## 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** |
| --- | --- | --- | --- |
| **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 AccountsGovernment budget | Financial risk protectionEquity |
| **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 AccountsPolicy documents from SHI agencies and private insurance schemes Interviews | EquityFinancial risk protectionAccess 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 AccountsSHI 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?
 | InterviewsSHI policy documents | EfficiencyQuality |
| **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 statisticsSurveysInformant interviews | Access and (un)equal accessQualityEfficiency |
| **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 studiesInformant interviews | EfficiencyQuality |
| **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 studiesOrganizational policy documentsInformant interviews | EfficiencyQuality |
| **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 documentsExisting analysesInterviews | QualityAccess |
| **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/ websitesInformant interviews | AccessQuality |