



How do health systems compare?

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Compare performance indicators on health systems: World Health Report 2000

Member states (about 190 countries)	Overall health system performance (rank order)
France	1
Italy	2
Netherlands	17
United Kingdom	18
Canada	30
Australia	32
USA	37
New Zealand	41

WHO *The World Health Report 2000* Geneva: WHO. Annex Table 1

What is comparative research?

Comparing country health systems, or aspects thereof, is a growing field of study, despite its difficulties.

‘Learning from each other’ is a popular mantra among policy makers.

‘Comparative research, simply put, is the act of comparing two or more things with a view to discovering something about one or all of the things being compared’. (Wikipedia)

https://en.wikipedia.org/wiki/Comparative_research

Why take a comparative approach to health systems?

- Common research approach- most analysis requires a comparison (before vs after, control vs experimental group);
- To test assumptions about a policy, system or procedure (is my way the right way?);
- To identify new ideas and new ways (might that work in my country?);
- To learn what works and why;
- To learn what does not work and why;
- To increase the power of inductive explanation (does it hold in other countries?);
- To increase power of deductive explanation (are there exceptions to a generalisation?).

Why take a cautionary attitude?

- Context and culture are crucial - compare similar or dissimilar countries/health systems?
- Most measures have shortcomings and meanings can differ
- Does the measureable drive out the important?
- Snap shot or time series measure?
- ‘Single number’ measure of a health system is problematic;
- Classification/typology helps understanding but not all fit;
- Concepts like ‘domain’ lack clarity eg. responsiveness;
- Policy parochialism - ‘not invented here’ syndrome;
- Any policy transplant requires modifications;
- Do policy makers take notice? Research-policy-practice gap.

Framework of comparative studies of health systems

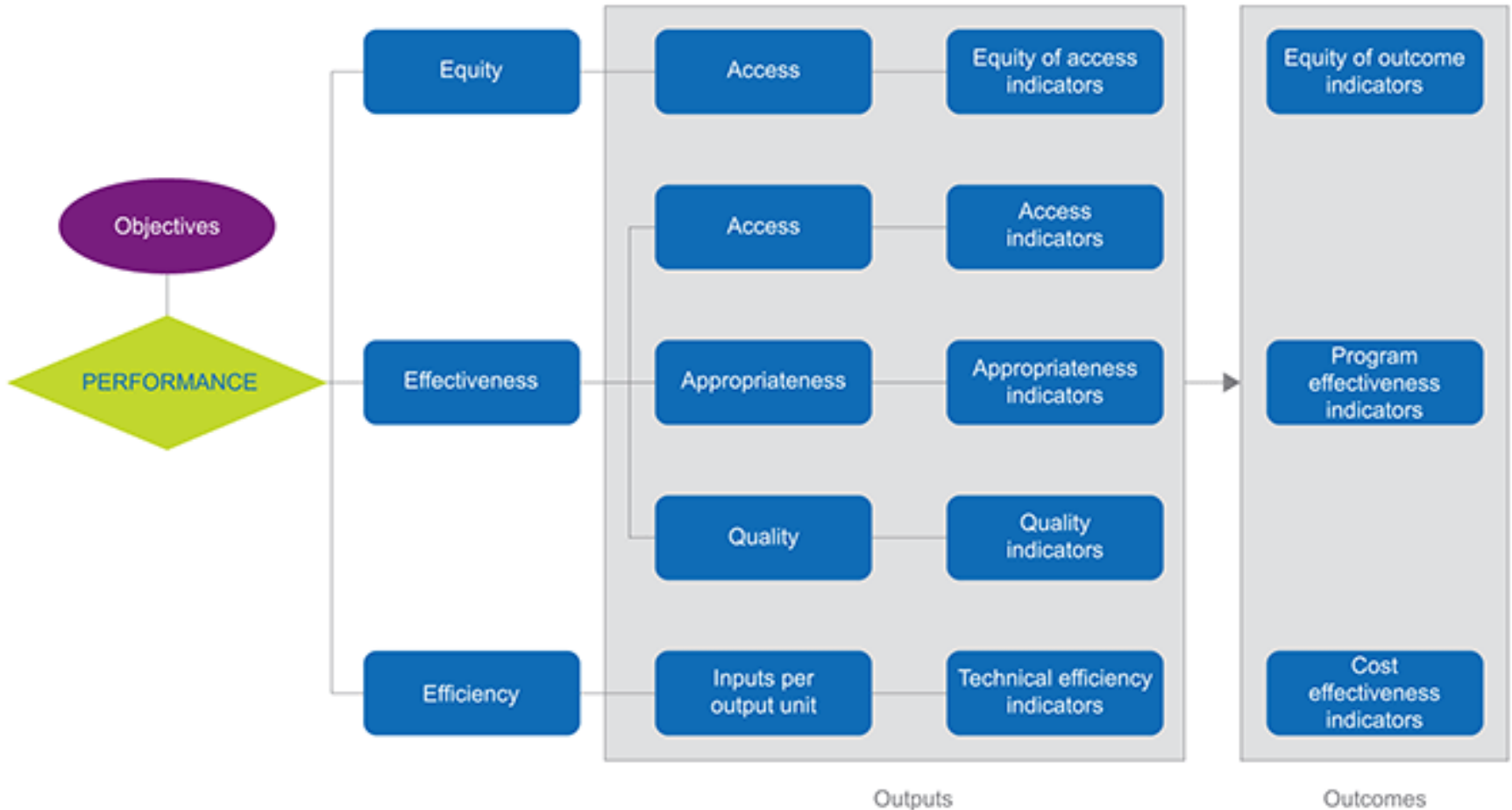
Study category	Approach	Methods	Examples
1. Performance indicators	League table; benchmarking; domains/attributes	Statistical databases eg. WHO, WB, OECD; contestable measures	WHO 2000 report; out-of-pocket expenditure; Nat. Health Performance Authority
2. National health systems	Differences/similarities; distinctive features (story behind the statistics)	Case studies; plus (conceptual framework)	Health system profiles
3. Health condition	Mortality/morbidity outcomes, benchmarking	Statistics –define and measure	OECD health quality indicators Avoidable hospital admissions
4. Issue	Policy outcome; causative relationships	Policy analysis, statistics	Health spending & life expectancy
5. Program	Implementation & outcomes	Description & statistics, ‘tracer condition’	Non-communicable disease services eg. diabetes
6. Policy	Values, structures, procedures	Literature review	Physician dual practice
7. Institution	Differences/ similarities	Case studies	Health ombudsmen,
8. A theory	Thematic/theoretical	Theoretical, statistical	Inequality and health

1. Compare performance indicators: out-of-pocket expenditure as % of total health expenditure



Country	2007	2013
Australia	18	20
OECD average		19
United Kingdom		10
Thailand	14	11
Malaysia	36	36
Vietnam	55	49
Cambodia	69	60
Myanmar	84	68

WHO Global health expenditure database (national health accounts)
<http://apps.who.int/nha/database/Select/Indicators/en>

Domains/attributes



2. Compare two or more health systems

	Australia 	New Zealand 
Population (millions)	23	4.46
Population aged over 60 years	19%	19%
Life expectancy at birth in years	83	82
Mortality children < 5 years /1000	5	6
% population urban	89%	86%
Per capita health expenditure PPP int. \$	\$3890	\$3175
Expenditure health % GDP	9%	10.3%
Government health expenditure % THE	68%	83%
Doctors /10,000 population	33	27.4



Asia Pacific Observatory on Health Systems and Policies

Promotes evidence-informed policy in countries in Asia Pacific region
(diverse region – 37 WPRO countries, 11 SEARO countries)

Partnership of 8 governments, several international agencies (WB, ADB, 2 WHO regions),
and researchers, set up in 2011. APO Board.

Three research centres:

- Nossal Institute, University of Melbourne
- Duke Kunshan University, China
- University of Tokyo & Ministry of Public Health Thailand.

Main products/activities

Health System in Transition (HiTs) health system reviews of countries (14 done, 9 underway);

Policy briefs (8 done, 4 underway);

Comparative country studies (3 done, 3 underway)

Policy dialogue events.

Health Systems in Transition profiles

Country	Done	Underway
Fiji	X	
Philippines	X	
Malaysia	X	
Mongolia	X	
Laos	X	
New Zealand	X	
Myanmar	X	
Cambodia	X	
Bangladesh	X	
Solomon Islands	X	
Tonga	x	
Thailand	x	
Singapore		x
South Korea	x	
China	x	
Sri Lanka		x
Indonesia		x
Hong Kong (SAR)		x
Papua New Guinea		x
India		x
Australia	x	x
Japan	x	x
Timor Leste		x

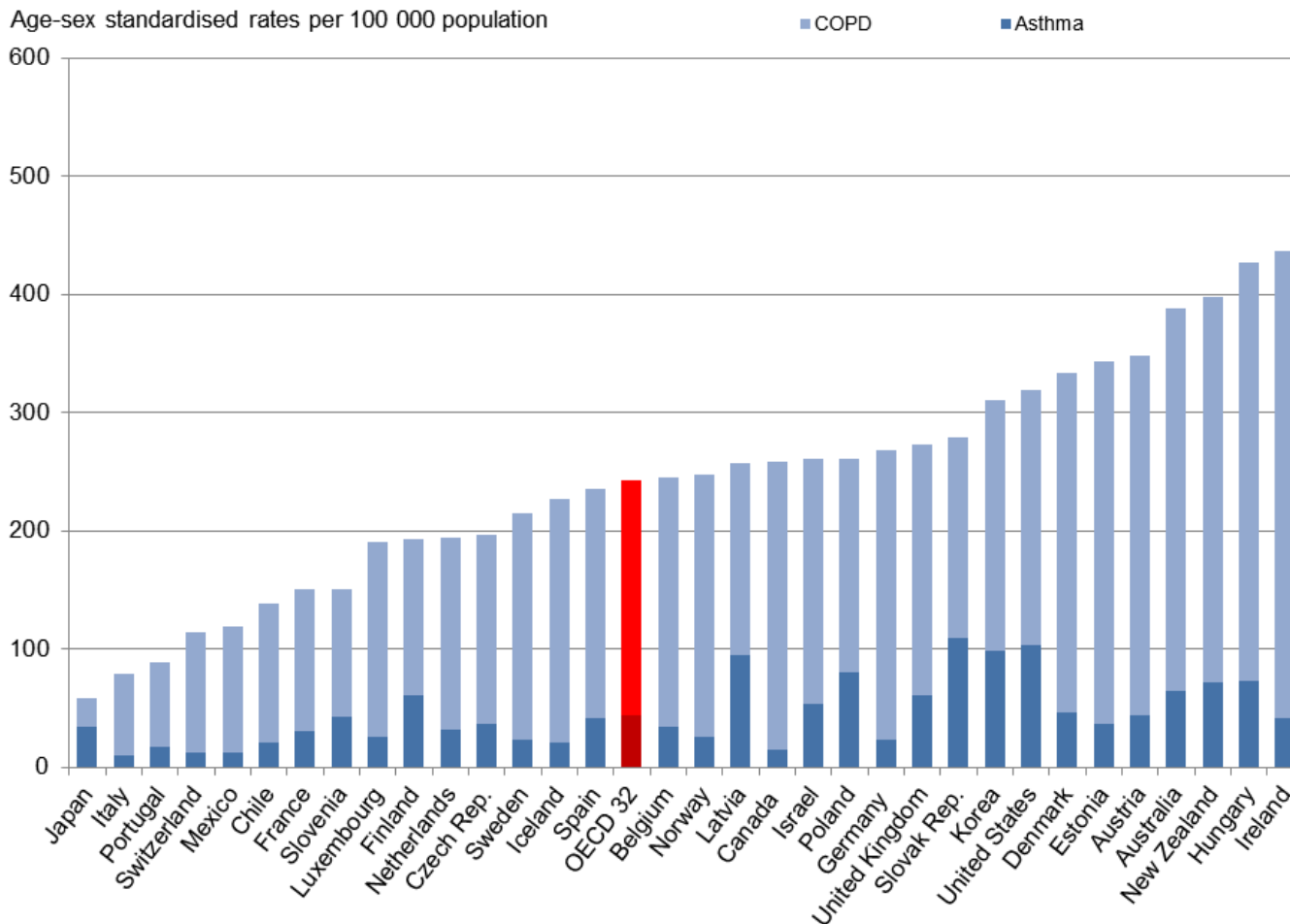


3. OECD health care quality indicators

Nineteen OECD member countries reported relative survival rates for cervical and breast cancer, while 22 countries provided data for colorectal cancer. Australia's relative survival for each of the 3 cancers was better than the OECD average (OECD 2013a).

<http://www.aihw.gov.au/publication-detail/?id=60129547042>

3. Eg. COPD avoidable hospital admissions

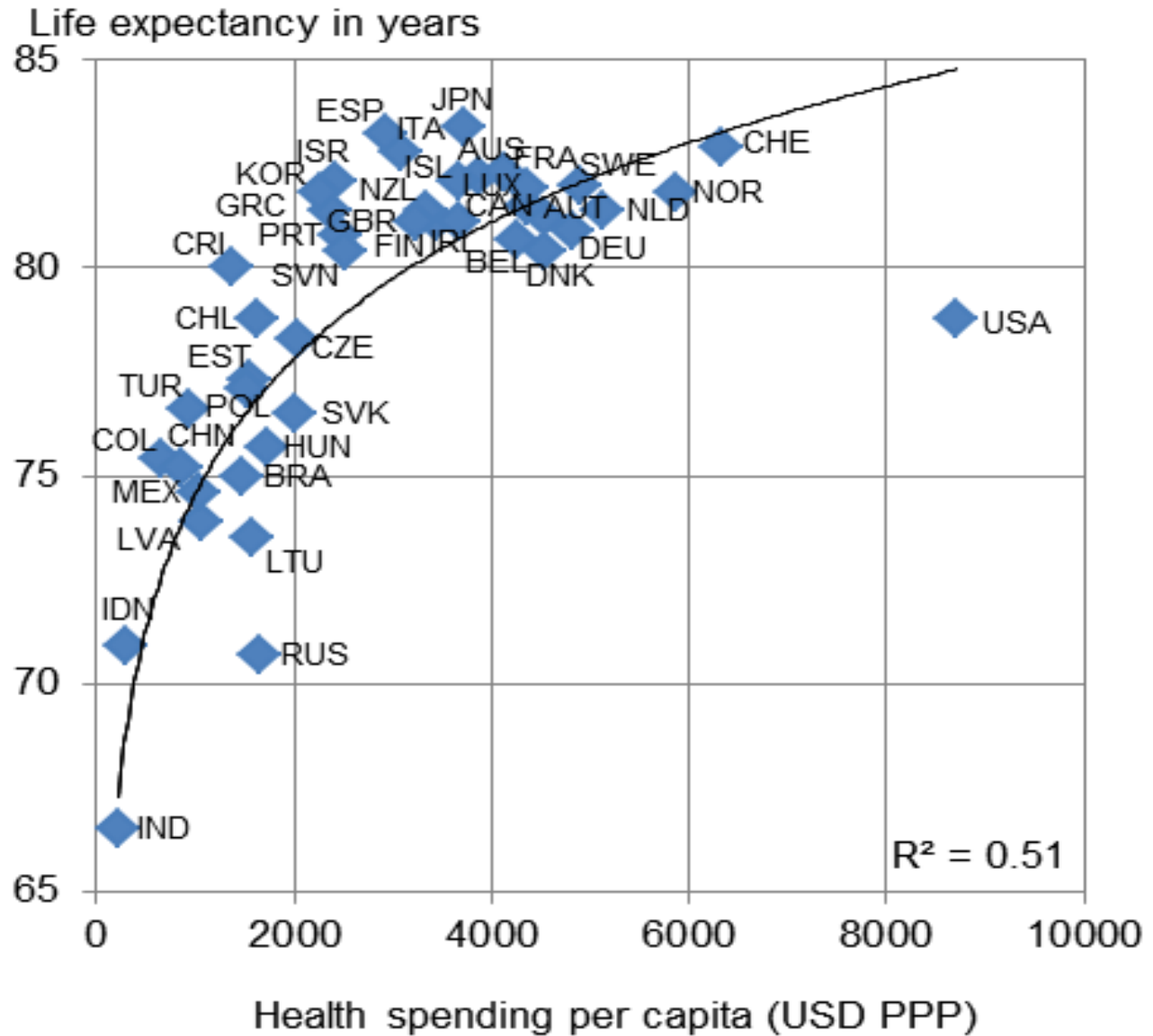


OECD Health Statistics 2015.

Asthma and COPD hospital admission in adults, 2013 (or nearest year)

4. Issue: health spending and life expectancy

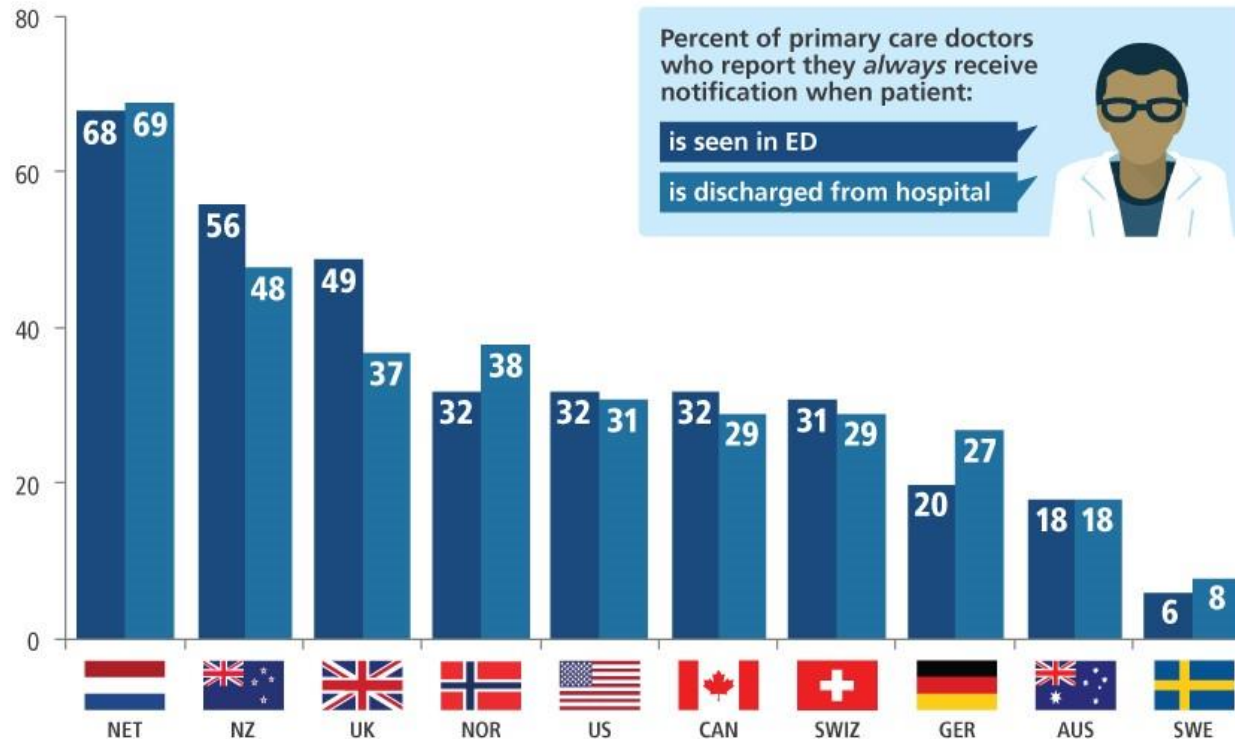
OECD 'Health at a glance' 2015



5. Compare programs: Primary care physicians and case coordination

All Nations Face Challenges Coordinating Care

Doctors in every country in a 10-nation survey reported that their practices struggled to coordinate care and communicate with other health providers, which is key to managing patients with complex care needs.



Source: 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

R. Osborn, D. Moulds, E. C. Schneider et al., "Primary Care Physicians in Ten Countries Report Challenges in Caring for Patients with Complex Health Needs," *Health Affairs*, Dec. 2015 34(12):2104–12.

6. Compare a policy: physician dual practice

Regulatory option	Global experience	Comment
Ban dual practice	Canada, USA, Greece etc	Requires regulation, may lead to 'brain drain'
Restrict private activities/earnings	Several European countries	Requires accountability and regulation
Self-regulation by profession	Several Asian countries	Mostly ineffective
Public sector incentives	Several European countries, India, Thailand, Cambodia	Variable implementation
Allow private practice in public facilities	Australia, some European countries	Requires regulation
Raise public sector salaries	Greece – but insufficient	Impact unproven

Source: Hipgrave et al. *Policy brief: Dual practice by health workers in south and east asia*. Asia Pacific Observatory on Health Systems and Policies. Vol. 2. No. 1 2013

7. Compare an institution: health ombudsmen

Complaint cases: England, New Zealand and three Australian states

Cases	England (a)	New Zealand (b)	New South Wales (c)	Victoria (d)	Queensland (e)
Closed/managed 2013-2014	3770	1901	4929	1665	4259
Conciliation, investigation, legal action	749 (mainly investigation)	131 (mainly investigation)	739	203 (mainly conciliation)	201
% stronger regulation	20%	7%	15%	12%	5%

Healy & Walton 2016 *Aust J Public Administration*

8. Test a theory: inequality and health

