Topics to be Presented

1. Health Sector Reform and Health Systems Functions.

2. Stewardship/Steering Role.


4. Lessons learned.

5. Web launch.
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.
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.
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.
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


3. Health Sector Analysis Methodology
   - Application in Costa Rica, 2002
Dimensions

Leadership
Regulation
Modulate Financing
Guarantee Insurance Coverage
Harmonize Health Services Delivery
Essential Public Health Functions

STEWARDSHIP
National Health Authority

- Modulate Financing
- Guarantee Health Insurance
- Harmonize Health Services Delivery
- Regulation
- Leadership
- Essential Public Health Functions

Shared Responsibilities

Exclusive Responsibilities
## Correspondence between Stewardship and EPHF

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

*Note: The table indicates the correspondence between Stewardship dimensions and Essential Public Health Functions (EPHF), with symbols showing the level of correspondence.*
• 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.
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

<table>
<thead>
<tr>
<th>Qualitative Assessment Score</th>
<th>Percentage Equivalency</th>
<th>Scale Assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0%</td>
<td>Nil</td>
</tr>
<tr>
<td>1</td>
<td>20%</td>
<td>Very Poor</td>
</tr>
<tr>
<td>2</td>
<td>40%</td>
<td>Poor</td>
</tr>
<tr>
<td>3</td>
<td>60%</td>
<td>Normal</td>
</tr>
<tr>
<td>4</td>
<td>80%</td>
<td>High</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
<td>Very High</td>
</tr>
</tbody>
</table>
Results: Summary Graph
El Salvador - 2004
Leadership Dimension

El Salvador - 2004

Bar chart showing the leadership dimension in El Salvador for 2004.
Leadership Dimension
El Salvador - 2004

Monitor and evaluate the impact of health policies

67% Poor/Nil
33% Normal
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.
4. A wide representation of health sector stakeholders (e.g., 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!