



Health Systems Stewardship and Essential Public Health Functions (EPHF)



Priscilla Rivas-Loría, Ph.D.
Regional Advisor, Health Sector Reform
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Topics to be Presented

1. **Health Sector Reform and Health Systems Functions.**
2. **Stewardship/Steering Role.**
3. **Methodological Guidelines.**
4. **Lessons learned.**
5. **Web launch.**

Health Sector Reform (HSR)

1. Main health policy thrust of the 1990s.
2. Encouraged specific health system models based on principles of competition.
3. Focused on, not just public sector performance, but also on the role of the State.

Health Systems Functions

1. Debate on the Role of the State in the health system focuses on:
 - The definition of health systems functions.
 - Their specific responsibilities.
 - Relationship with the health system structure.

Health Systems Functions (2)

1. Increasing health systems complexity has resulted in unequal relationships between
 - the State
 - the public sector
 - financing and health insurance schemes
 - the private sector.
2. And led to the development of a health systems typology based on functions.

Health Systems Functions (3)

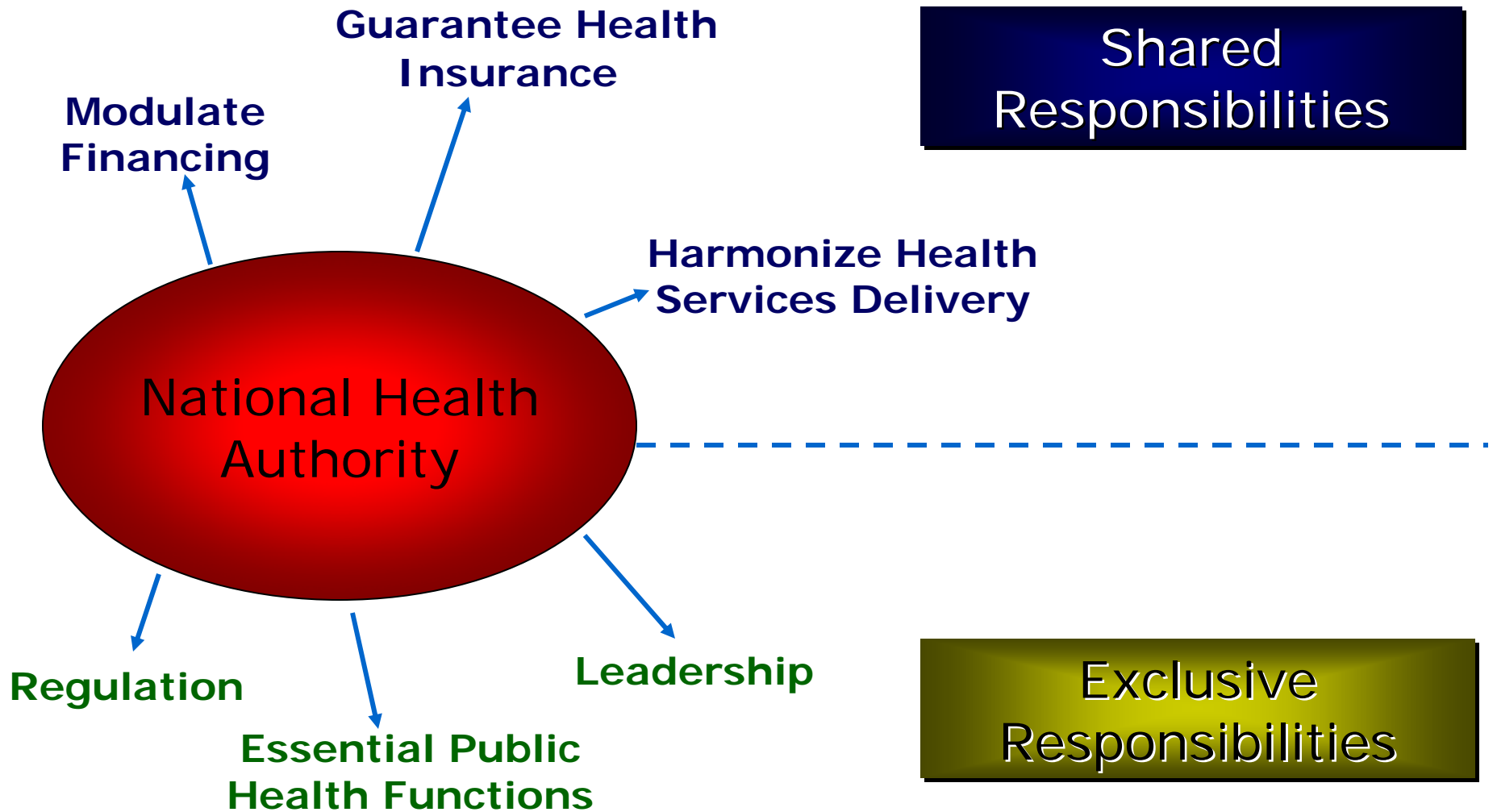
1. PAHO/WHO classifies health systems according to the following three health systems basic functions:
 - Stewardship/Steering Role
 - Financing and Insurance
 - Health Services Delivery

Development of Stewardship/Steering Role Taxonomy and Methodology

1. PAHO/WHO Directive Council Resolution on the Steering Role of Ministries of Health, 1995.
2. Essential Public Health Functions Methodology and Application in LAC Region, 2001.
3. Health Sector Analysis Methodology
-Application in Costa Rica, 2002

Dimensions





Correspondence between Stewardship and EPHF

| STEWARDSHIP DIMENSIONS ESSENTIAL PUBLIC HEALTH FUNCTIONS | Leadership | Regulate | Modulate Financing | Monitor Insurance | Harmonize Health Delivery |
|--|--|----------|--------------------|-------------------|---------------------------|
| | 1. Health status analysis, monitoring/evaluation | * | * | | |
| 2. Surveillance/research/control pub. health risks | * | * | | | |
| 3. Health promotion | * | * | | | |
| 4. Social participation in health | * | | | | |
| 5. Public health planning and management; policy development | * | * | * | | * |
| 6. Public health regulation/ enforcement | * | * | | | * |
| 7. Promotion/evaluation of equitable access | * | * | * | * | * |
| 8. Human resources development and public health training | * | * | | | * |
| 9. Health services quality assurance | * | * | | | * |
| 10. Public health research | * | * | * | | * |
| 11. Health emergencies/disasters | * | * | * | | * |

Stewardship/Steering Role Assessment Challenges

- Solid evidence is relatively scarce.
- Focus has been on:
 - Determining what is “good” stewardship
 - Describing what is being done
 - Describing its core components
 - Characterizing notions of “good” performance
 - Attempting to link to outcomes.

Methodology Chosen

1. Qualitative assessment.
2. Tool designed as a country self-assessment geared to promote participation, debate, and knowledge exchange.
3. Main objective was not assessment per se, but setting the stage for country generated strategies and actions.

Conceptual Framework Methodological Guidelines

24 Indicators

- Leadership
- Regulation
- Modulate Financing
- Guarantee Health Insurance Coverage
- Harmonize Health Service Delivery

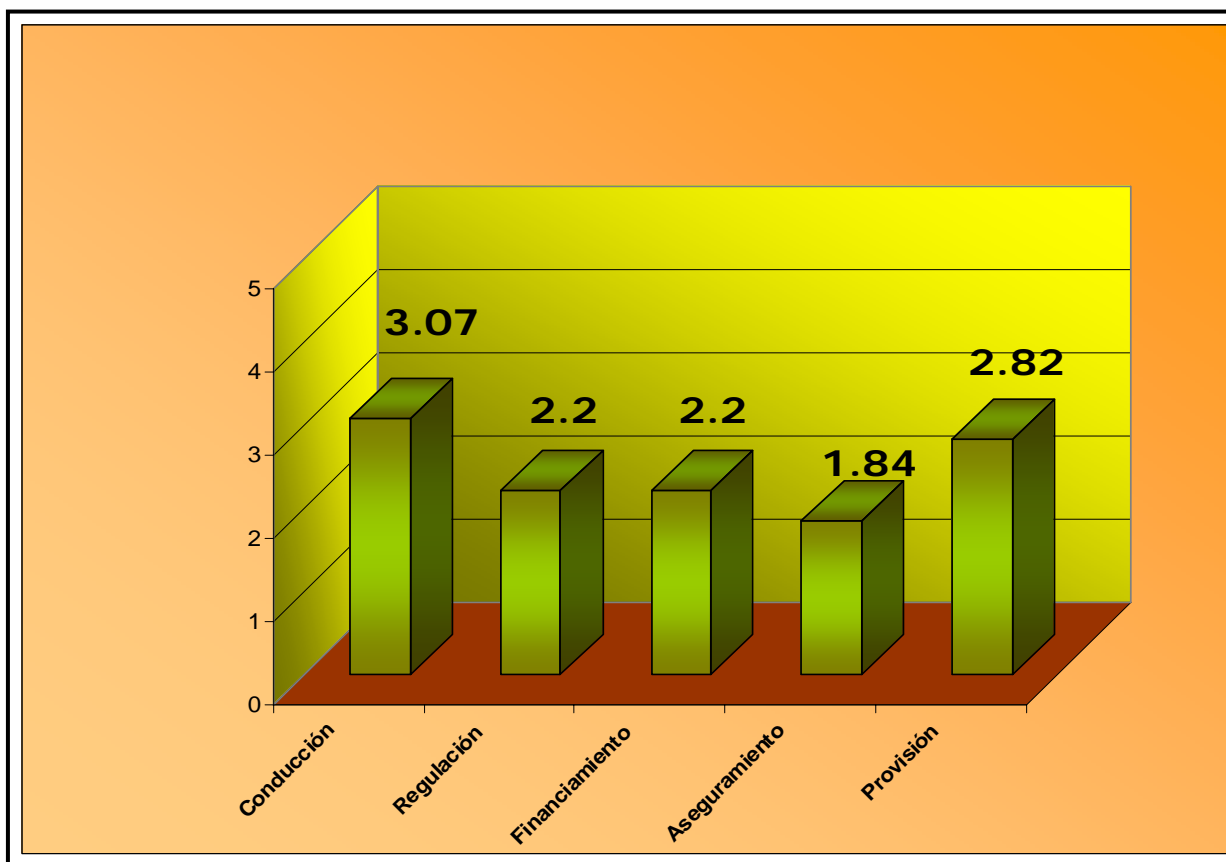


Qualitative Measurement

| Qualitative Assessment Score | Percentage Equivalency | Scale Assigned |
|------------------------------|------------------------|----------------|
| 0 | 0% | Nil |
| 1 | 20% | Very Poor |
| 2 | 40% | Poor |
| 3 | 60% | Normal |
| 4 | 80% | High |
| 5 | 100% | Very High |

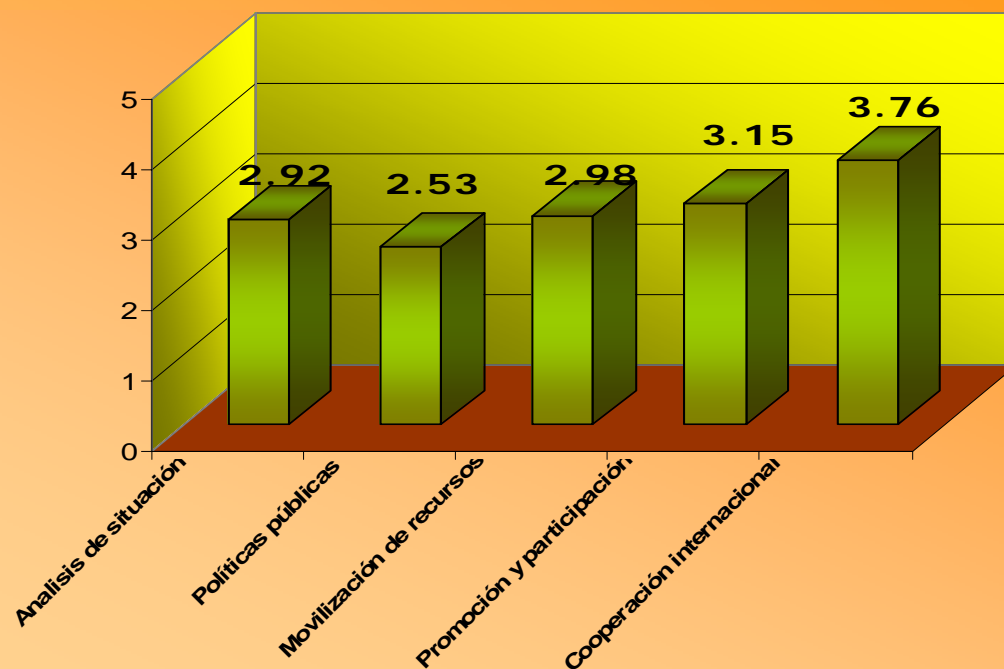
Results: Summary Graph

El Salvador - 2004



Leadership Dimension

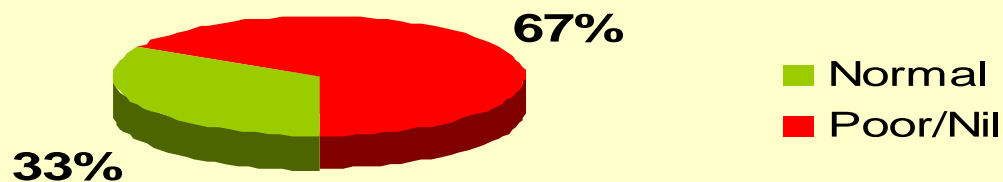
El Salvador - 2004



Leadership Dimension

El Salvador - 2004

Monitor and evaluate the impact of health policies



Lessons Learned

1. Active discussion of the Stewardship/Steering Role dimensions is key to promote internal dialogue and information exchange.
2. Results must be made available immediately to participant groups for validation.
3. Immediate results encourages health authorities commitment to develop action plans.

Lessons Learned

4. A wide representation of health sector stakeholders (eg. private sector, decentralized authorities) should be involved in the exercise to promote “buy-in” at all levels.
5. Exercise should not finalize without reaching consensus on intervention recommendations.
6. Specific responsibilities should be determined and assigned for each of the intervention recommendations.

<http://www.lachealthsys.org>

Thank You!