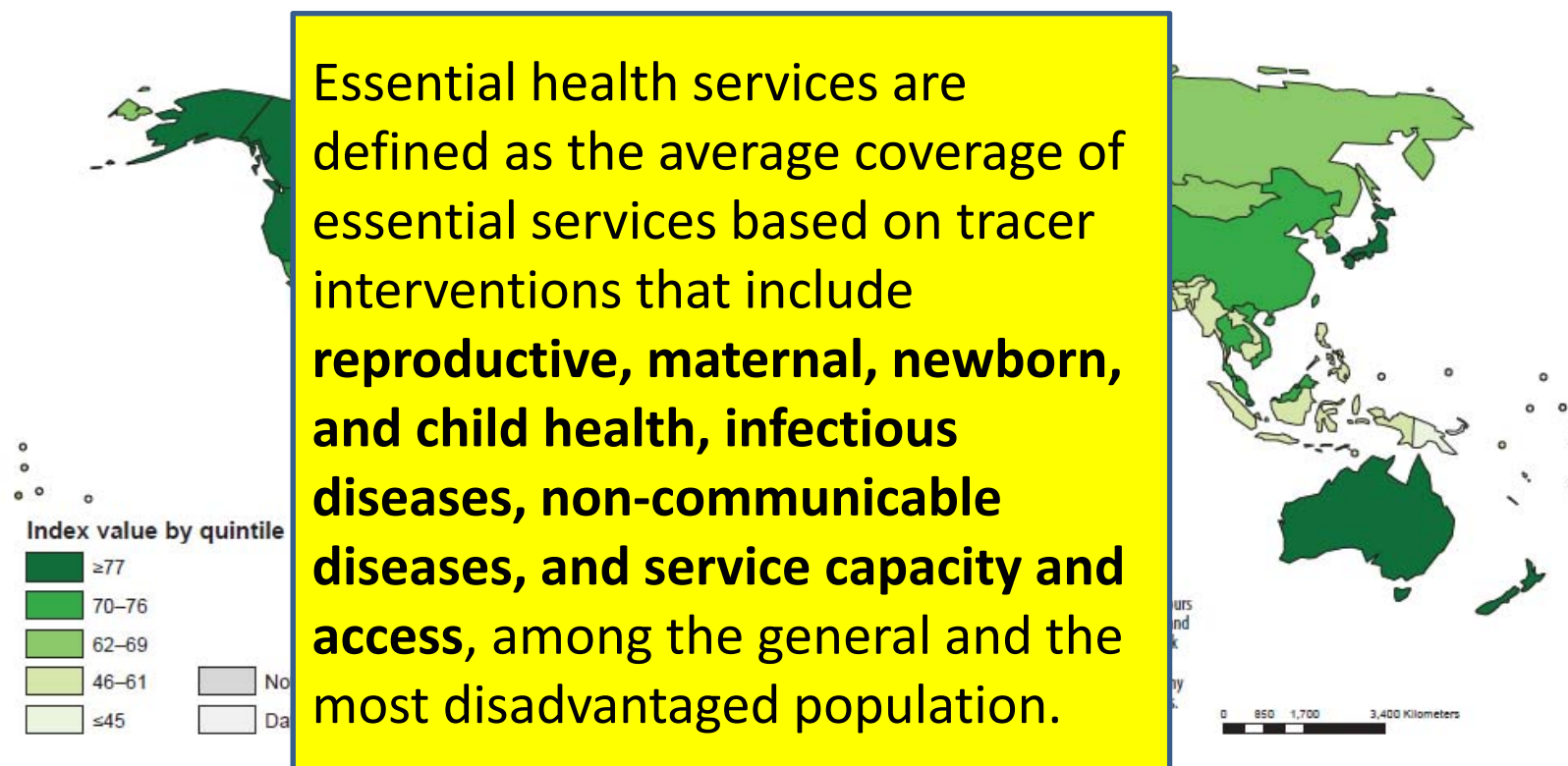
1. need/ necessity,
2. effectiveness,
3. cost-effectiveness,
4. can be left to individuals





Covered benefits and UHC – progress on SDGs

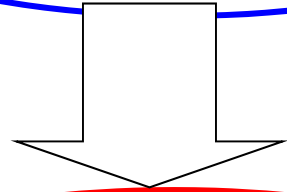
Fig. 1.3. UHC service coverage index by country, 2015, for monitoring SDG indicator 3.8.1



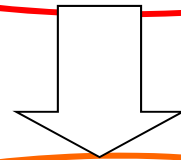
SDG: Sustainable Development Goal; UHC: universal health coverage.



“All” possible health benefits



Covered benefit categories



Actual benefits

(Social) Courts

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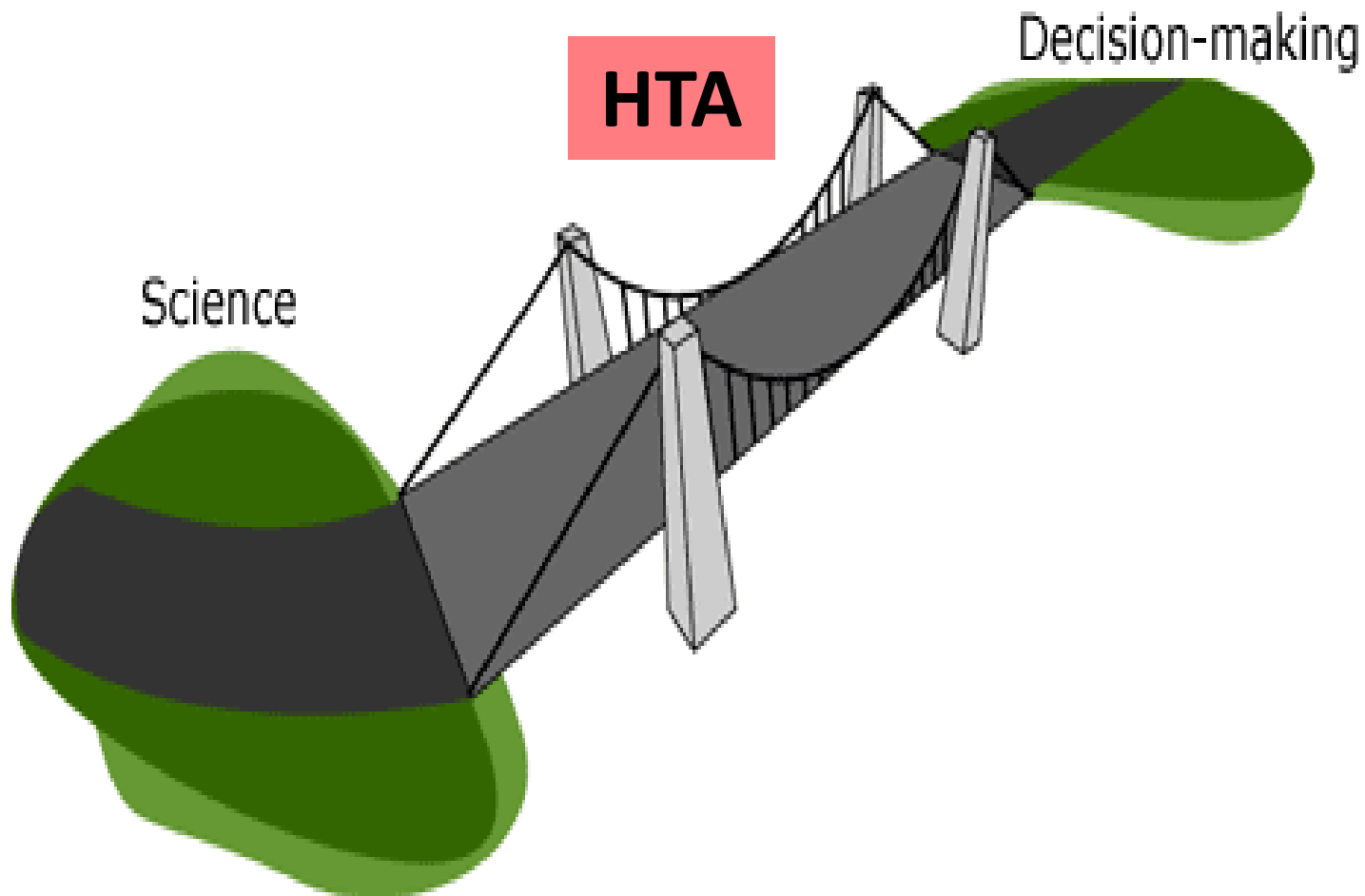
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The role of Health Technology Assessment (HTA)





HTA – some definitions

Technology is...

- [...] the systematic application of scientific and other organised knowledge to practical tasks (*Galbraith 1977*)
- [...] tools in a general sense [*stemming from*] the organisation of knowledge for practical purpose (*Mesthene 1977*)

Health technology is...

- ...the application of scientific knowledge in health care and prevention

[...] the *drugs, devices* and medical and surgical *procedures* used in health care, and the *organisational* and *supportive systems* within which such care is provided (OTA 1978).



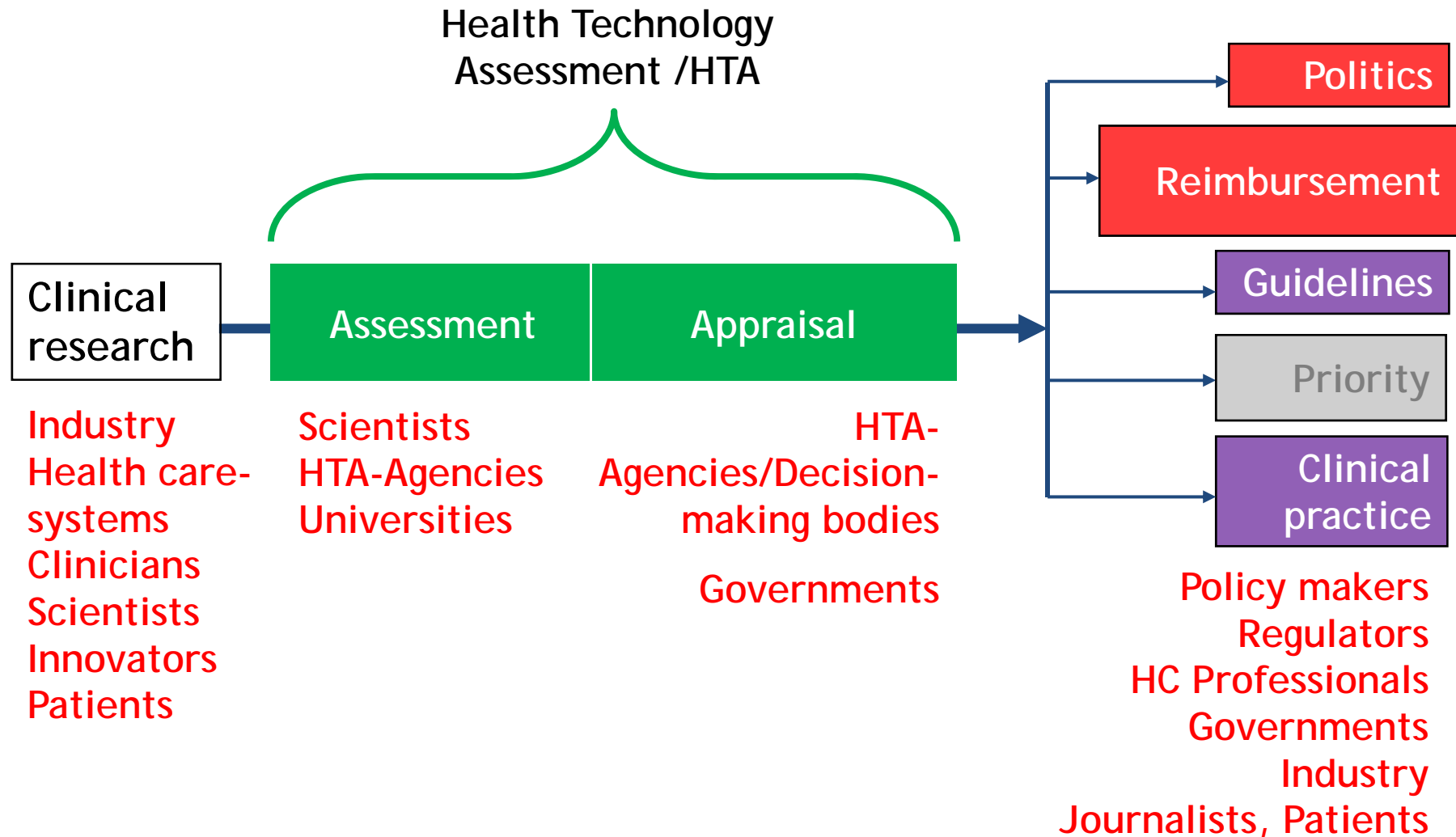
When does HTA do what?

- A form of policy research that systematically examines short- and long-term consequences of the application of a health technology...
- ...a multidisciplinary process that summarises information about the **medical, social, economic and ethical issues** related to the use of a health technology in a systematic, transparent, unbiased, robust manner...
- ...aiming to inform the formulation of safe, effective, health policies that are patient focused and seek to achieve best value.



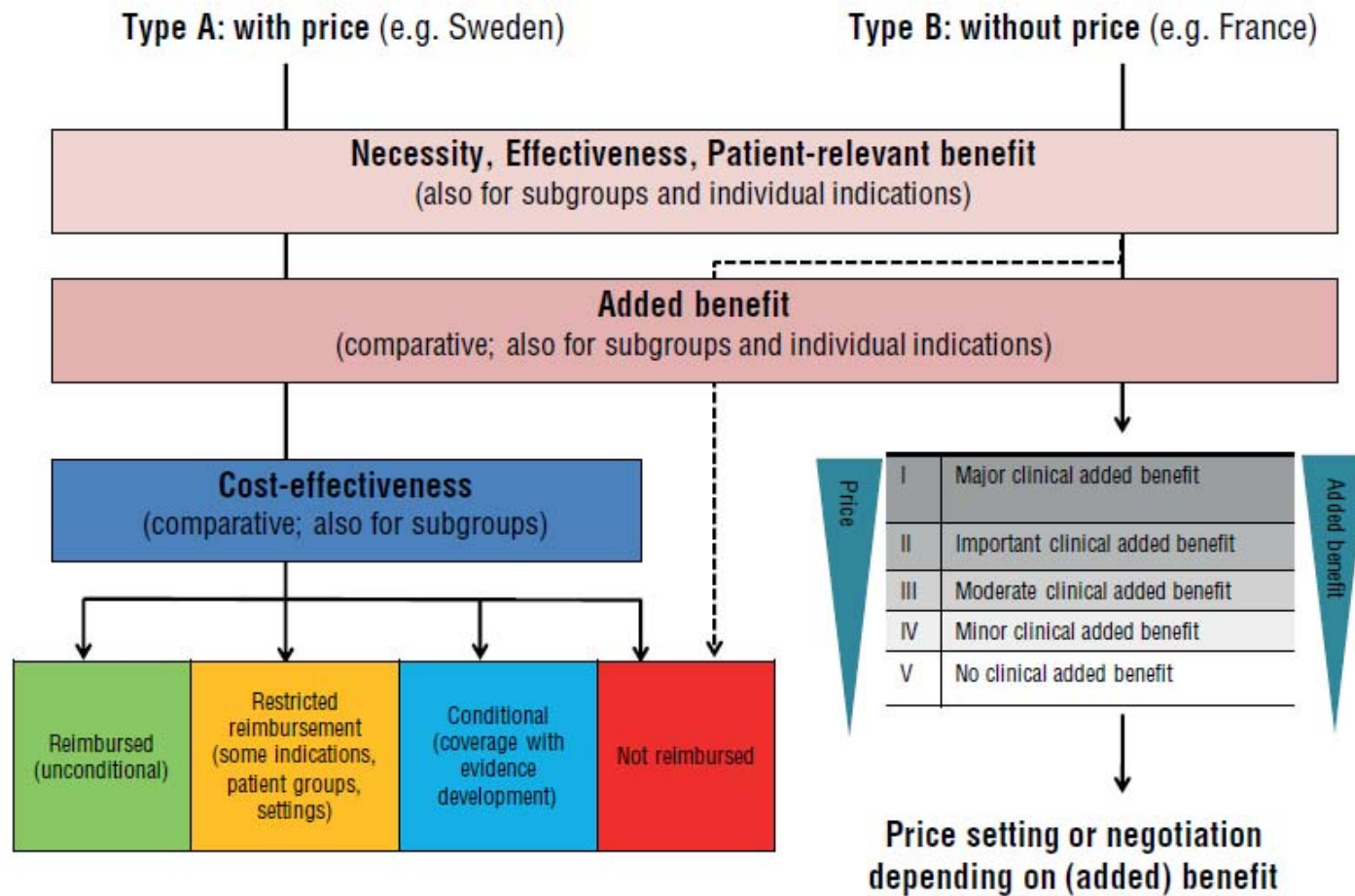


Place of HTA in evidence-based decision-making





Embedding HTA in decision-making: simplified model



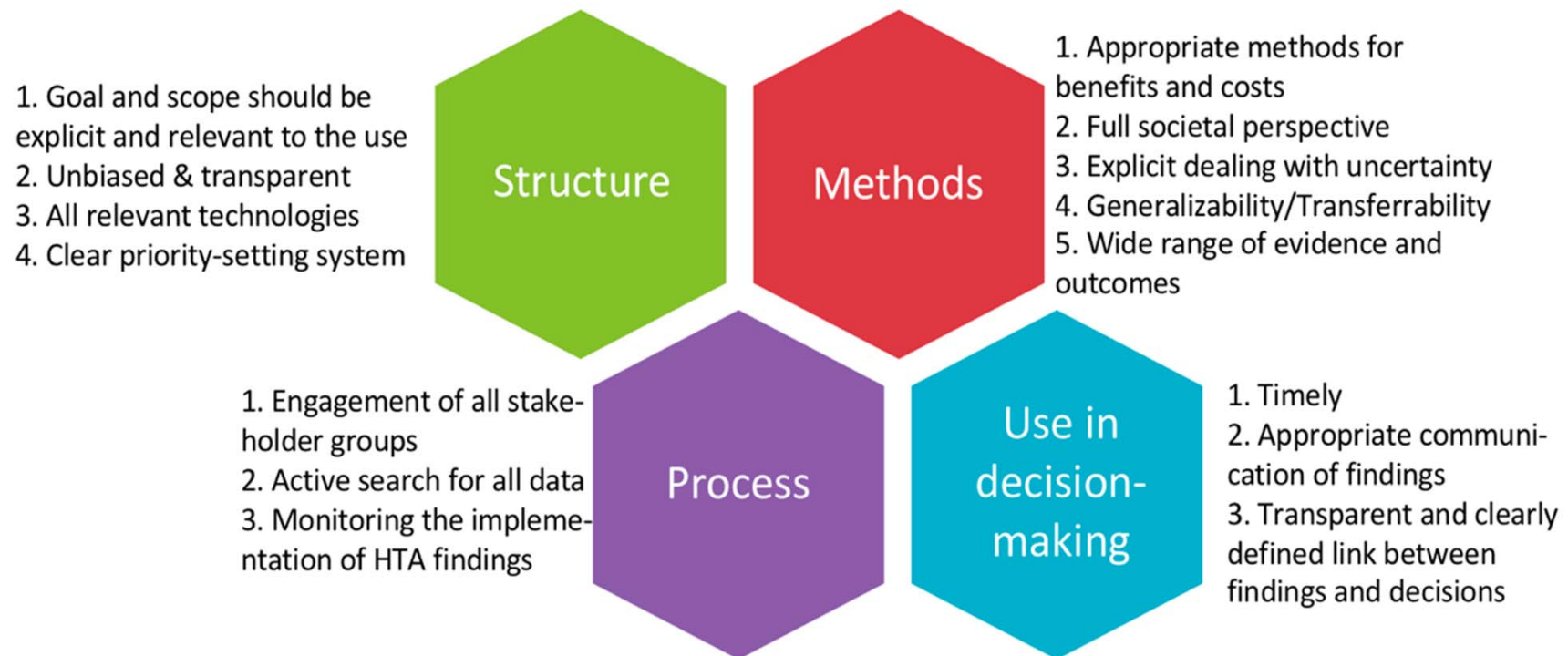


Setting up a new HTA mechanism – an easy task?

- Setting up a national HTA mechanism is complicated and resource-intensive and requires time to mature and political commitment to be sustainable and effective.
- Identified barriers for the implementation and uptake of HTA include stakeholder dissent, (lack of) political backing, challenges in securing sustainable funding and availability of sufficient human resources.
- Even established HTA systems require a certain degree of flexibility to maintain their usefulness and appropriateness in light of new challenges (e.g. very high-priced medicines, emerging health threats)



National HTA mechanisms – good practice





Points for discussion – HTA in your setting?

- (When and how) are population needs assessed?
- Prerequisites for institutionalizing HTA?
 - Political stability
 - Financial means
 - Capacity building/redirecting
- Procedural issues:
 - which technologies
 - HTA binding for whom?
 - Enforce how?
- Methodological challenges (data, economic evaluation?)
- Africa: potential for knowledge-sharing?