World Health Organization

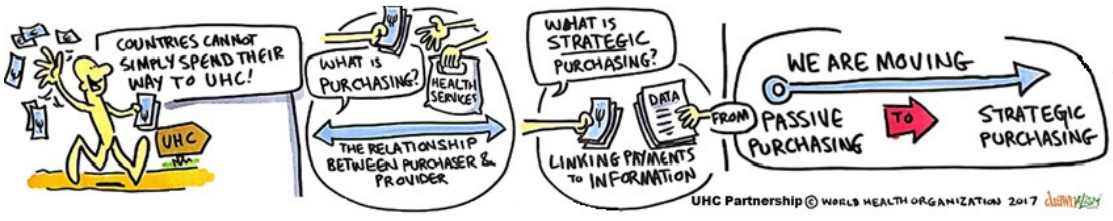
Strategic Purchasing for Universal Health Coverage:

Unlocking the Potential

GLOBAL MEETING

SUMMARY AND KEY MESSAGES

25-27 April 2017 | Geneva, Switzerland



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Overview

Background

A global meeting took place from 25-27 April 2017 at WHO Headquarters in Geneva to gather experts and practitioners on the subject of strategic purchasing for UHC. The meeting convened participants from national health authorities and purchasing agencies, partner agencies, foundations, as well as strategic purchasing experts and resource persons from academia (see Annex 1 for the List of Participants). The meeting provided an opportunity to take stock of ongoing work on strategic purchasing, to identify key priorities for future collaborative efforts across countries and partners, with a specific focus on capacity strengthening.

Meeting Objectives

The objectives of the meeting were:

- To contribute to conceptual clarification and consensus on strategic purchasing issues in order to refine policy questions
- To share evidence and lessons from country experiences regarding strategic purchasing
- To discuss current challenges and barriers to reforms and identify options for countries to shift towards strategic purchasing
- To identify capacity strengthening needs
- To develop a global collaborative agenda on strategic purchasing and come up with next steps

Key messages

This document provides key messages and orientations for future work on the following five themes explored during the meeting: 1) Benefit design in support of UHC: evidence, process and politics; 2) Mixed provider payment systems: Alignment for coherent incentives; 3) Pay for Performance and Results Based Financing: From scheme to system; 4) Information management systems for strategic purchasing; and 5) Governance issues in strategic purchasing. It also summarizes the discussions around 6) A global collaborative agenda and 7) next steps and the way forward.

Acknowledgments

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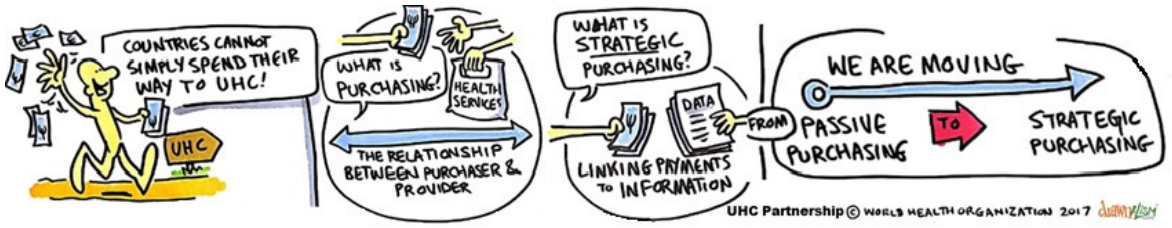

Summary messages on strategic purchasing core areas of work

Strategic purchasing is not just about health financing, it goes beyond – it is an integrative platform for a holistic view on related health systems areas and the following core areas:

Benefit design processes: To define benefit entitlements, three critical steps in the priority-setting process need to be considered: data collection & analysis, participatory dialogue, and decision-making, including civil society organizations' and citizen engagement.

Mixed provider payment systems (MPPS): MPPS need to be better understood by applying a system perspective that helps assess the combined (complementary or contradictory) effects of different payment methods applied in a country. It is not about one instrument or one payment method – it is a matter of a coherent set of incentives within the payment system to contribute to UHC objectives. Alignment of MPPS can be an entry point, while related areas such as insufficient provider autonomy, rigid public financial management rules and inadequate service delivery models also need to be addressed to move to strategic purchasing.

Pay-for-performance (P4P): P4P, or also referred to as Performance / Results Based Financing (PBF or RBF) is one way of paying providers, but moreover, it can also act as a catalyst for health system reform. There is need to shift from a simplistic notion to a more holistic view around a multi-faceted intervention that urges to 1) move away from pay for input to pay for output; 2) invest into good data systems, and 3) make explicit choices on benefit prioritization. If coupled with autonomy, this has the potential to improve efficiency and service responsiveness.

Information management systems: Fragmented information systems are an obstacle to realizing the potential benefits from strategic purchasing. Many low- and middle-income countries have several parallel sub-systems. These multiple data systems contain relevant information, but due to their fragmentation they are not effectively interoperable and can therefore not be used as a single database to inform payment towards strategic purchasing. But countries can move progressively towards unified information system, as data pooling is critical to make strategic purchasing a reality. There is a need to advance the thinking on the implementation sequencing of such a transformation and to address the related implementation challenges.

Governance: Governance issues in strategic purchasing refer to a) the multiple purchaser market; b) the relationship between the oversight body and the purchaser(s); and c) the internal management of a purchasing agency. The governance function is particularly critical in fragmented health financing systems, whereby governance roles and responsibilities need to be clearly specified and split between the various ministries, purchasers and purchasing administrators, while accountability of governance and purchasing actors at national and local levels needs to be strengthened.

In sum, with the growing commitment to deliver on UHC worldwide, strategic purchasing benefits from renewed interest. It provides a feasible entry point into health financing strategy implementation. To do so, further conceptualisation is needed to better frame strategic purchasing and outline its meaning and purpose, with governance being at the heart of this framing. Apart from conceptual work, we need to boost and consolidate a global community of strong supporters for strategic purchasing that will influence global and country thinking and agenda setting on strategic purchasers for UHC. Key areas of collaboration include knowledge management, capacity strengthening and institutionalising learning systems, as well as policy dialogue and technical support tailored to country specific needs and demands.


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Thank you for your attention


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A. SOUCAT
WHO, HQ
M. JOWETT
WHO, HQ

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1. Benefit design in support of UHC: evidence, process and politics

Issues and challenges:

Global interest in universal health coverage (UHC) has led to a **growing focus on the explicit definition of benefit entitlements** with an increasing number of countries establishing guarantees to citizens for example through "essential packages". By "benefits" we refer to both publicly funded entitlements as well as the range of policies, conditions, or rules, which govern access to those entitlements, e.g. adherence to a referral system, generic rather than branded medicines.

The way in which benefits are defined may enable, or hinder progress on health system objectives such as efficiency and transparency. **It is important to distinguish between "*explicit*" and "*detailed*" definition of benefit entitlements.** For example primary health care (PHC) may be explicitly covered as a level of care, together with an explication of what it implies and accompanied by clear standards so that people know what they can expect; in contrast detailing individual conditions/diagnoses at the primary level may be confusing to patients and counterproductive in terms of meeting health needs.

There are **three critical steps for a priority-setting process**: **data collection & analysis, dialogue, and decision-making**. It is important to manage the balance between a technical and a political conversation; trade-offs will be inherent. As such, benefit decisions should ideally be based on evidence, use a participatory process to balance stakeholder concerns, and ensure the political platforms and processes to turn into policy. For evidence generation and dialogue, health technology assessment (HTA) is an important tool, which should not be confused with cost-effectiveness analysis (CEA). HTA is about a decision-making process that is transparent and fair and one that is underpinned by strong legal framework.

Once decisions on priorities and benefits are decided, it is **critical to transform the legal entitlements into language that beneficiaries understand, and that the purchaser can operationalise**. Even then, provider payment and service delivery arrangements need to be in place to transform legal entitlements into effective coverage. One way is to establish an explicit link between benefit entitlements and provider payment which is central to driving improvements in service delivery and overall health system performance.

Orientation for future areas of work:

- **We need to better define the concept of health benefits for the population**. This is a term most well understood by insurance companies. In public policy, the term relates to several instruments and mechanisms, such as basic legislation or the broad declaration of entitlements and obligations, definition of the health services in the package, as well as setting regulations regarding access to the benefits.
- There is also need to **better understand the interplay between cost-sharing mechanisms and provider payment methods**. The way in which benefits are articulated can affect how well a system performs, for example in terms of transparency and efficiency.
- Intersectoral dialogue about the benefit design requires openness and leadership to reach all those who need to be included. Increased capacity of civil society organizations and active citizen engagement are key enabling factors. Ultimately, **governance arrangements are critical to enable participatory dialogue and effective decision-making platforms**.

2. Mixed Provider Payment Systems: Alignment for coherent incentives

Issues and challenges:

Most providers manage several programs with separate funding flows and separate data management systems. Such mixed provider payment systems (MPPS) need to be better understood by applying a system perspective that helps to assess the combined (complementary or contradictory) effects of different payment methods. It is not about one instrument or one payment method – **it is a matter of a coherent set of incentives to work towards UHC objectives**, more so when out-of-pocket expenditures make up a large share of total health expenditure.

There is a continuum regarding "mixed" provider payment systems, from a messy mix to an aligned mix to blended payment methods (i.e. the aligned combination of several payment methods) and bundled payment (i.e. paying for a bundle of services). Lack of alignment in provider payment systems can have many causes, but the main one relates to fragmented health financing systems and lack of governance. Political economy issues and resistance to change are equally challenging.

Multiple funding flows and payment methods affect provider behaviour. There can be conducive effects, such as cross-subsidization by the better-off to the poor, but also negative effects such as patient cream-skimming, cost and resource shifting also prevail, ultimately increasing inequities and inefficiencies. **More insight is required on how incentives set through facility payment are translated into incentives for individual staff**. This serves to align provider payment methods to come up with a coherent set of incentives across the system with the ultimate aim of promoting equity, efficiency (including cost-containment), financial protection and quality.

The rationale for aligning provider payment methods may also be motivated by a need for verification and clinical data to better understand provider responses, the revision of payment rates or the harmonisation of administrative payment procedures. **The multitude of issues calling for change and reform also raises the question of sequencing. Moving towards strategic purchasing is ultimately about governance that needs to be tackled as a priority**. Alignment of payment methods or the introduction of new payment mechanisms, such as RBF, on its own will not be able to fix broader governance bottlenecks, especially if a wider range of stakeholders is not engaged from inception.

Orientation for future areas of work:

- **A focus on aligning mixed provider payment systems can be an entry point to move to strategic purchasing, when there is clarity on the objectives of alignment**. In many cases, this could also mean simplification of the overall health financing architecture. It is important to be clear on how far alignment in mixed payment systems can drive other system changes. This is because the main hurdle to enhance strategic purchasing may often not relate to (non-aligned) MPPS, but be rooted in other concerns. **Alignment of provider payment systems must therefore also be accompanied by changes in other policy areas**, such as decentralisation, public financial management, provider autonomy, and service delivery models.
- **There is need to better understand the features of payment methods that drive provider responses and how provider payment methods set signals for quality**. Provider payment methods start with providers and there is need to take on a stronger provider perspective, also by including providers in consultations and reflections on provider payment reforms. Moreover, more focus should be put on evaluating the impact of provider payment reforms.

3. Pay for performance & Results Based Financing as part of mixed provider payment systems: from scheme to systems

Issues and challenges:

Pay-for-performance (P4P), also referred to as Performance Based Financing (PBF) or Results Based Financing (RBF), is a way of paying providers. As it makes an explicit link between payment and benefits, and when there is a certain degree of provider autonomy, it **contributes to strategic purchasing. But on top of this, it can act as a catalyst for health system reform**.

But to do so, **it is of high importance to ensure that P4P mechanisms are embedded and integrated within the wider health system**. Integration and scale-up is a multi-faceted concept and requires a shift from a scheme focus to a system perspective and more attention on governance and capacity strengthening. Otherwise, good implementation of an isolated scheme could lead to overall bad system outcomes. **Where P4P seemed to have worked well is where this payment mechanism was designed as part of the country's health system and where its design considered available capacity**, even if that meant slower progress or less visible results in the beginning. System integration is also relevant in view of concerns of uncertainty and sustainability when externally funded PBF or RBF "projects" come to an end.

The example of Estonia provides good lessons on how P4P can be used to complement existing payment mechanisms and to strengthen the overall system. P4P has been integrated in a blended provider payment system where it compliments other payment mechanisms.

Orientation for future areas of work:

- **We need to change the way P4P is viewed and shift from a simplistic notion to a more holistic view** around a multi-faceted intervention that urges to 1) move away from pay for input to output; 2) invest into good data systems, and 3) make explicit choices on benefit prioritization. If coupled with autonomy, this has the potential to improve efficiency and service responsiveness.
- **Another added value of P4P is that it can produce culture change**. For example, in Kyrgyzstan, even hospitals that did not receive financial rewards have improved significantly their quality of care. Further (methodological) work could explore how to capture these changes in culture, as these would not be grasped by routine data.
- Purchasing mechanisms alone cannot address many of the important gaps in quality of care. Hence, **P4P has to be part of a comprehensive quality improvement process** with a focus on service delivery mechanisms so that achievements in quality of care can be reached. The next generation of PBF and RBF has to focus much more on quality aspects.
- **When designing P4P, it is important to look into the black box to understand how the remuneration works inside the organization and who benefits from the P4P payments and bonus**. Last but not least, equity considerations must get more attention when designing and implementing P4P. Providers who are not performing also need to be strengthened, and it is critical to convince doctors of this. Otherwise, the population which is served by low capacity providers is further "penalized", worsening existing inequities.

4. Coherent information management systems for strategic purchasing

Issues and challenges:

In many low- and middle-income countries (LMICs), one of the major obstacles to strategic purchasing resides in fragmented or even absent information systems. Furthermore, **the potential use of provider payment databases to inform policy decisions beyond strategic purchasing has not been adequately recognized**.

Many countries have several parallel sub-systems, often organised by schemes or programs. These **multiple data systems** contain some information needed for strategic purchasing, **but due to their fragmentation they are not effectively interoperable** and can therefore not be used as a single database to inform payment decisions and enable a more decisive shift towards strategic purchasing.

Instead of containing individual data and patient records, current systems are mostly built on aggregated utilization data, which only provides partial information on actual utilization of services and estimates of population needs, and also impedes disaggregation for analysis. **This lack of information makes it difficult to adapt purchasing mechanisms to respond to identified equity or efficiency problems, or more generally to monitor provider behaviour and patterns of service use**. There is also lack of sharing, analysing and disseminating existing data to effectively translate into evidence for policy.

The boundaries of an effective information management system go beyond the routine health information system, tapping into various data types and sources (e.g., household survey, birth and death registration, census, health facility reporting, health system resource tracking, routine data from other sectors, geospatial information).

If well designed and managed, a revamped information system can provide the foundation for "big data" analytic techniques to support strategic purchasing and other types of health policy decisions. Hence**, greater attention should be given not only to the information management systems *for* strategic purchasing, but to the analytic uses of information *from* provider payment databases**.

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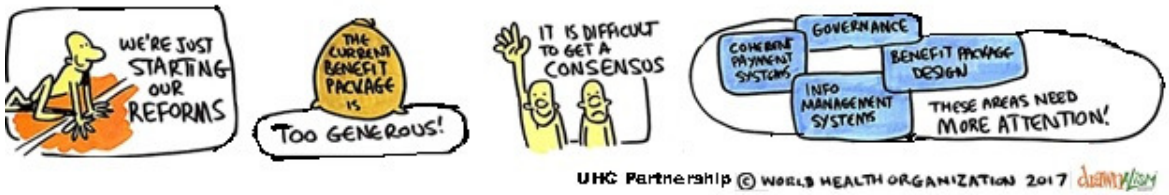
Orientation for future areas of work:

- Allocating resources strategically requires collecting and using robust and reliable information organized at the individual patient level, which in turn can underpin the efficiency, effectiveness and accountability of purchasing arrangements. This requires information about the performance of health providers, patient information and the health needs of the population overall. **Strong health information systems are pivotal to make significant progress towards strategic purchasing**.
- The shared vision is a unified information system, which decision makers can use as a single data set to decide on resource allocation modalities and payment methods. Pooling data is key to enhancing strategic purchasing. Yet, **integration of the multiple and often fragmented information systems is unlikely to happen overnight**. There is therefore a **need to advance the thinking on the implementation sequencing of such a transformation and to address the several implementation challenges** that such a reform entails. Countries could adopt a stepwise approach.
- **Countries can move towards strategic purchasing, even if their information management system is not yet comprehensive and integrated**. Most critical is to identify entry points for further unifying their data as well as to use existing data for analysis to support decisions on provider payment and thus move towards strategic purchasing. Data analytics can also serve as a bridge between data and informed policy making as they help disseminate analysis to a wider audience, but also visualize complex issues in a snapshot.
- The use of common data content standards in a 'start-up' format as part of the deployment of scaled patient information and management systems in many LMICs could provide the ground for further integration of the health information system.
- **Building upon ongoing information management system investments, country teams need to have a vision and plan to instruct software producers so that data system integration efforts fit their needs**. To do so, one critical task is to define the needed range of data in order to avoid too much complexity at first. This implies identifying the key questions that require answers to allocate resources strategically into the system at the outset, so that the system can then be designed to generate that data. The diversity in data types, scale, timeliness, complexity and privacy & confidentiality issues need to be considered while starting gradually the collection of patient records and/or individual data.
- **As a core input for effective governance** (of strategic purchasing and indeed the entire health system), **greater efforts need to be made to enable the potential analytic uses of provider payment databases**, including "big data analysis" techniques.



5. Governance issues in strategic purchasing

Issues and challenges:

The discussion in the previous sessions on issues and challenges in benefit design and provider payment lead and urge us to **focus on governance issues in strategic purchasing, for which clear objectives and a clear framework are needed**. Governance issues in strategic purchasing refer to various levels: a) the multiple purchaser market; b) the governance mechanisms for holding the purchaser(s) accountable; and c) the internal management of a purchaser agency.

Strategic purchasing is more difficult in fragmented health financing systems, which needs to be addressed by the governance function. Yet the governance function in itself is fragmented across different actors, making this a real challenge. Moreover, strategic purchasing is constrained by lack of clarity in the roles and responsibilities of Government and across different ministries, purchasers and purchasing administrators, as well as by incongruity in organisational roles and accountability between MOH and sub-national purchasing actors.

In setups with a separate purchasing agency, **the purchaser needs sufficient autonomy to decide or influence decisions affecting its ability to achieve both financial and wider health system objectives**. The role and capacity of purchasing agencies' oversight boards is also critical for autonomy. Yet, in many countries, oversight boards are weak and lack a focus on the *results* achieved by the purchaser – and thus do not function well.

Moreover, the existing representation arrangement is often not conducive for strong oversight. The frequent tripartite composition may be insufficient, and in particular, civil society is often under-or ill-represented. There is **good evidence from studies of oversight boards that provide useful directions and lessons of how to strengthen them**, e.g. on the appointment of board members, the internal division of labour, the strategic orientation to achievements, or the focus of reporting and monitoring.

Strong focus and efforts have been put on capacity strengthening of purchasing agencies. While this has been important to shift towards strategic purchasing, **it has led to the MOH often being left behind**. Likewise, managerial capacity of providers has not been developed in the same way as that of purchasers, undermining their ability to respond to new incentives.

Orientation for future areas of work:

- Mapping the mixed provider payment system and the related financial flows is a useful initial step to bring governance issues on the agenda, because such an analysis helps understand the current situation, provides baseline information and allows initiating the national dialogue on the purchasing function. **Governance issues will most likely emerge as priorities once the dialogue shed lights on what needs to be done to streamline an existing messy provider payment system**.
- Current and ideal governance arrangements need to be better understood. **A key question is what instruments and policy leverages are available and what kind of capacity is needed for a Government to influence a multiple purchasing market**. It is also critical to specify the roles and functions of the MOH as well as that of other ministries and actors around governance. The key question is who should and can do what, rather than a narrow focus on who should be the oversight ministry.

- **Capacity strengthening needs to include all relevant actors – in particular the MOH, but also the purchasing agency, the oversight board and providers** - and cover various areas, e.g. health financing policy/analysis skills; managerial skills; information management and data analysis to use evidence; and advocacy and negotiation to manage political economy issues. Moreover, capacity levels need to be aligned across the different stakeholders as well as be in line with their degree of autonomy. Related to capacity strengthening of the MOH, there is need to ask why a MOH is weak in governance and purchasing rather than just shift responsibilities away from the MOH. It is also critical to explore options that stop the brain drain from the MOH to purchasers and other more attractive ministries, e.g. by setting up career paths across different health system actors.
- **A country's governance ability also depends on being (or becoming) a learning system to allow for adjustment in a dynamic context, capacity strengthening and innovations**. To be a learning system requires shifting attention to leadership, information, and feedback processes and loops. Equally critical is to think of and organise capacity strengthening of the next generation of decision-makers and managers.
- **Exploring good country examples of different purchasing arrangements and board setups will help draw important lessons**, e.g. regarding the following issues: What are the skills needed for a good purchaser? Who should sit on the board? What level of task differentiation is needed? How to strengthen accountability to citizens? How can improved accountability of purchasers (and providers) improve quality of care?

6. Developing a global collaborative agenda

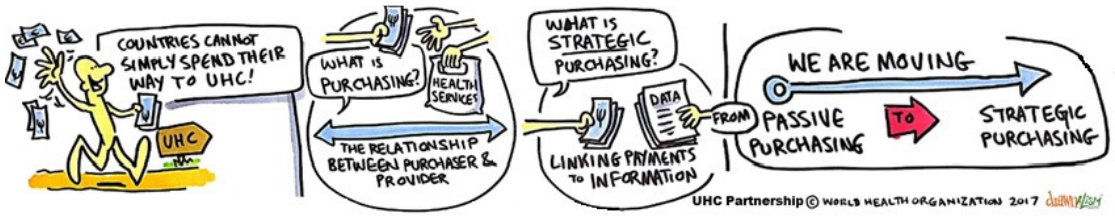
Moving towards strategic purchasing is a complex process, requiring a network of actors, various functions as well as information. The efforts of moving to strategic purchasing also need to be part of broader health system and health financing strategies. The discussions of this session revealed a strong interest in an agenda of strategic purchasing and the need and willingness to collaborate more closely to make use of synergies around existing workstreams and initiatives. The development and realisation of a global collaborative agenda for scaling strategic purchasing can be based on the following principles and suggestions:

Crafting collaboratively a high impact agenda is considered the most appropriate model to engage a wide range of actors involved in purchasing. This will allow for working on multiple entry points in a country in a coordinated manner. Furthermore, opting for a collaborative agenda goes along with the recognition of the need for long-term investments in a strategic purchasing policy agenda, beyond the usual three-year project cycle. In the meantime, a specific investment on strategic purchasing will allow countries to develop their capacities in this field. Altogether, this requires key development partners to strengthen their coordination.

As countries find themselves at different stages in their move towards strategic purchasing, the idea is to develop incremental, tailored approaches that will allow them to graduate progressively to different levels and models of strategic purchasing. A related key question is about the kind of support needed and how to deliver it so as to build and institutionalise capacity rather than just filling gaps. One possibility is to expand peer-learning and cross-fertilization between countries which have already made significant progress towards strategic purchasing and other countries which are just starting their journey. Priorities for this would be strengthening capacities for implementers as well as for policy leaders responsible for transforming the system towards strategic purchasing. Beyond cross-learning, **this requires the development of more focused training curricula to support policy and implementation, both for current needs, as well as a longer-term agenda to train and bring on board the next generation of experts**.

Facilitation and brokering could be an appropriate way to organise and implement this agenda. When doing so, **it is important to build upon existing platforms and networks**, such as the Joint Learning Network (JLN), the Communities of Practice (COPs), the Providing for Health Network (P4H), the Harmonisation for Health in Africa initiative or the International Decision Support Initiative (iDSI). In particular, **country-led learning networks, combined with targeted technical assistance support, could be expanded**, and experience sharing and learning from each other on specific topics could be promoted through the model of the Communities of Practice.

In terms of contents and direction, **there is need to emphasise institutional building as part of technical assistance and policy advisory work**. This institutional building is particularly relevant to strengthening agencies responsible for purchasing and for the governance role of ministries of health.



7. Next steps and way forward

Purchasing has been an undervalued function of health financing, particularly in public integrated systems. Yet, with the growing commitment to deliver on UHC worldwide, strategic purchasing benefits from renewed interest, as governments simply "cannot spend their way to UHC". **Strategic purchasing also receives attention because it provides a feasible entry point into health financing strategy implementation**.

Moreover, there is an opportunity to link the agenda of strategic purchasing from a broader pool of prepaid funds to the growing focus on transition and sustainability of domestic funding in a number of countries.

While strategic purchasing is not a new topic, the context has been changing considerably over the past twenty years, with multiple governance actors and multiple purchasers in place, changing the role of the ministry of health, and creating new demands on its function, including the need for meaningful participation of civil society representatives. Clearly, **strategic purchasing is not just about health financing: it goes beyond – it is an integrative platform that can drive change in various related health systems areas**.

Importantly, **the misperception that strategic purchasing is only feasible in a health insurance system needs to be addressed**. Evidence on strategic allocation of resources in integrated systems in low- and middle-income countries needs to be collected and disseminated.

Further conceptualisation is thus needed to better frame strategic purchasing and outline its meaning and purpose and how to assess this subject. This framing needs to include benefit design, information management systems, governance arrangements, payment systems, but also make the link to other related core areas, such as service delivery, pricing of medicines and the broader governance of the health system. This also requires agreement on a common language regarding strategic purchasing.

Governance issues need to be placed at the heart of the strategic purchasing agenda, not only **because of the intrinsic importance of ensuring a coherent "fit" of purchasing within overall health systems strengthening efforts**, but also in view of the demand and interest from countries. To promote common understanding and more practical support to countries, deeper conceptual work needs to be done on governance to clarify what it means (and what it does not), including disaggregating the concept into manageable and operational elements, as well as to spell out its objectives and identify potential entry points for strengthening the governance function.

Apart from conceptual work**, another critical area for future work is to facilitate cross-learning**. This includes building and expanding the technical community for strategic purchasing to enable global collective action, e.g. through setting up joint work plans and programs and creating virtual institutions.

For WHO, the approach will not be "one-size-fits-all", but rather will enable tailoring to different country contexts along the logic of our "FIT for purpose, FIT for context" (FIT for Foundations, Institutions, Transformation) strategy. This approach recognizes that while the core concepts and guiding principles are universally applicable, action (and the range of feasible policy responses) is country-specific. In a changing context, there is no blue print, but such principles for strategic purchasing have to take account of these dynamics.

Moreover, **strategic purchasing is about power and power relationships**, and in our work, we must not shy away from touching upon political economy issues.

For WHO, we see the following roles and tasks ahead:

- **Provide direction and conceptual clarity** on what we want to achieve and how, including guidance for a situation analysis and policy assessment of the themes outlined in the previous sections;
- **Convene, build and consolidate a global community of strong supporters for strategic purchasing** that will influence global and country thinking and agenda setting on strategic purchasers for UHC and that will advocate for strategic purchasing;
- **Contribute to knowledge management** – there is a rich knowledge basis with lots of experiences (CoPs, JLN, countries, research, etc.) – ensure that this rich knowledge and evidence is brought together and used;
- Across the three levels of the Organization, **engage in policy dialogue with countries and partners to support actively country policy agendas on strategic purchasing** and the links to wider health financing and overall health system reform, focusing on policy design, implementation planning, and applied research on implemented reforms;
- **Work across departments within the Organization**, with the Health Financing team engaging closely with those working on information systems, service delivery, governance, health technology assessment, and the various health and disease control programs.
- **Provide and partner for capacity strengthening by supporting the institutionalisation of learning systems** (for the next generation)
- **Support and partner with learning/exchange platforms** (COPs, JLN).

Annex 1: Presentations from the meeting

Presentations are available at:

http://who.int/health_financing/events/strategic-purchasing-meeting-2017/en/

Session 1: Benefit design in support of UHC: evidence, process and politics

Welcome and introduction, Agnes Soucat, WHO

Overview and introduction to strategic purchasing global meeting, Inke Mathauer, WHO

Benefit entitlement for universal health coverage, Melanie Bertram, WHO

Evidence for decisions on health benefits – role of HTA, Mohamed Gad, Imperial College London

Benefit package design for UHC: state of play in OECD countries, Michael Mueller, OECD

Intersectoral dialogue in Burkina Faso, Arzouma Ouedraogo, MOH Burkina Faso

Multi-stakeholder participations in priority setting processes: Thailand experiences, Walaiporn Patcharanarumol, IHPP Thailand

Ghana's NHIS review and strategic purchasing: a review of benefits package design and implication for wider health system reform, Chris Atim, R4D

Health insurance benefit package in Iran, Alireza Olyaeemanesh, MOH Iran

Session 2: Mixed Provider Payment Systems: alignment for coherent incentives

Mixed provider payment systems: what are the issues? Inke Mathauer, WHO

Payment innovation in OECD countries, Michael Mueller, OECD

Mixed provider payment methods in Burkina Faso: mapping and preliminary results, Joël Kiendrébéogo, World Bank, Burkina Faso

Mixed provider payment system in Morocco: challenges of alignment, Houcine El Akhnif, MOH Morocco and Fahdi Dkhimi, WHO

Multiple funding flows to healthcare providers: the Kenyan case, Barasa Edwine, KEMRI

Strategic purchasing & payment mechanism in Viet Nam, Le Van Phuc, VSS, Viet Nam

Provider payment system in Japan: purchasing best match, Yukiko Shinya, GFATM

Session 3: Governance for Strategic Purchasing

System perspective and scheme needs: what are the governance issues & how to assess governance for strategic purchasing? Loraine Hawkins, Senior Consultant

Governance for strategic purchasing: experience of Japan, Makoto Tobe, JICA

Governance of a purchasing market & the role of government: what can we learn from Indonesia? Asih Eka Putri, DJSN Indonesia

Governance issues for strategic purchasing in the European region, Melitta Jakab, WHO EURO

Strenghtening governance in purchasing markets – challenges when multiple funding flows exist, Ayako Honda, University of Cape Town

How to strengthen capacity of oversight bodies and purchasers? Andres Rannamäe, Senior Consultant

Governance of strategic purchasing in Sudan, Hind Amin Mubarak Merghani, FMoH Sudan

Learning system for better strategic purchasing, Bruno Meessen, ITM Antwerp, and El Houcine Aknhif, MOH Morocco

Session 4: Coherent information systems for strategic purchasing

Information for and from strategic purchasing, Joe Kutzin, WHO

Stronger together: health information systems and strategic purchasing, Anneke Schmider, WHO

Information system supporting UC schme in Thailand, Walaiporn Patcharanarumol, IHPP Thailand

Data analytics for monitoring provider payment systems, Cheryl Cashin, R4D

Data systems & strategic purchasing, Nicolas de Borman, Bluesquare

Session 5: Defining a global collaborative agenda

Scaling strategic purchasing, Jack Langenbrunner, Gates Foundation

Session 6: P4P & Results Based Financing as part of mixed provider payment systems: from scheme to systems

RBF and strategic purchasing: don't lose sight of the forest (system) while perfecting your trees (scheme), Joe Kutzin, WHO

How to integrate P4P into a blended payment system? Lessons from Estonia, Triin Habicht, MOH Estonia and Christoph Kurowski, World Bank

Reimagining results-based financing, Ha Nguyen, World Bank

RBF Institutionalization in Burundi: process, challenges and way forward, Olivier Basenya, MOH Burundi

Strategic purchasing for UHC: experiences from Lao PDR, Bounsathien Phimmasenh and Bouaphat Phonvisay, MOH PDR Lao

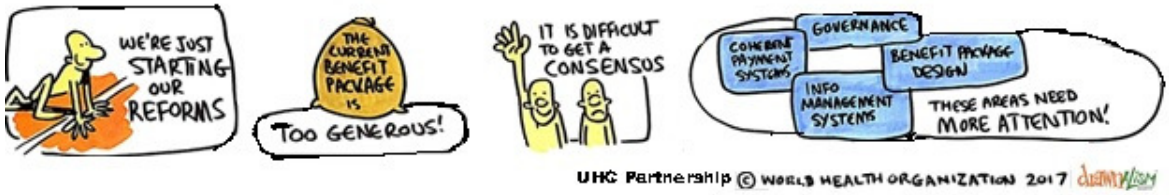
How integrated is your PBF scheme into the national health system? An analytical tool, Bruno Meessen, ITM Antwerp

Taking RBF from Scheme to System – system integration: issues to consider, Zubin Shroff, Alliance for Health Policy and System Research

Session 7: Next steps and way forward

Strategic purchasing for UHC: What next to unlock the potential, Agnés Soucat, WHO

Next steps for WHO, Inke Mathauer, WHO



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