

# **Session 2: Governance for Strategic Purchasing**

**System perspective and scheme needs: what are the governance issues & how to assess governance for strategic purchasing**

**26 April 2017**

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Organization**

# Overview of the session

Governance of the Purchaser Market

Formal Governance of the Purchasing Agency

Internal Pre-requisites for Governance &  
Strategic Purchasing

Key Governance Requirements for Moving to  
More *Strategic* Purchasing

## Governance of the Purchaser Market

### **KEY ISSUES FOR STRATEGIC PURCHASING -**

- 1. Financial & contractual leverage over provider & whole system**
- 2. Coordination & alignment of strategic objectives**
- 3. Fragmented accountability risks**
- 4. Perverse incentives at boundaries between purchasers/funders**
- 5. Admin & transactions costs**

# Governance & Market Organisation Type

## Options

Single national purchaser pools most funds

Competing funds, open to all

Non-competing sectoral purchasers

National+local purchasers

Supply side financing still plays a large role

Out-of-pocket payment still plays a large role

## Governance opportunities...

Financial leverage, whole-system leverage, scale economies

Competition (P&Q), BP choice, selective contracting may be politically easier

Benchmarking may be possible, selective contracting may be easier

Local participation, local government coordination & accountability

Supply side levers can complement purchasing esp. In major service change

Few! Selective contracting may be easier than when most funds are pooled

# Governance & Market Organisation Type

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## Governance issues...

Soft budget constraint, no benchmarks, pressure to support troubled providers

Non-transparent competition, low financial leverage, failure regime needed, high admin cost

Soft budget constraint, unequal BPs impede benchmarking, low financial leverage, high admin. cost

Cost/responsibility shifting, uncoordinated care across boundaries & diluted accountability if responsibilities overlap or are unclear

Similar to above + softer budget constraint for public providers; if MOH owns & funds providers risks conflicting interests vs purchaser objectives

Little financial leverage if balance billing or informal payment; cost-shifting to private sources if limited & unclear benefits package

# Governance & Regulation Responses

## Options

Single national purchaser pools most funds

Competing funds, open to all

Non-competing sectoral purchasers

National+local purchasers

Supply side financing still plays a large role

Out-of-pocket payment still plays a large role

## Responses to Governance Issues

Credible multi-year budget; sophisticated oversight; Board & Management sanctions

Standard basic BP, transparency duties, failure regime, promote mutual or non-profit forms

Regulate payment method, price & performance metrics; pool data; benchmark (for Option 2 too)

Clarify responsibilities; develop purchaser coordination; integrate pathways/payment

Similar to above; reduce MOH ownership role; strengthen public provider ownership discipline

Price regulation for BP services; simple BP; clear public/private boundary; info & advocacy

## Formal Governance of the Purchasing Agency

### **KEY ISSUE:**

**Ensuring legitimacy, external accountability & internal control – the “basics” of governance and public sector management**

**“TAPIC” PRINCIPLES APPLY**

*Too little autonomy  
to be strategic*

*Too much autonomy  
weakens accountability*

## Legal and Institutional Autonomy of the Health Purchaser

Branch of Ministry  
of Health, no board.  
Accountable to  
Minister.  
Little autonomy.

Executive agency  
accountable to MOH, or  
MOH-chaired board.  
Day-to-day  
Autonomy.

Independent state  
Agency/corporation.  
Accountable to  
Labor Minister/  
Cabinet/President.

Autonomous  
statutory body.  
Accountable to elected  
stakeholder  
board & regulator  
(& legislature)

## Financial Autonomy of the Health Purchaser

In MOH budget,  
Uses Treasury &  
Tax Agency systems.  
Detailed control over  
Budget line items.

On-budget. Own Budget.  
Uses Treasury &  
Tax Agency systems.  
Flexible output budget.  
Ex-post control.

Coordinates with Budget  
Collects revenue.  
Little discretion to  
manage reserves.  
State audit.

Off-budget.  
Collects revenue.  
Manages reserves.  
Hires auditor.

*Too little flexibility or incentive  
to improve performance*

*Too much autonomy duplicates  
administration & controls*

# Decision authority by policy issue

| Issue                  | Estonia                              | Philippines                      |
|------------------------|--------------------------------------|----------------------------------|
| MODEL                  | Single payer                         | Single payer + supply side & FFS |
| Tax rate/ budget       | Parliament (HPA Board – 2% reserves) | Congress                         |
| Benefit package        | Govt/MOH (HPA advises)               | HPA                              |
| Provider payment       | Govt/MOH (HPA advises)               | HPA                              |
| Pricing                | MOH (HPA advises)                    | HPA                              |
| Quality/ accreditation | Independent agency                   | HPA & MOH                        |
| Clinical Guidelines    | HPA                                  | HPA & MOH(few)                   |
| Beneficiary complaints | Independent agency & HPA process     | HPA process                      |

## Internal Pre-requisites for Governance & Strategic Purchasing

# Internal Governance & Management Requirements for Strategic Purchasing

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1. Data – needed both for more strategic purchasing & more sophisticated governance
2. Information & communication systems
3. Capacity – specialist skills & knowledge
4. Leadership & management

## Key Governance Requirements for Moving to More *Strategic* Purchasing

**TAPIC-compliant formal governance mechanisms may be *necessary* (please debate!) but not *sufficient***

**Legitimacy challenge: balancing political/stakeholder and technocratic perspectives**

# Key requirement for moving to more strategic purchasing

1. Clear mandate and appropriate objectives for strategic purchasing

2. Firm, credible medium term budget constraint

6. Inclusive and meaningful stakeholder participation

3. Sufficient purchaser autonomy, commensurate with capacity, data...

5. Expert oversight and accountability and transparency to balance increased autonomy

4. Sufficient financial leverage over provider & system performance



**Health  
Purchaser  
Agency**

# Broader governance & health system context matters

Structural deficit

Financial goals dominate over health goals

Public Financial Management &/or provider reform lags behind

Ambition exceeds capacity, data

Unstable or conflicting policy – perpetual re-organisation

Capture, conflict of interest