## Worksheet 4-1: Information required to understand the policy control knobs in the current healthcare system

| **Control Knob** | **Information Needed** | **Suggested data sources** | **Affected outcomes** |
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| **Financing** | **Resource mobilization:**  Figures and multi-year trends of:   * Total health expenditure (THE) per capita * THE as % of GDP * Government health expenditure (GHE) as a share of government expenditure (to assess the government’s priority given to health) * Government spending as a share of GDP (assess fiscal capacity of a country) | National Health Accounts  Government budget | Financial risk protection  Equity |
| **Risk pooling**   * Compare % of THE from various sources, including: OOPE, GHE, social health insurance (SHI), community based insurance, private insurance, international/donor aid * How many SHI schemes are there? For each one, identify: % of the population covered; eligibility criteria; amount of premiums/contributions; who pays premiums/contributions; % of eligible population actually enrolled * If private insurance exists, in addition to the information asked for from SHI, also documnt: What does it typically cover (e.g. does it replace or augment public coverage)? Is it: indemnity policy, group health insurance sold via employer, rider policy for life insurance? | National Health Accounts  Policy documents from SHI agencies and private insurance schemes  Interviews | Equity  Financial risk protection  Access and (un)equal access |
| **Resource allocation**   * % GHE spending by type of facility (hospitals, clinics, public health, etc) * % GHE spending by function (curative, preventive, primary care, secondary/tertiary care, public health) * SHI benefit packages (what services and/or providers are covered; cost sharing) | National Health Accounts  SHI policy documents | Efficiency (allocative)  Access and (un)equal access |
| **Payment** | **Public provider payment mechanisms**   * How are public hospitals/clinics paid (by the government, SHI programs, patients, etc.)? * At public hospitals/clinics, how are healthcare personnel paid (including specialists, physicians, nurses, other staff)? What is the mix of fixed salaries and incentives? If yes, incentives are provided, how are they determined?   **Private sector provider payment mechanisms**   * How are private-sector health facilities typically paid? If they are contracted/empannelled by SHI programs, how are they paid? * How are personnel in the private sector typically paid (including specialists, physicians, nurses, and other staff)? How are financial incentives determined? | Interviews  SHI policy documents | Efficiency  Quality |
| **Organization** | **The roles, scale and scope of public and private providers in healthcare delivery**   * Share of public, private for-profit and private not-for-profit providers’ admissions/visits (at tertiary, secondary and primary levels), beds * Share of inpatient services at public vs private facilities (disaggregated by urban/rural and by income level) * Share of outpatient services at public vs private facilities (disaggregated by urban/rural and by income level) * For inpatient services (tertiary and secondary), how do the public and private facilities differ regarding:   + Services provided (e.g. general vs. specialty)   + Locations   + Opening hours   + Amenities   + Patients’ perceptions of clinical and personal quality   + Fees * For outpatient/primary care, how do public and private differ in terms of:   + Services provided (e.g. general vs. specialty)   + Locations   + Opening hours   + Amenities   + Patients’ perceptions of clinical and personal quality   + Fees   + Care provider qualifications (including informal providers) * Why do people choose public vs private sector? * To what extent does “dual practice” exist? * Are there any “vertically integrated” delivery systems? If yes, describe or find a case study * What is the distribution of different types of providers across different geographies? * If there is SHI, do they empanel public and private providers? What are their criteria for empanelment? | Government statistics  Surveys  Informant interviews | Access and (un)equal access  Quality  Efficiency |
| **Market Level Organization**   * Describe in general the market structure and dynamics for inpatient services. For example, are they:   + Dominated by the public sector, with the private sector playing a complementary or supplementary role?   + Dominated by a few large public and private hospitals?   + Competitive? If so, what do they compete on? | Existing studies  Informant interviews | Efficiency  Quality |
| **Institutional Level Organization**   * Public hospitals and clinics:   + What are their primary sources of funding (e.g. government budget, SHI payments, patients’ direct payment)?   + How are physicians/other staff employed? How are they paid? What promotion criteria/opportunities exist? How are positions assigned? Do they use contracts or a tenure system? Is dual practice common (and is it allowed or just occurs in practice)?   + What autonomy do hospitals/clinics have?     - autonomy in hiring/firing staff     - financial autonomy (E.g., are they allowed to raise additional capital? Can they decide on use of savings or investments? Do they procure and pay for their own supplies?)   + What is the accountability structure? What are they accountable for, to whom, and what consequences do they face? * Private (describe for-profit and not-for-profit institutional systems separately)   + Who are the owners of the institutions?   + What are the institutions’ primary objectives/missions?   + What relationship do the institutions have with the physicians and other staff? Are they contracted or employed as staff? What are the arrangements for compensation, privileges, cost/revenue sharing, etc.? | Existing studies  Organizational policy documents  Informant interviews | Efficiency  Quality |
| **Regulation** | What are the main government regulatory agencies and authorities involved in the health care delivery system?  What regulations exist, and how are they enforced, (for public, private for-profit and not-for-profit, formal, and informal service providers) regarding:   * Entry * Prices/fees * Quality/safety * Advertising   What regulations exist, and how are they enforced, regarding pharmaceuticals?   * Is there an essential drug list? If so, set by which agencies? * How are the prices of medicines set and regulated? * How are medicines procured? * Is advertising allowed?   What regulations exist, and how are they enforced, for:   * SHI (if it is present) * Significant private insurance schemes   How are professional associations (e.g. medical associations, hospital associations, associations of pharmaceutical manufacturers, etc.) involved in developing and enforcing regulations? | Policy documents  Existing analyses  Interviews | Quality  Access |
| **Persuasion** | What major governmentefforts (excluding financial incentives) exist to persuade various key actors (doctors, patients, general population, policy makers, etc.) to change their behaviors? Examples include:   * Public education campaigns * Social marketing campaigns * Behavior change interventions * Information dissemination on SHI eligibility, enrolment, benefit packages | Government documents/ websites  Informant interviews | Access  Quality |