Delivering services: a balanced approach for Moldova

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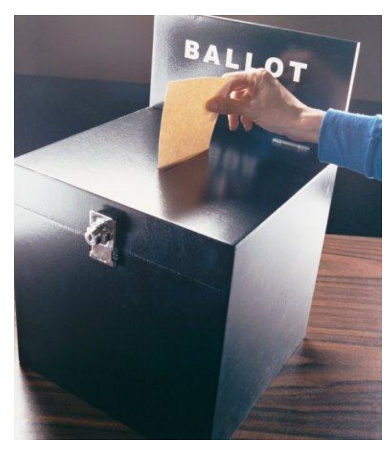
WHO Headquarters, Geneva

Moldova Health Forum,
November 2013

Health has to do with

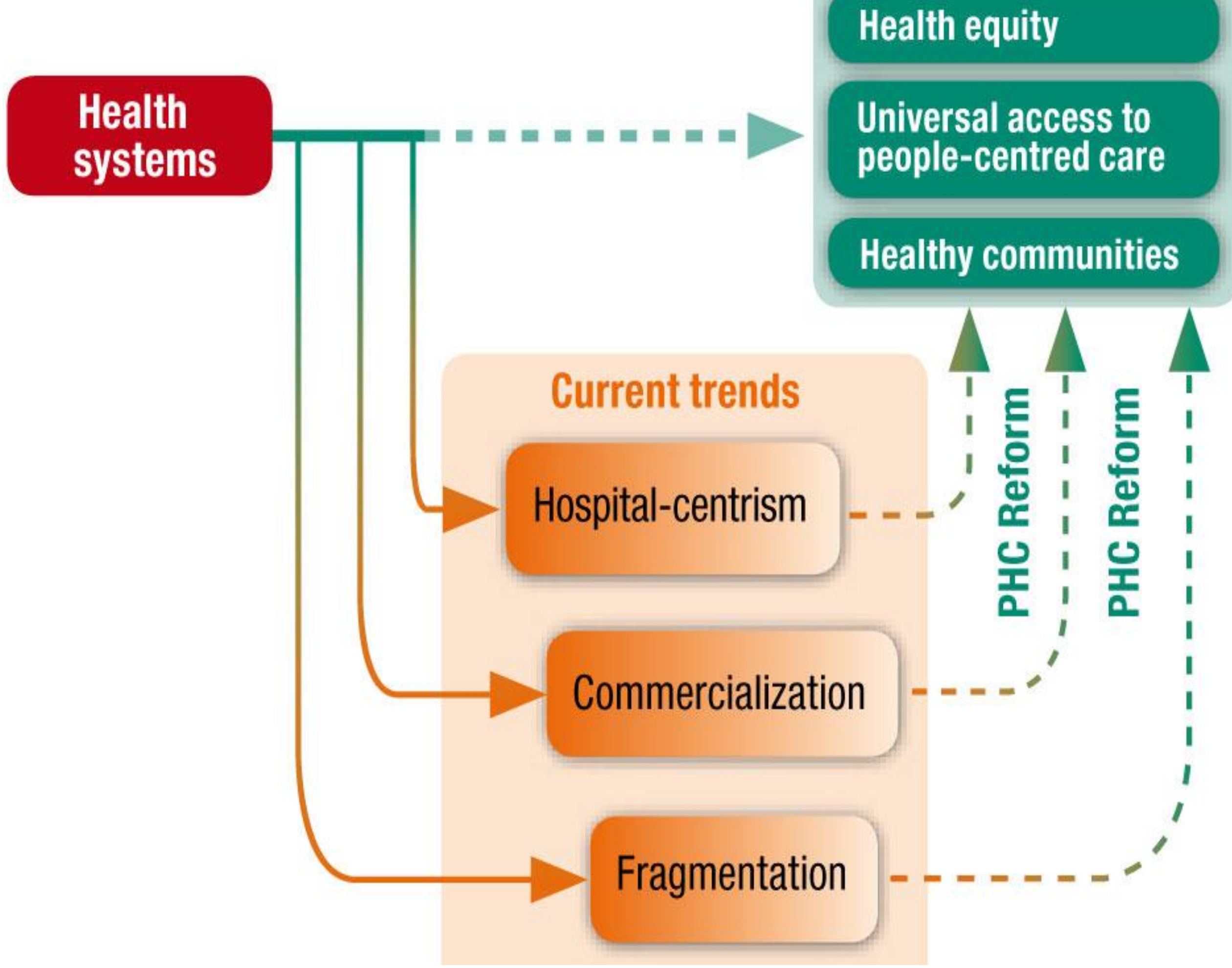
economic development



democracy and values

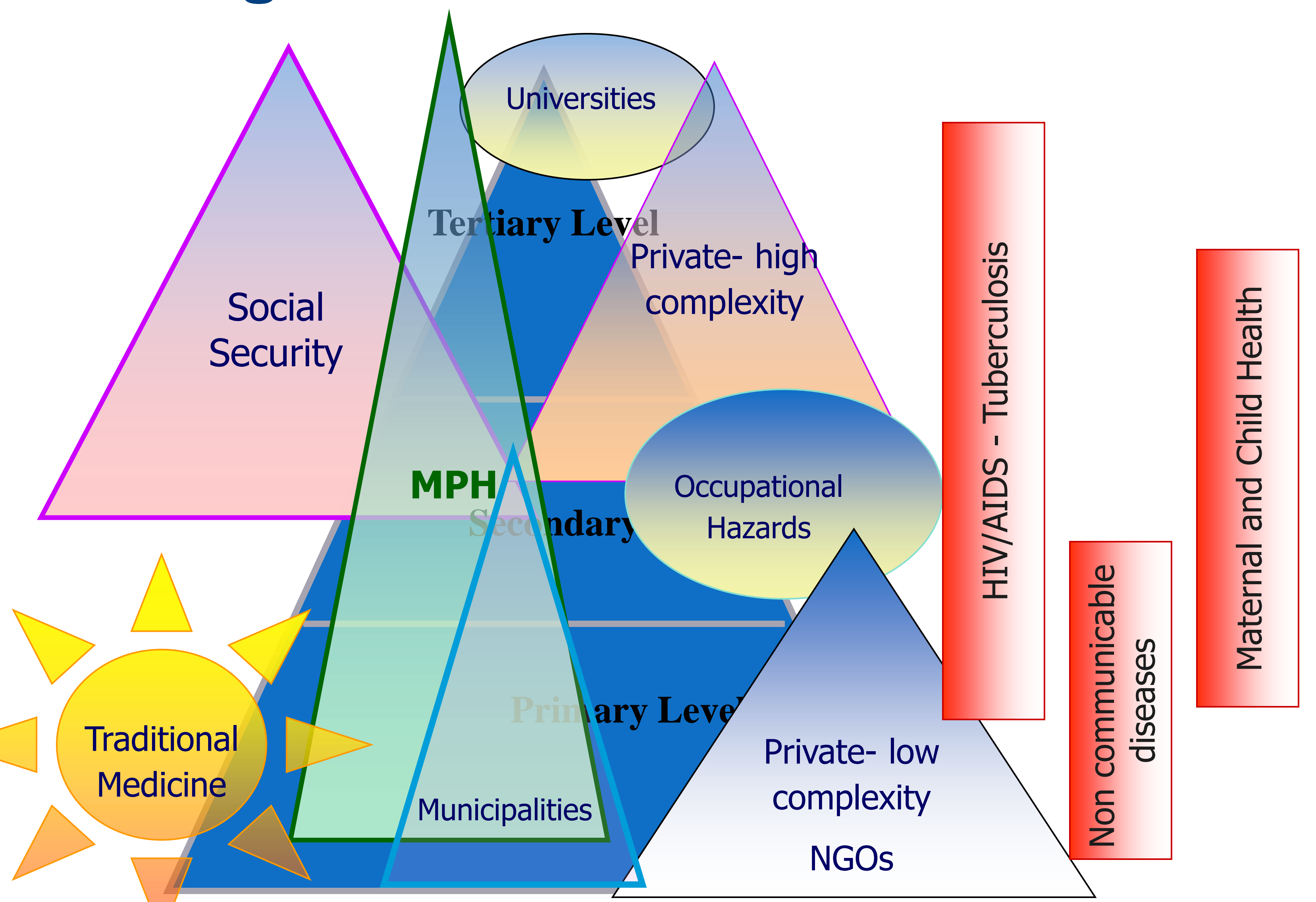
health system effectiveness

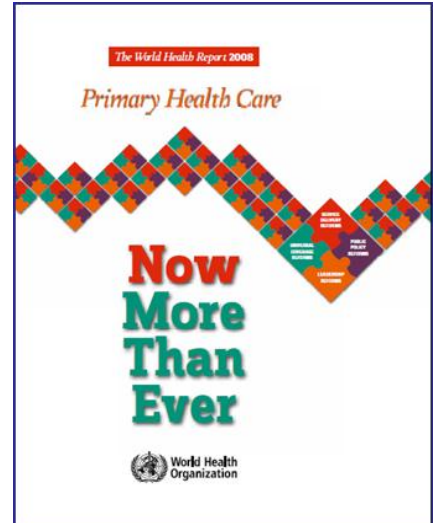
Need for PHC reforms



Source: WHO, Primary Health Care- Now More than Ever, World Health Report, 2008

Fragmentation of Health Services





UNIVERSAL COVERAGE REFORMS

to improve health equity

SERVICE DELIVERY REFORMS

to make health systems people-centred

LEADERSHIP REFORMS

to make health authorities more reliable

PUBLIC POLICY REFORMS

to promote and protect the health of communities

WHA62.12 Primary health care, including health system strengthening

(Eighth plenary meeting, 22 May 2009 – Committee A, third report)

The Sixty-second World Health Assembly,

URGES Member States:

(1) to ensure political commitment at all levels to the **values and principles of the Declaration of Alma-Ata**,..;

(3) to **put people at the centre of health care**...;

(4) to promote **active participation** by all people, and re-emphasize the **empowering of communities**..;

REQUESTS the Director-General:

(1) to ensure that **WHO reflects the values and principles of the Declaration of Alma-Ata in its work**…;

(2) to strengthen the Secretariat's capacities,…,to **support Member States' efforts to deliver on the four broad policy directions** for renewal and strengthening of primary health care..;

(6) to **prepare implementation plans** for the four broad policy directions:..;
(b) **putting people at the centre of service delivery**..;

TWELFTH GENERAL PROGRAMME OF WORK 2014–2019 - DRAFT STRATEGIC OVERVIEW

MISSION

To act as the directing and coordinating authority on international health work, towards the objective of the attainment by all peoples of the highest possible level of health as a fundamental right.

Principles, values and fundamental approaches

- Equity and social justice
- Global solidarity
- Gender equality
- Emphasis on countries and populations in greatest need
- Multilateralism
- Due consideration to the economic, social, and environmental determinants of health
- Science and evidence-based
- Public health approach

WHO's core functions

- Providing leadership
- Shaping the research agenda
- Setting norms and standards
- Articulating policy options
- Providing technical support and building capacity
- Monitoring and health trends

Criteria for priority-setting

- Current health situation
- Existence of evidence-based, cost-effective interventions
- Needs of countries for WHO support
- Internationally agreed instruments
- WHO's comparative advantage

CATEGORIES & PRIORITIES	Communicable diseases	Noncommunicable diseases	Promoting health through the life course	Health systems	Preparedness, surveillance and response
	• HIV/AIDS; tuberculosis; malaria • Neglected tropical diseases (including vector-borne diseases) • Vaccine-preventable diseases	• Heart disease, cancers, chronic lung diseases, diabetes (and their major risk factors tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol) • Mental health • Violence and Injuries • Disabilities (including blindness and deafness), and rehabilitation • Nutrition	• Maternal and newborn health • Adolescent sexual and reproductive health • Child health • Women's health • Healthy ageing and health of the elderly • Gender and human rights mainstreaming • Health and the environment • Social determinants of health	• National health policies, strategies, and plans • Integrated people-centred services • Regulation and access to medical products	• Alert and response capacities • Emergency risk and crisis management • Epidemic- and pandemic-prone diseases • Food safety • Polio eradication

CORPORATE SERVICES

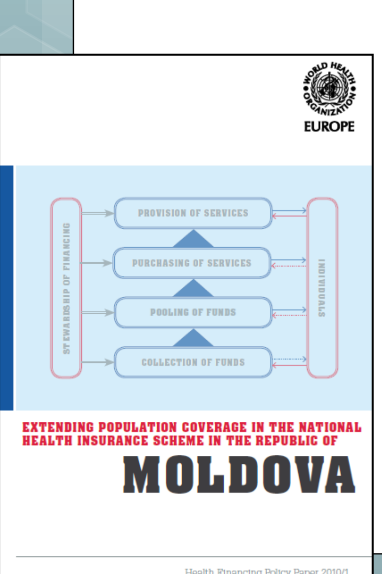
- Leadership in health
- Country presence
- Management and administration
- Governance and convening
- Strategic policy, planning, management and resource coordination
- Strategic communications
- Knowledge management
- Accountability and risk management

The Health System Framework

FUNCTIONS THE SYSTEM PERFORMS			GOALS / OUTCOMES OF THE SYSTEM
INPUT	**Stewardship**	→	**Health** (level and equity)
	Creating resources (investment and training)		**Responsiveness** (to people"s non-medical expectations)
	Service delivery (personal and population-based)		**Financial protection** (and fair distribution of burden of funding)
	Financing (collecting, pooling and purchasing		

Towards universal coverage

The World Health Report
HEALTH SYSTEMS FINANCING
The path to universal coverage
World Health Organization



Reduce cost sharing and fees

Include other services

Extend to non-covered

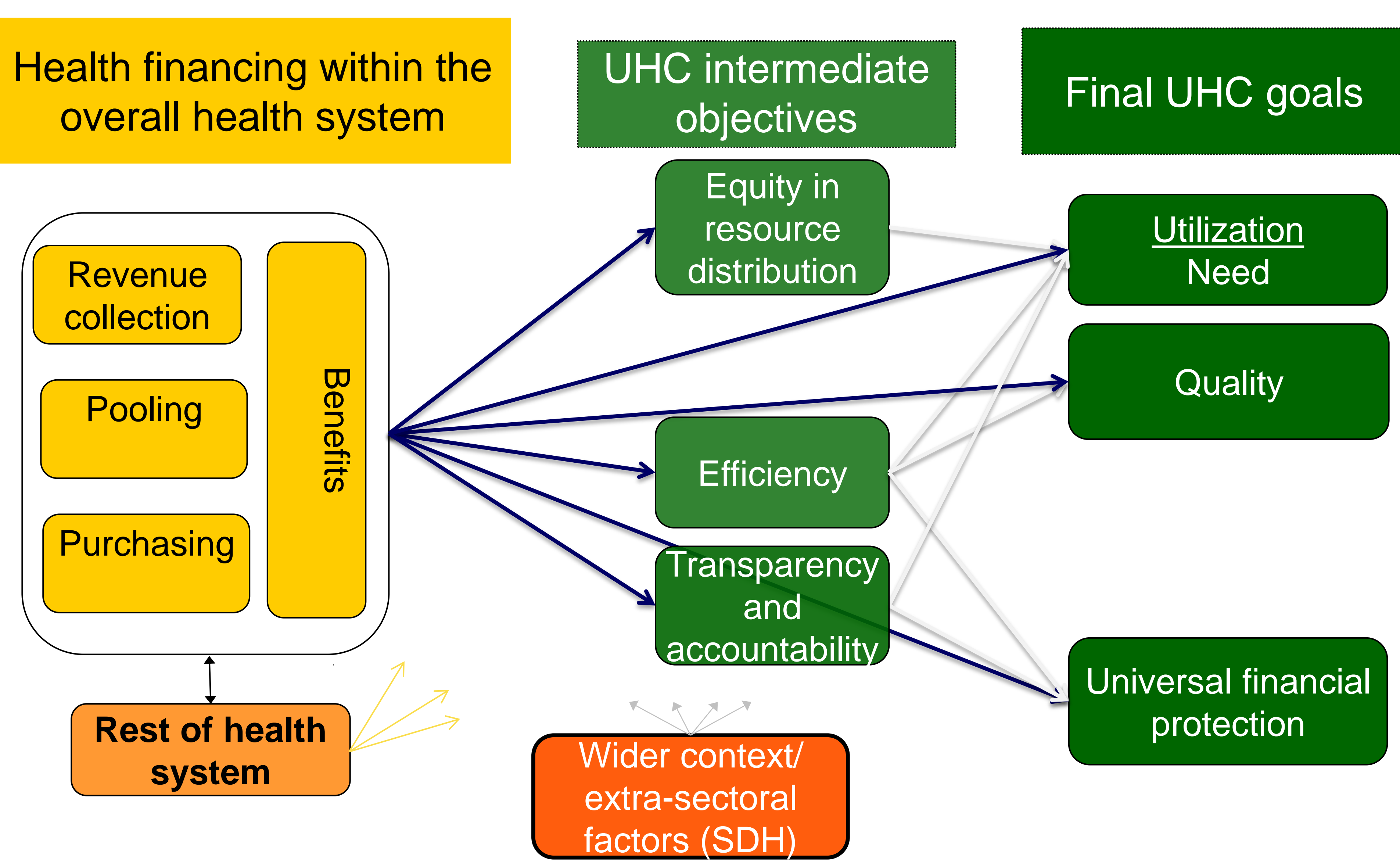
Coverage mechanisms

Financial protection: what do people have to pay out-of-pocket?

Services: which services are covered?

Population: who is covered?

How health financing arrangements can influence progress towards UHC



Things to remember about health financing policy for UHC

Get the unit of analysis right (system, not scheme)

Beveridge and Bismarck are dead: sources are not systems

Role of general revenues is critical – links to both priorities and PFM issues

Align (strategic) purchasing with benefits to avoid unfunded mandates

Don't believe in magic

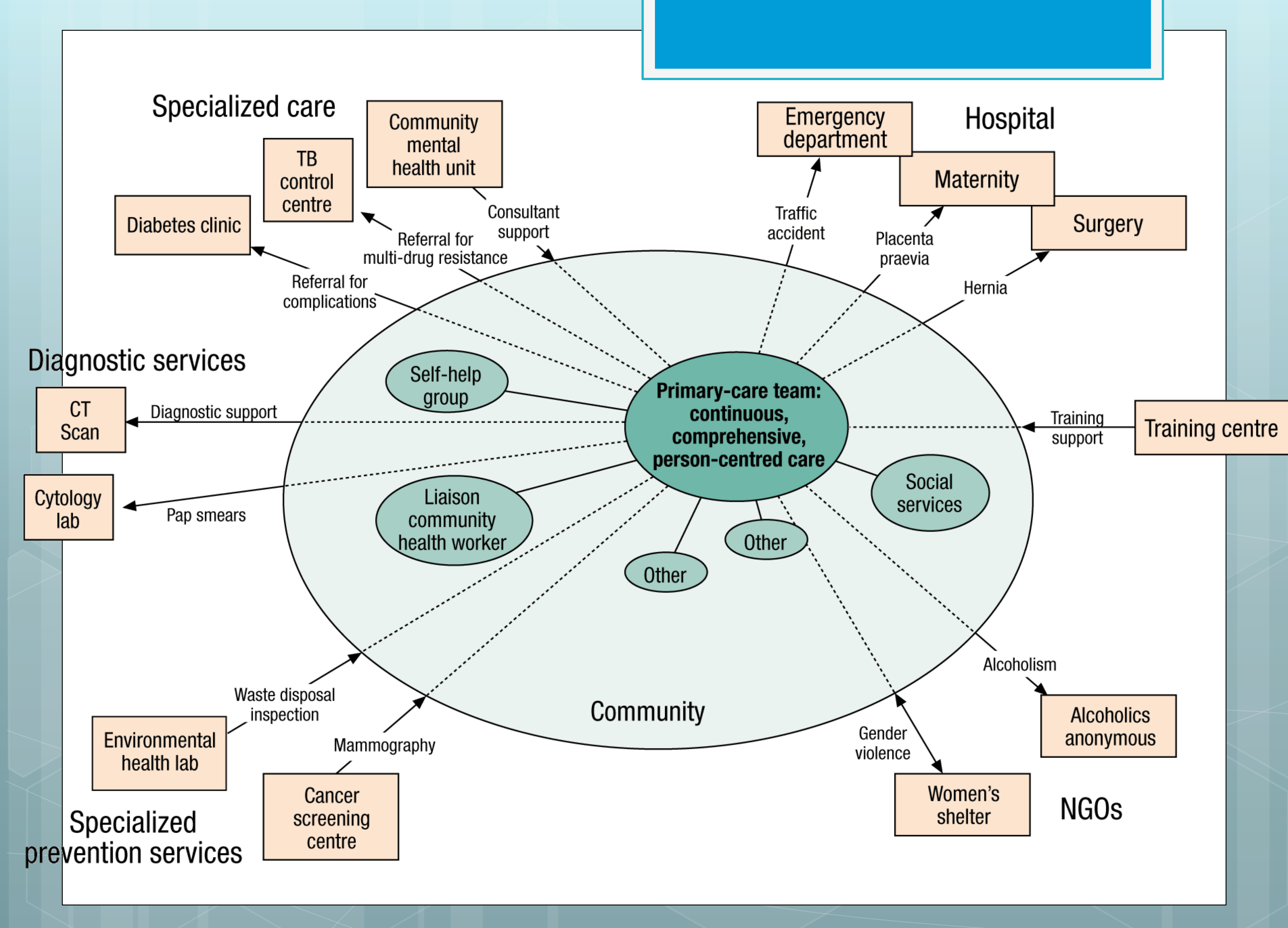
Accompany implementation with analysis

Opportunities for progressing towards universal health coverage

- Global movement in support of UHC – increased commitment from Member States
- WHO and World Bank support for countries pursuing UHC
- UN General Assembly called upon Member States to value the contribution of UHC for achieving related MDGs (December 2012)
- Considered as integral to the post-2015 sustainable development agenda

Service delivery reforms *– shifting to primary care*

- Putting people first: four features of good care
  - Person-centeredness
  - Comprehensiveness and integration
  - Continuity of care
  - A personal relationship with well-identified, regular and trusted providers
- Organizing primary care networks accordingly
  - Shifting the entry point: bringing care closer to the people
  - Shifting accountability: responsibility for a well-identified population
  - Shifting power: the primary care team as the hub of coordination



Specialized care
Community mental health unit
TB control centre
Diabetes clinic
Consultant support
Referral for multi-drug resistance
Referral for complications
Emergency department
Hospital
Maternity
Surgery
Traffic accident
Placenta praevia
Hernia
Diagnostic services
CT Scan
Diagnostic support
Cytology lab
Pap smears
Self-help group
Primary-care team: continuous, comprehensive, person-centred care
Liaison community health worker
Social services
Other
Other
Training support
Training centre
Waste disposal inspection
Environmental health lab
Mammography
Cancer screening centre
Community
Alcoholism
Alcoholics anonymous
Gender violence
Women's shelter
NGOs
Specialized prevention services

Why integrated people centered services?

3 sets of factors

- those linked to political decision makers
- those linked to professionnals
- those linked to beneficiaries

+ CONCOMITANT WINDOWS OF OPPORTUNITIES

THE WAY THE HEALTH SYSTEM IS ORGANIZED…

TABLE 1—Health and Equity Indicators for Costa Rica, the United States, and Mexico

	Costa Rica	United States	Mexico
GDP per capita, $[a]	9 460	34 320	8 430
Health expenditure per capita, $	562	4 887	544
Infant mortality[b]	9	7	24
Life expectancy at birth[c]	78.0	77.0	73.3
Gini index[d]	46.5	40.8	54.6

Note. GDP = gross domestic product. All data are for 2001 with the exception of the Gini index, which reflects 2000 figures. Data were derived from the United Nations Development Programme.[5,36]
[a]Purchasing power parity.
[b]Probability of dying between birth and exactly 1 year of age, expressed per 1000 live births.
[c]Number of years a newborn infant would live if prevailing patterns of age-specific mortality at the time of the infant's birth were to stay the same throughout his or her life.
[d]Measurement of inequality in the distribution of income or consumption within a country, expressed as a percentage. A value of 0 represents perfect equality and a value of 100 represents perfect inequality.

…THE WAY IT IS FUNDED,

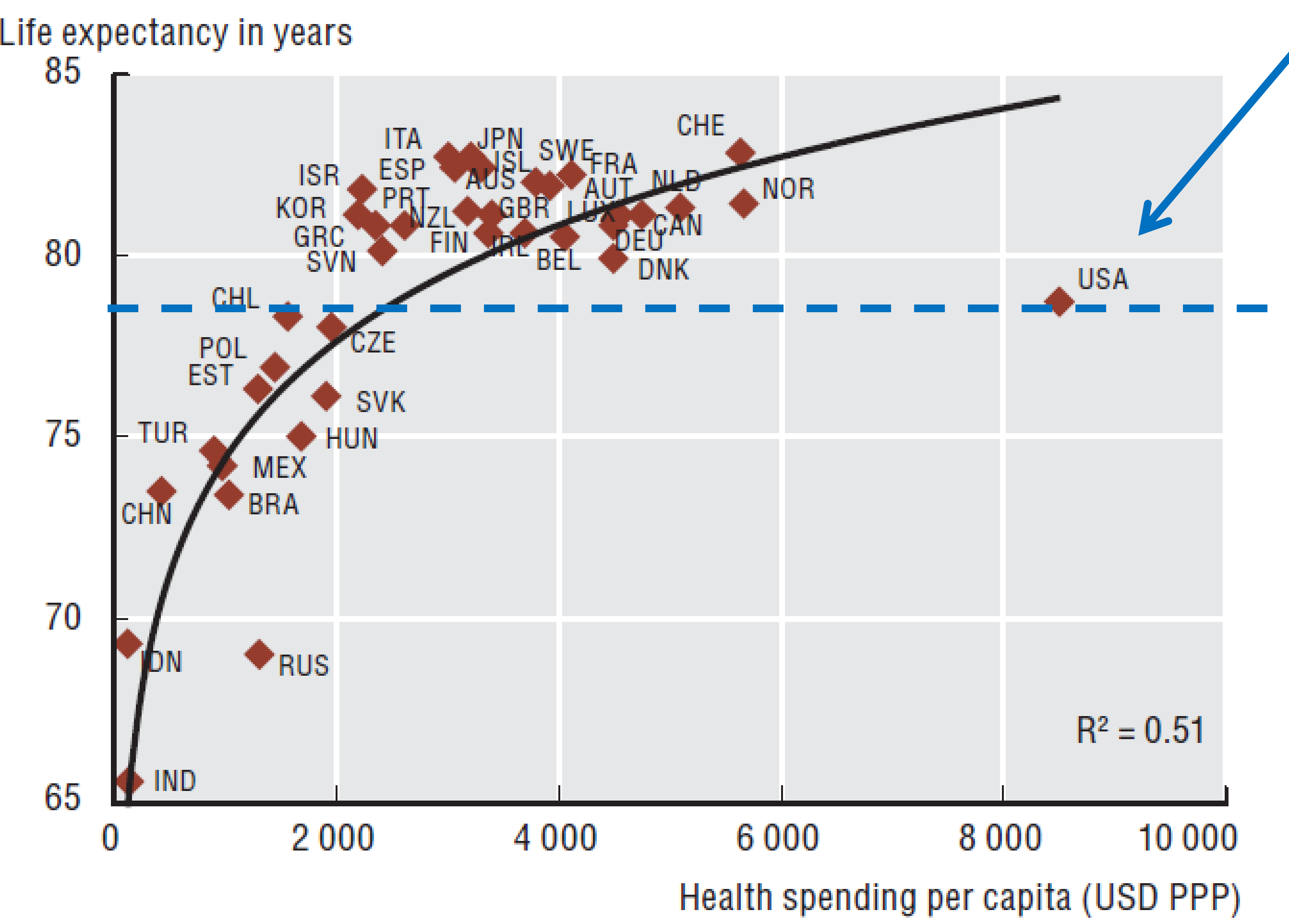
Structure of Healthcare Expenditure

100%
80%
60%
40%
20%
0%

Austria
Great Britain
Italy
Poland
Romania
Spain
Sweden
Switzerland

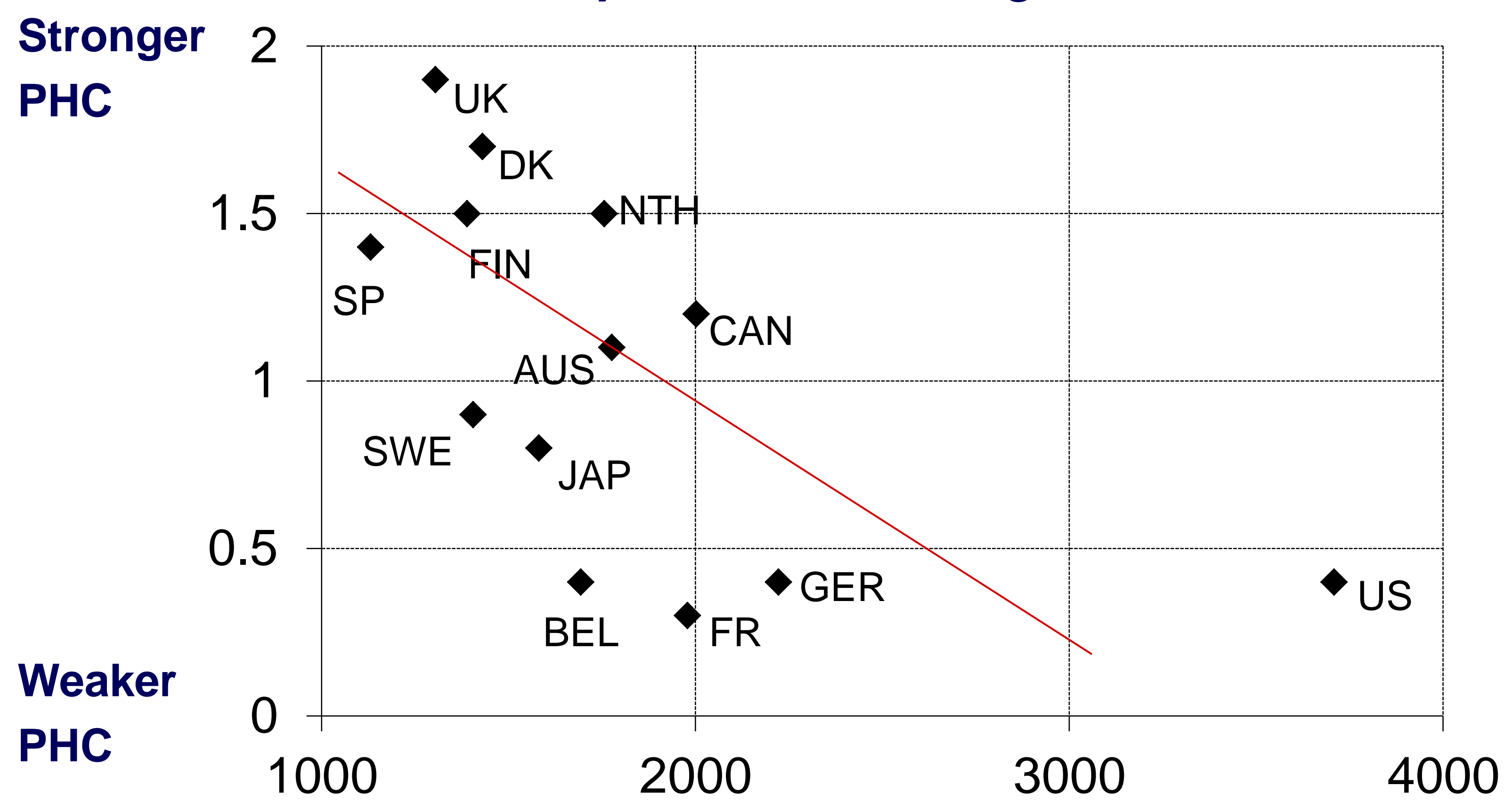
private entities
oop
taxes
social security

1.1.3. Life expectancy at birth and health spending per capita, 2011 (or nearest year)



Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en; World Bank for non-OECD countries.

… AND THE RESULTS YOU GET



Starfield & Shi, 2002

WHAT DO PROFESSIONALS THINK?

[775 respondents from India, Germany, England and USA]

Key points

- Patients will need to take more individual responsibility for their care.
- A greater focus is needed on prevention, although views on how this should be implemented vary widely.
- The majority of healthcare professionals believe patient-centred care has an important role to play in cutting costs and improving standards.

Chapter 3: New approaches and the way forward

The Economist Intelligence Unit, 2009

BENEFICIARIES' POINT OF VIEW **[12,000 patients in 7 OECD countries]**

(1) the adult has a regular doctor or place of care; (2) doctor(s)/staff always or often know important information about the patient's medical history; (3) the place is easy to contact by phone during regular office hours; and (4) the doctor/staff at the source of care always or often help coordinate care received from other doctors

. In all countries, such relationships were associated with significantly more positive care experiences, including more responsive and efficient care and lower rates of patient-reported errors. Primary care practices organized to facilitate access and coordinate care, in general, appear to be also more oriented toward patient-centered care, based on reports of positive communication with physicians.

[Schoen et al, Health Affairs, 2007

UNDERLYING PRINCIPLES OF FAMILY MEDICINE

The patient-doctor relationship is central to family medicine

The family doctor is an effective clinician

Family medicine is community based

The family doctor is a resource to a define practice population

WONCA (2013) The contribution of Family Medicine to Improving Health Systems

KEY CONDITIONS FOR OPTIMAL FAMILY PRACTICE

Relationships

Policy and financing

Education

Quality improvement

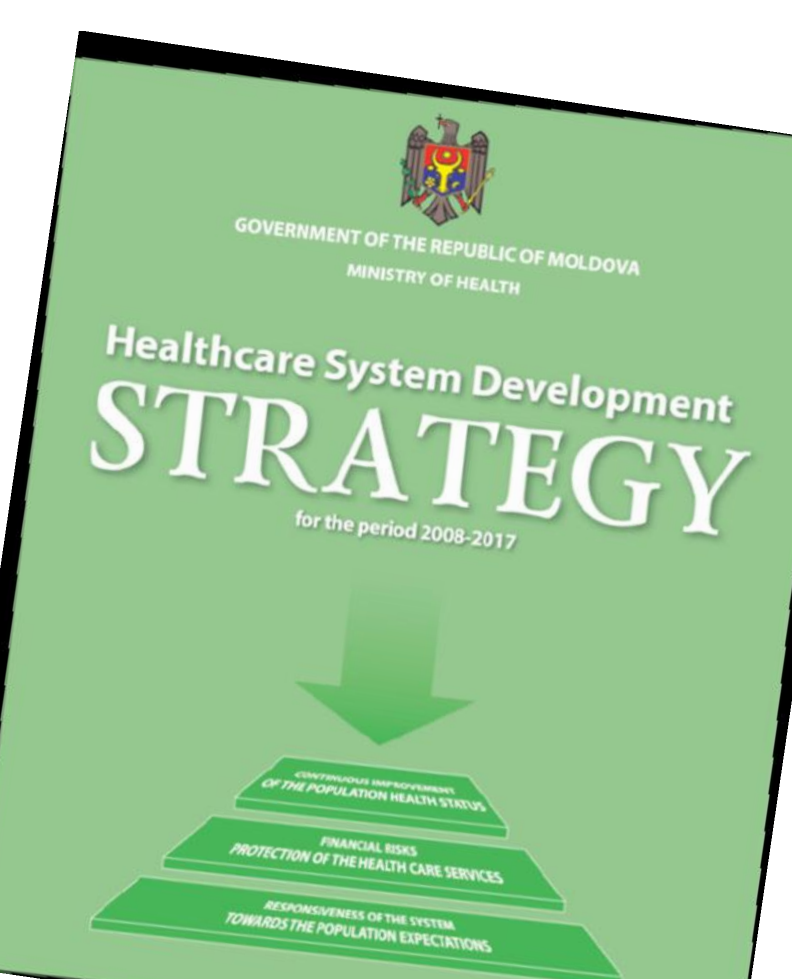
Health teams and systems

Primary care research

Professional associations

WONCA (2013) The contribution of Family Medicine to Improving Health Systems

SOME KEY RESULTS IN MOLDOVA



SOME KEY RESULTS IN MOLDOVA

We have the best system in the CIS countries, although we are the poorest, with the money we have we work wonders. High-level manager, Ministry of Health

Compared to other countries we have put the emphasis on a realistic package of services – a smaller part is compensated, but we provide the services we said we would. Mid-level manager, Ministry of Health

My father is 78 years old and before Easter he was feeling sick. We called the family doctor to his place and the ambulance came, but they refused to take him to the hospital because they saw he was old. So we took him by ourselves to the rayon hospital and waited for six hours for someone to see him. But they refused because we did not have a referral. So we took him to Chisinau, where he was hospitalized for a week then we took him home. Female, 51 years, rural, employed, FG9

We also need hospitals…

Patient Care:

- Inpatient care, ambulatory & day-admission
- Emergency & elective
- Rehabilitation

Teaching:

- Vocational
- Pre-graduation
- Post-graduation
- Continuing education

Research:

- Basic research
- Clinical research
- Health services research
- Educational research

Support to rest of services network:

- Referrals
- Professional leadership

Employment:

- Hospital personnel
- Hospital providers of goods & services

Social:

- Legitimacy of State
- Political symbol
- Provider of social assistance
- Basis of medical professional power
- Community pride

Source: Mc Kee *et al*

- Centralize or retain central provision in the capital city or, if appropriate, regional centres where it is necessary to ensure a critical mass of services for reasons of quality, safety, workforce constraints or economies of scale. Examples include major cancer surgery, major vascular surgery, cardiac surgery, the treatment of rare metabolic diseases. In the medium term retaining some services such as complex joint replacement, angioplasty, major paediatric surgery etc regionally would be wise.
- increase the size of population served by smaller general hospitals to create regional hospitals to ensure high quality and cost-effective care
- decentralize some services where this is appropriate and affordable
- create multispecialty centres of excellence to bring mono-profile hospitals together
- strengthen the supporting infrastructure and services
- invest to create modern facilities capable of delivering 21st century health care
- move the orientation of the health care system towards primary and community care and reduce the overall share of hospitals in the health budget
- improve the quality and efficiency of hospital services with shorter lengths of stay, increased day case work and other more efficient practices.

Key messages

- A solid foundation built in Moldova to move towards UHC, especially in terms of access to PHC and coverage with social health insurance
- Hospital reforms will need acceleration in order to keep pace with other developments and contribute to UHC in the post 2015 agenda
- A more coordinated and integrated approach especially through a closer collaboration between medical and public health services and with other sectors might bring significant "quick wins"
- Decentralization, increased role of local authorities and communities might be among other factors of success

Key messages

- Resources can be found internally by increasing efficiency, avoiding duplications and avoiding waste
- strategic purchasing mechanisms can increase performance and improve efficiency
- need to continuously improve financial protection by reducing the Out Of Pocket (OOP)payments
- A sufficient supply of health workers in rural area is critical for ensuring the sustainability of health system and enabling it to better respond to changing demands

Thank you!