Delivering services: a balanced approach for Moldova

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WHO Headquarters, Geneva

Moldova Health Forum,
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Health has to do with

economic development  democracy and values  health system effectiveness
Need for PHC reforms

Fragmentation of Health Services

- **Tertiary Level**: Universities
- **Secondary Level**: Occupational Hazards
- **Primary Level**: MPH, Municipalities
  - **Social Security**
  - **Private - high complexity**
  - **Traditional Medicine**
  - **Non communicable diseases**
  - **HIV/AIDS - Tuberculosis**
  - **NGOs**
  - **Municipalities**
  - **Universities**

- **Primary Level**: Private - low complexity
- **Secondary Level**: Occupational Hazards
- **Tertiary Level**: Universities
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...;
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.

- Improved healthy life expectancy
- Universal health coverage
The Health System Framework

GOALS / OUTCOMES OF THE SYSTEM

- **Health**
  - (level and equity)

- **Responsiveness**
  - (to people’s non-medical expectations)

- **Financial protection**
  - (and fair distribution of burden of funding)

FUNCTIONS THE SYSTEM PERFORMS

- Stewardship
- Creating resources
  - (investment and training)
- Service delivery
  - (personal and population-based)
- Financing
  - (collecting, pooling and purchasing)

INPUT

OUTPUT
Towards universal coverage

- Reduce cost sharing and fees
- Include other services
- Extend to non-covered
- Services: which services are covered?
- Financial protection: what do people have to pay out-of-pocket?

Population: who is covered?
How health financing arrangements can influence progress towards UHC

Health financing within the overall health system

UHC intermediate objectives

- Equity in resource distribution
- Efficiency
- Transparency and accountability

Final UHC goals

- Utilization
- Need
- Quality
- Universal financial protection

Wider context/extra-sectoral factors (SDH)

Rest of health system

Revenue collection
Pooling
Purchasing

Benefits
Things to remember about health financing policy for UHC

<table>
<thead>
<tr>
<th>Get the unit of analysis right (system, not scheme)</th>
<th>Beveridge and Bismarck are dead: sources are not systems</th>
<th>Role of general revenues is critical – links to both priorities and PFM issues</th>
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<tr>
<td>Align (strategic) purchasing with benefits to avoid unfunded mandates</td>
<td>Don’t believe in magic</td>
<td>Accompany implementation with analysis</td>
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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
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**

<table>
<thead>
<tr>
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<th>Costa Rica</th>
<th>United States</th>
<th>Mexico</th>
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<tbody>
<tr>
<td>GDP per capita, $\text{a}$</td>
<td>9,460</td>
<td>34,320</td>
<td>8,430</td>
</tr>
<tr>
<td>Health expenditure per capita, $</td>
<td>562</td>
<td>4,887</td>
<td>544</td>
</tr>
<tr>
<td>Infant mortality$\text{b}$</td>
<td>9</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Life expectancy at birth$\text{c}$</td>
<td>78.0</td>
<td>77.0</td>
<td>73.3</td>
</tr>
<tr>
<td>Gini index$\text{d}$</td>
<td>46.5</td>
<td>40.8</td>
<td>54.6</td>
</tr>
</tbody>
</table>

*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.*

$\text{a}$Purchasing power parity.

$\text{b}$Probability of dying between birth and exactly 1 year of age, expressed per 1000 live births.

$\text{c}$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.

$\text{d}$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

- Private entities
- OOP
- Taxes
- Social security

Countries: Austria, Great Britain, Italy, Poland, Romania, Spain, Sweden, Switzerland
1.1.3. Life expectancy at birth and health spending per capita, 2011 (or nearest year)

... AND THE RESULTS YOU GET

*Health systems with strong PHC are more efficient!*

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
(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.
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
KEY CONDITIONS FOR OPTIMAL FAMILY PRACTICE

- Relationships
- Education
- Policy and financing
- 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 multispeciality 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 areas is critical for ensuring the sustainability of health systems and enabling it to better respond to changing demands.
Thank you!