



Comparative health systems: a global perspective

Global Health CME Course
January 17, 2018
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Objectives

1

The Health Sector Globally

2

Comparing Health Systems

3

Organizing Health Systems

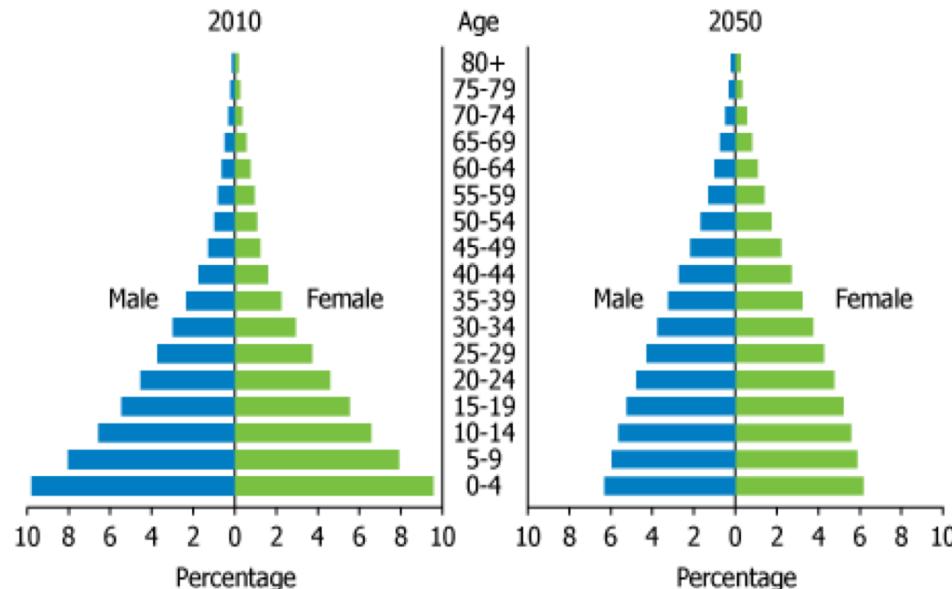
4

Practice Using the Health System Map



Everyone Is Living Longer

UGANDA



United Nations Population Division. (2011). World Population Prospects: The 2010 Revision. Retrieved October 13, 2017, from <http://www.prb.org/publications/datasheets/2011/world-population-data-sheet/uganda.aspx>

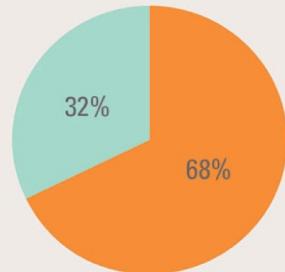


Too Many People Are Getting Fatter

7 COUNTRIES THAT HAVE OBESITY PREVALENCE EXCEEDING 50% IN WOMEN:

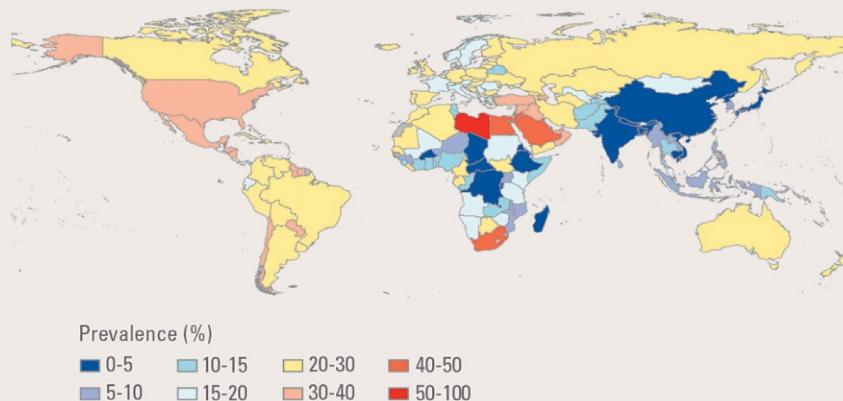
TONGA, KUWAIT, KIRIBATI, THE FEDERATED STATES OF MICRONESIA, LIBYA, QATAR, AND SAMOA

GLOBAL BREAKDOWN OF OBESITY AND OVERWEIGHT, 2013



- Obese (BMI $\geq 30 \text{ kg/m}^2$)
- Overweight (BMI 25-29.99 kg/m^2)

OBESITY IN WOMEN WORLDWIDE, 2013



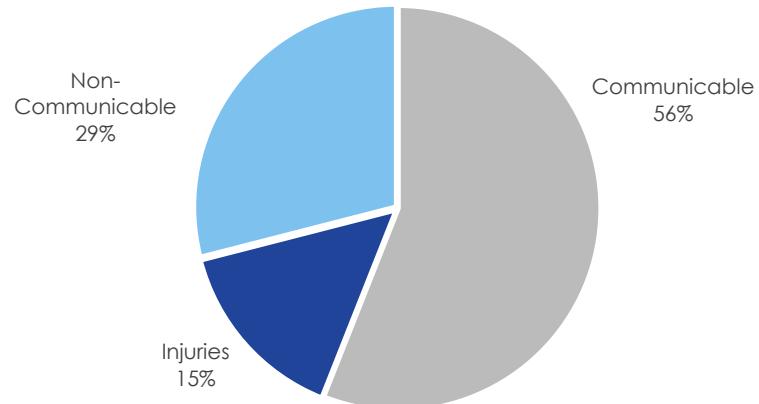
Based on findings published in *The Lancet* in 2014. Learn more at: www.healthdata.org/gbd



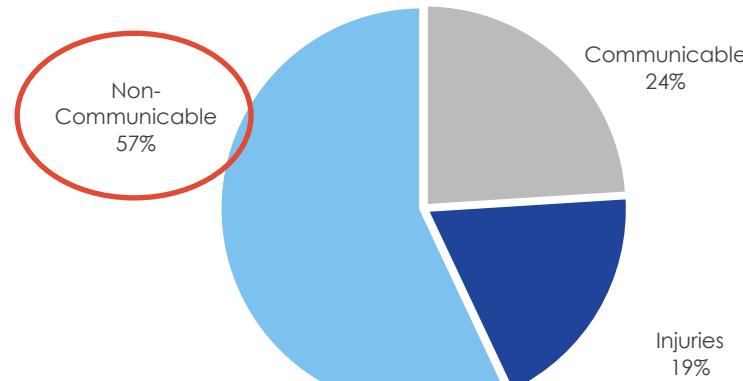
Diseases of the rich ... aren't just of the rich anymore

Third Epidemiologic Transition

Disease Burden Estimates - India 1990



Disease Burden Projections – India 2020



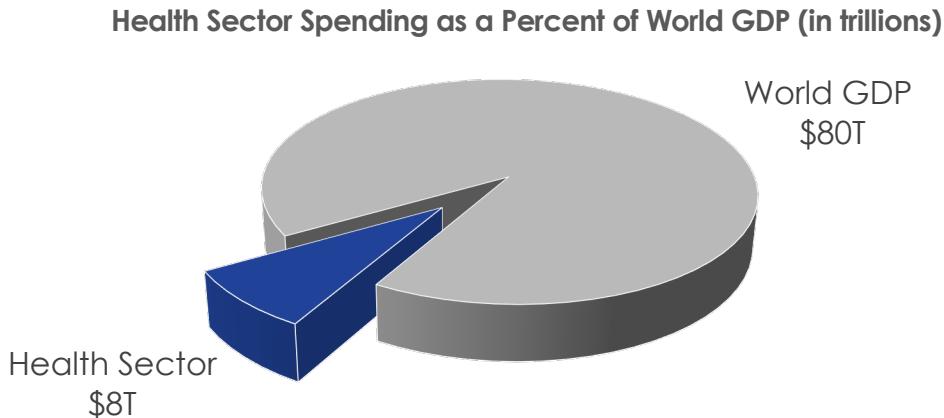


The Facts

**The health sector is:
One of the world's largest industries $\approx \$8$ trillion/year**



**10% of global GDP
(bigger than defense $\approx 2.3\%$)**

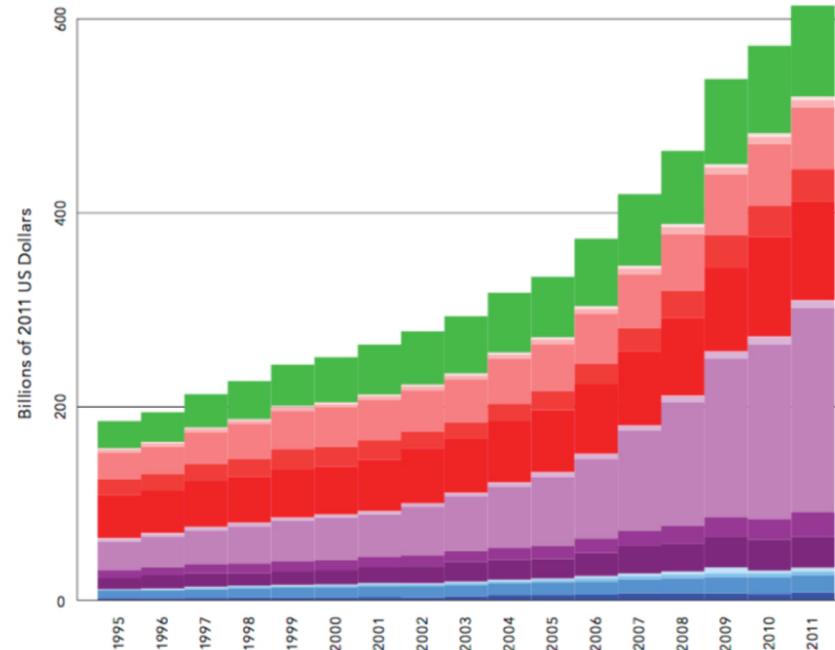




And Spending on Health Is Growing

Public health expenditure in developing countries excluding funds from development assistance – IHME (2013)

- North Africa & Middle East
- Caribbean
- Latin America, Andean
- Latin America, Central
- Latin America, Southern
- Latin America, Tropical
- Oceania
- Asia, Central
- Asia, East
- Asia, South
- Asia, Southeast
- Sub-Saharan Africa, Central
- Sub-Saharan Africa, East
- Sub-Saharan Africa, Southern
- Sub-Saharan Africa, West

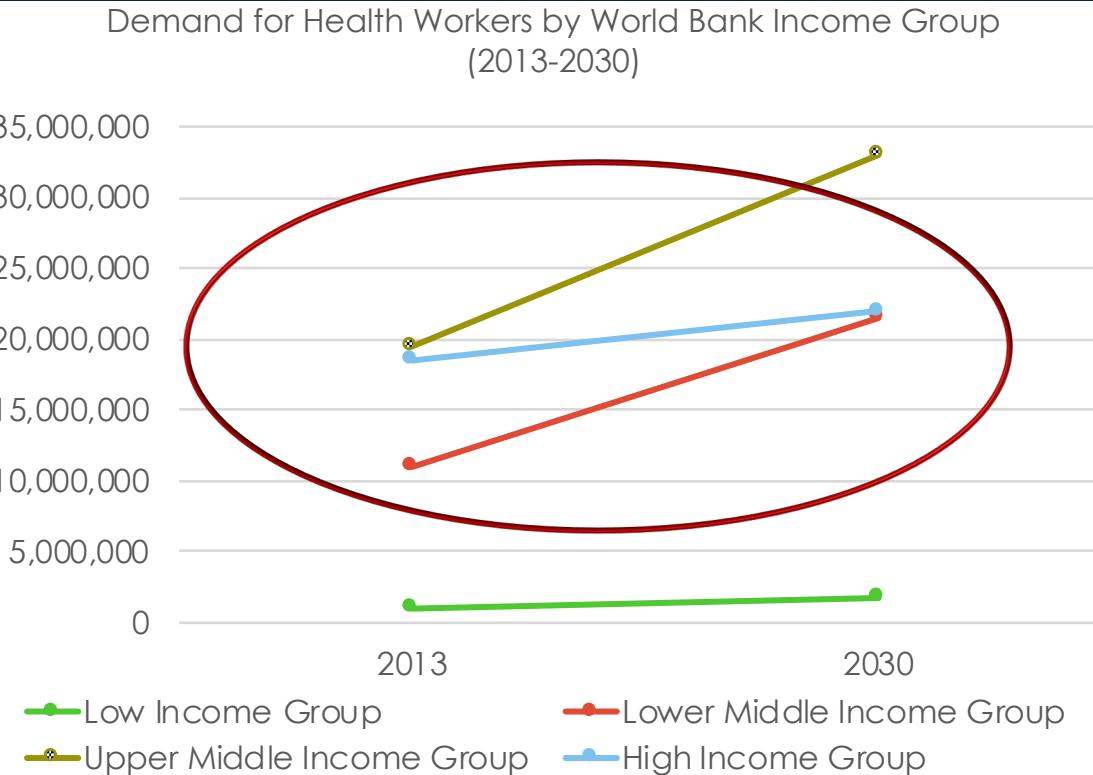


Source: Institute for Health Metrics and Evaluation. Financing Global Health 2013: Transition in an Age of Austerity. Seattle, WA: IHME, 2014.
Available online from www.healthdata.org. (Formatted by www.OurWorldInData.org)



As Wealth, Access, and Quality Increase ... So Does Demand for Healthcare

**Demand for
healthcare and
health workers
estimated for 2013,
projected for 2030**

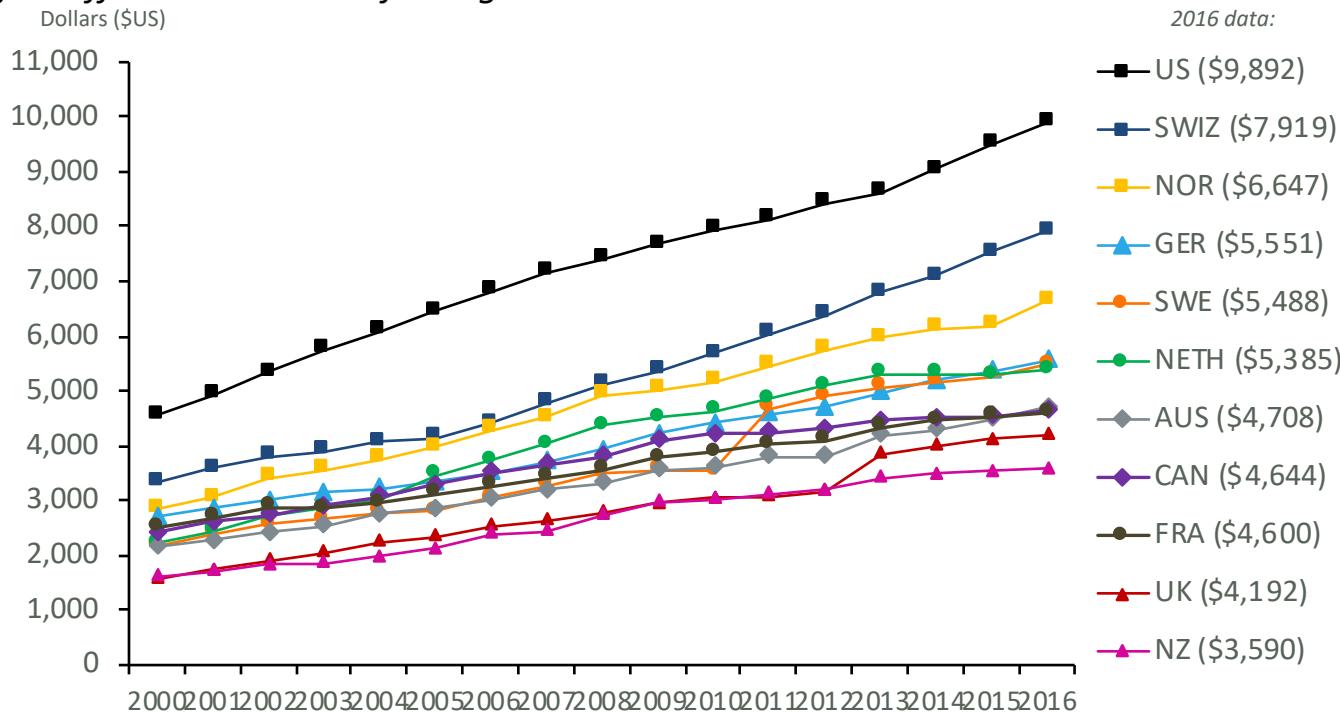


Objectives

- The Health Sector Globally
- **Comparing Health Systems**

Health Care Spending per Capita, 2000–2016

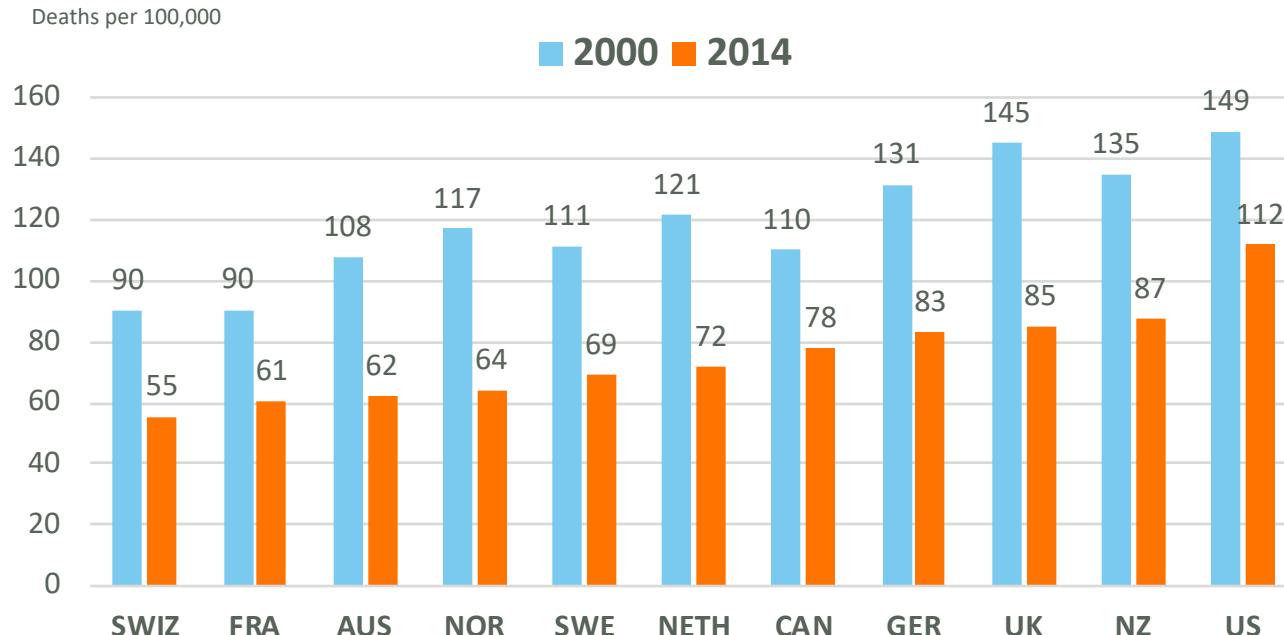
Adjusted for Differences in Cost of Living



Current expenditures on health per capita, adjusted for current US\$ purchasing power parities (PPPs). Based on System of Health Accounts methodology, with some differences between country methodologies (Data for Australia uses narrower definition for long-term care spending than other countries).

Source: OECD Health Data 2017.

Mortality Amenable to Health Care, 2000 and 2014*

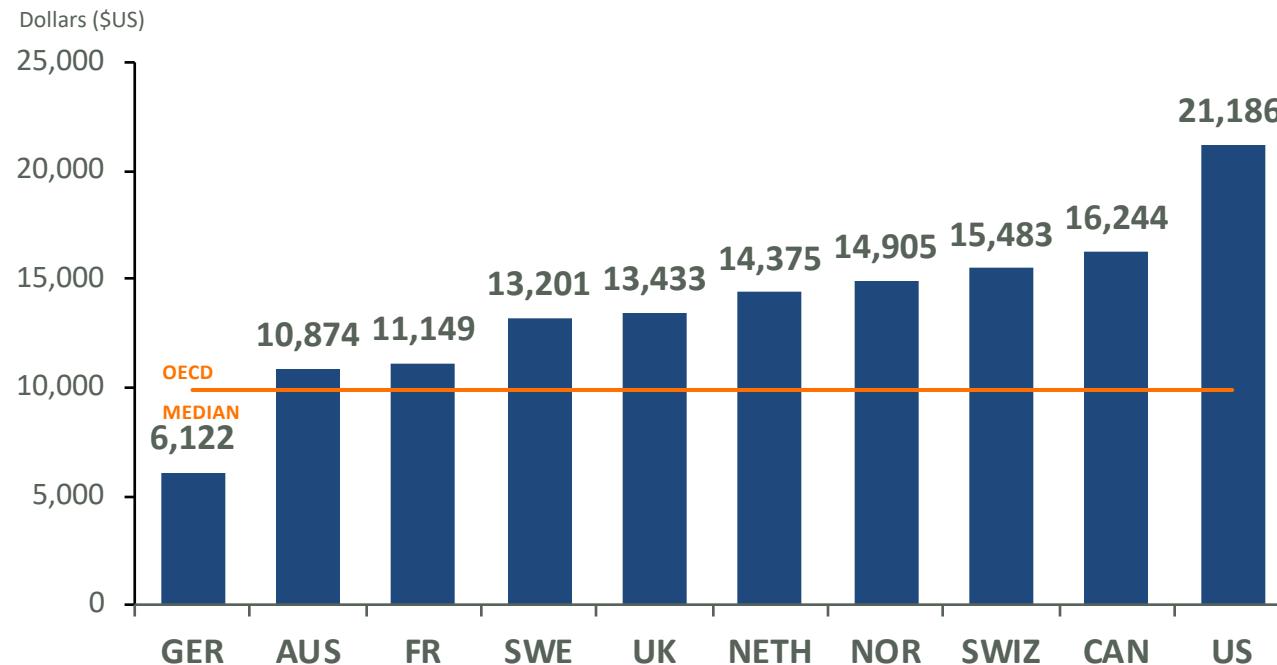


*Trends in amenable mortality for selected countries, 2000-2014. Data from 2014 in all countries except Canada (2011), France (2013), Netherlands (2013), NZ (2012), Switzerland (2013), UK (2013). WHO Mortality files (number of deaths by age group) and populations (except Human Mortality Database for Canada, UK and the USA). List of amenable causes: Nolte & McKee 2004 (Australia, Canada, NZ, Nor, US). Calculations by European Observatory on Health Systems and Policies (2016). Amenable mortality causes based on Nolte & McKee, 2004. Mortality and population data from WHO mortality files, released September 2016 (population data for Canada and the USA from Human Mortality Database). Age-specific rates standardised to European Standard Population 2013.

Source: Marina Karanikolos, European Observatory on Health Systems and Policies (2017).

Hospital Spending per Discharge, 2015*

Adjusted for Differences in Cost of Living

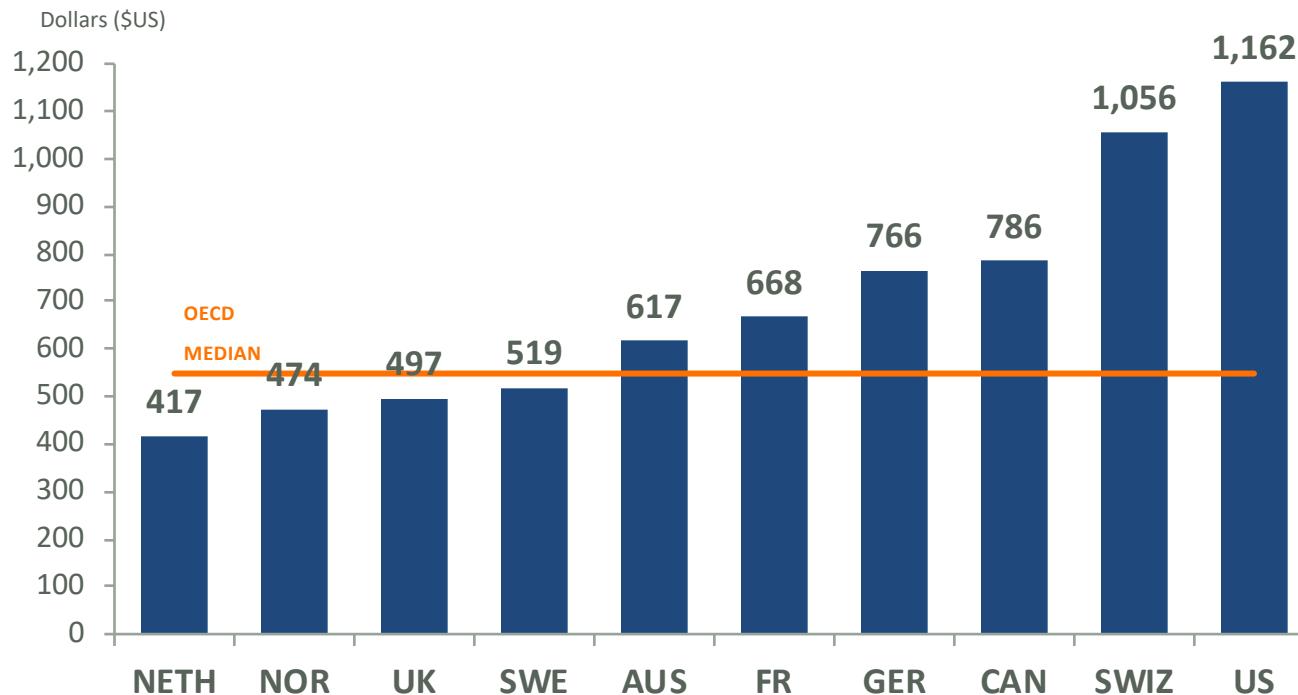


* Or nearest year; data from 2014 for Australia and Canada, 2012 for the Netherlands, 2010 for the US. No recent data for New Zealand (since 2007). Data calculated as: (Current expenditures on hospitals in current prices, current PPPs / Number of discharges). 'OECD median' reflects the median of 35 OECD countries.

Source: OECD Health Data 2017.

Pharmaceutical Spending per Capita, 2015*

Adjusted for Differences in Cost of Living

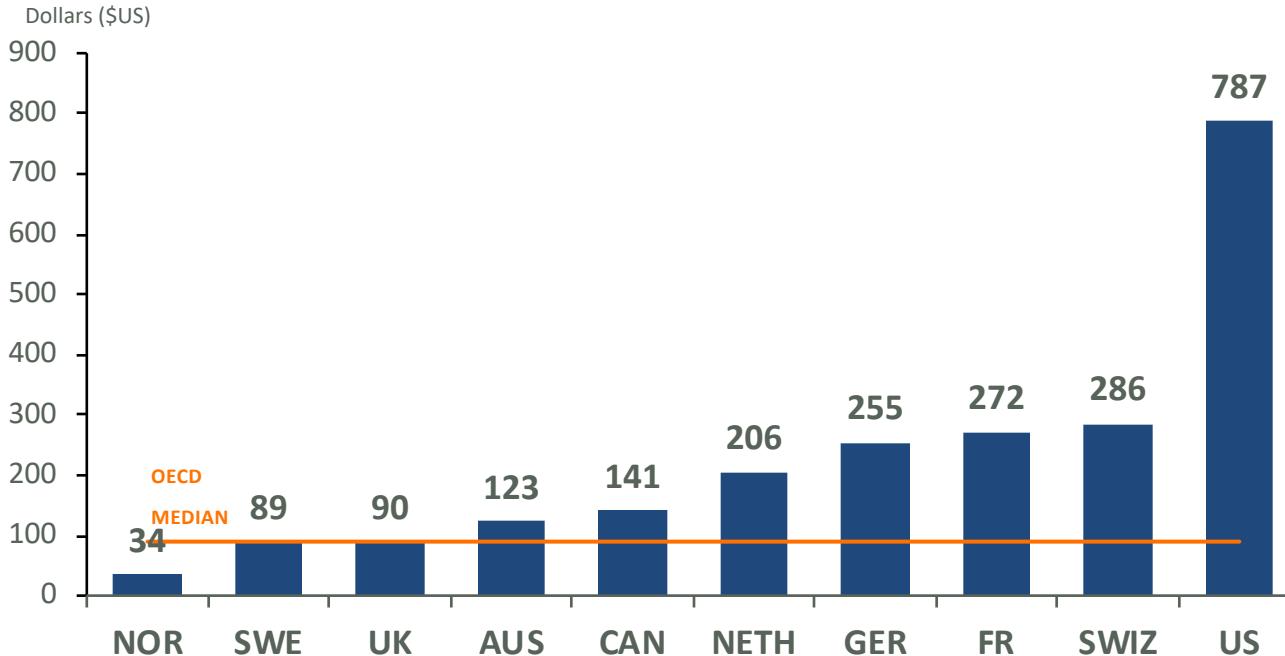


* Or nearest year; data from 2014 for Canada and Australia. No recent data available for New Zealand (since 2007). Current expenditures on pharmaceuticals (prescribed and over-the-counter medicines) and other medical non-durables, per capita, adjusted for current US\$ PPPs, representing retail spending of pharmaceuticals delivered outside provider settings. 'OECD median' reflects the median of 35 OECD countries.

Source: OECD Health Data 2017.

Spending on Health Insurance Administration per Capita, 2015*

Adjusted for Differences in Cost of Living



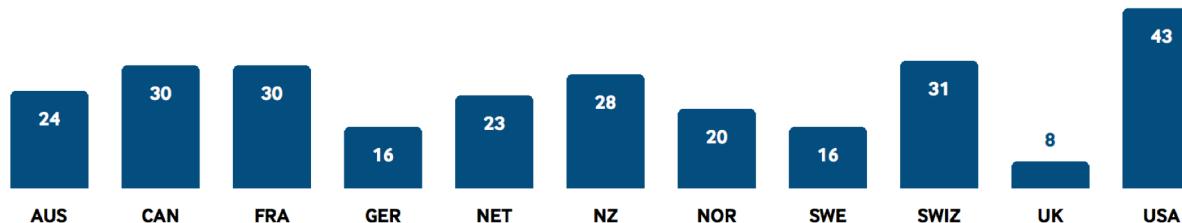
* Or nearest year; data from 2014 for Australia and Canada. No recent data for New Zealand (since 2007). Data reflect current spending on governance and health system and financing administration, in current prices, current PPPs. 'OECD median' reflects the median of 34 OECD countries.

Source: OECD Health Data 2017.

Key Health System Indicators Among Adults with Low Incomes

COST-RELATED ACCESS BARRIERS IN THE PAST YEAR, AMONG LOW-INCOME ADULTS

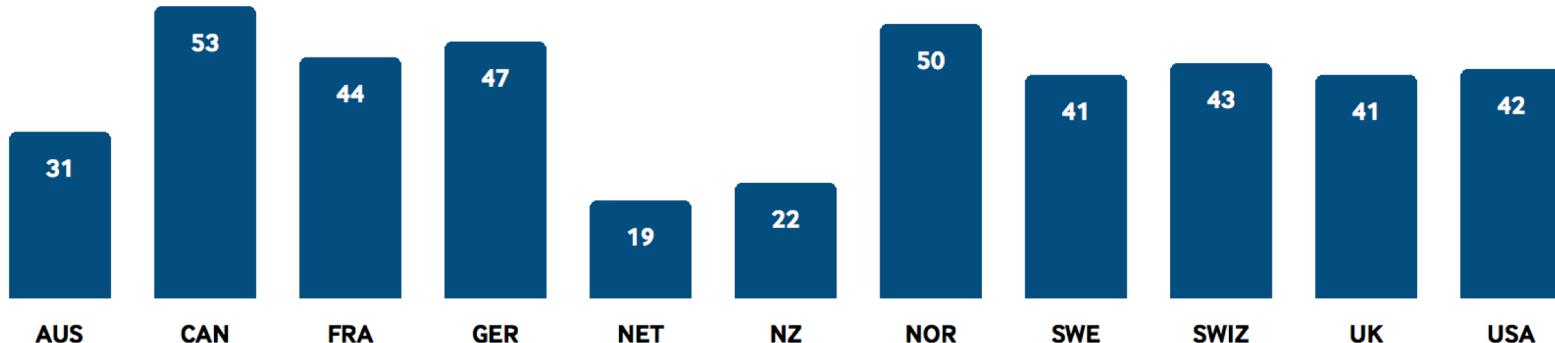
Percent of low-income adults



Respondents are categorized as earning less than half their country's median if they said that their household income was less than: Australia, AUD \$35,000; Canada, CAD \$35,000; France, €21,000; Germany, €23,000; Netherlands, €17,000; New Zealand, NZD \$33,000; Norway, NOK 340,000; Sweden, SEK 170,000; Switzerland, CHF 48,000; United Kingdom, £14,000; United States, USD \$25,000.

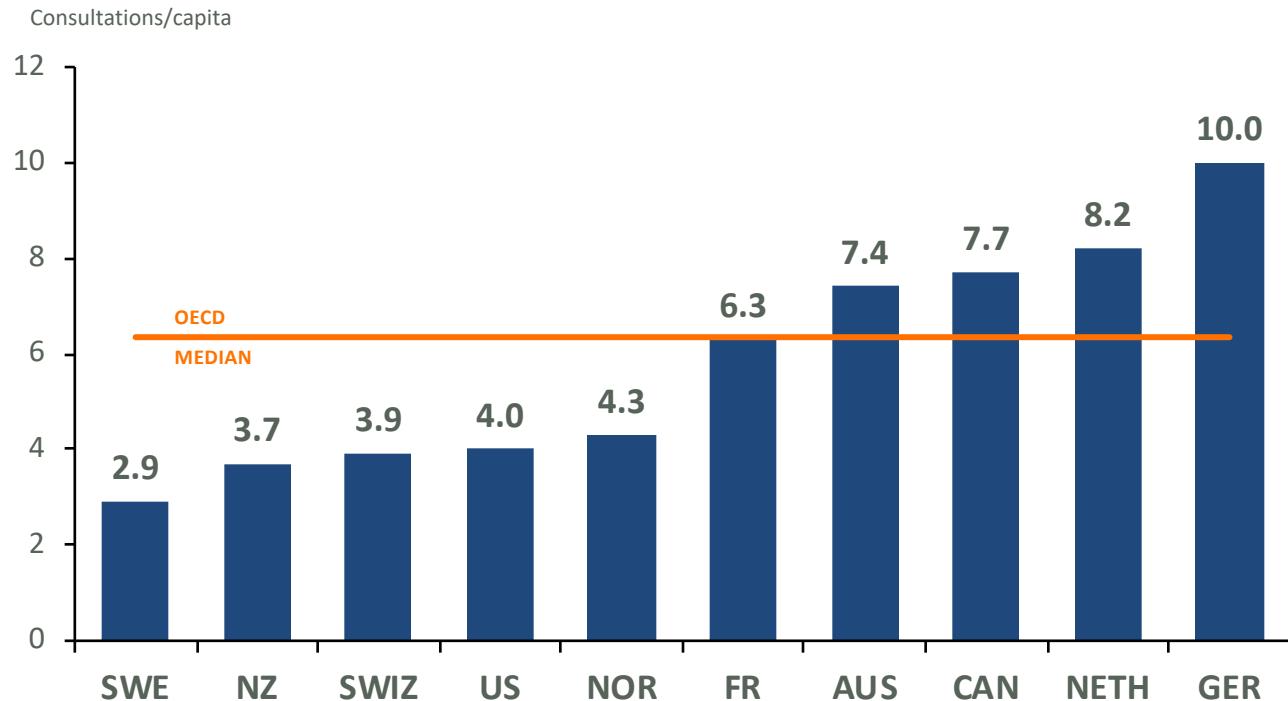
DID NOT GET SAME- OR NEXT-DAY APPOINTMENT LAST TIME YOU NEEDED CARE

Percent



Base: Excludes adults who did not need to make an appointment to see a doctor or nurse

Doctor Consultations per Capita, 2015*

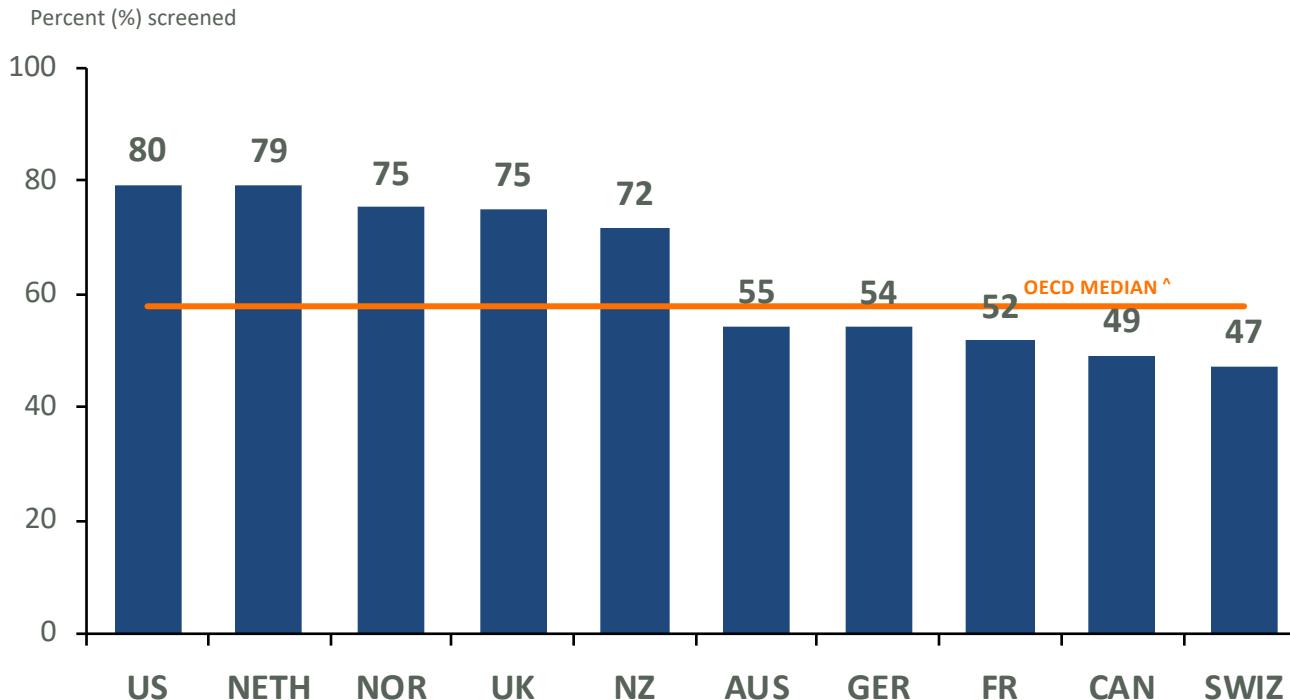


* Or nearest year; 2014 for France; 2012 for Switzerland and New Zealand; 2011 for United States. No recent data for the UK (since 2009). Data reflect consultations delivered in all settings, including in the patient's home, but excluding telephone and email contacts. 'OECD median' reflects the median of 35 OECD countries.

Source: OECD Health Data 2017.

Breast Cancer Screening Rates, 2015*

Among women 50-69 years



* Or nearest year; 2014 data for Netherlands, Germany; 2012 data for Switzerland; 2011 data for Canada.

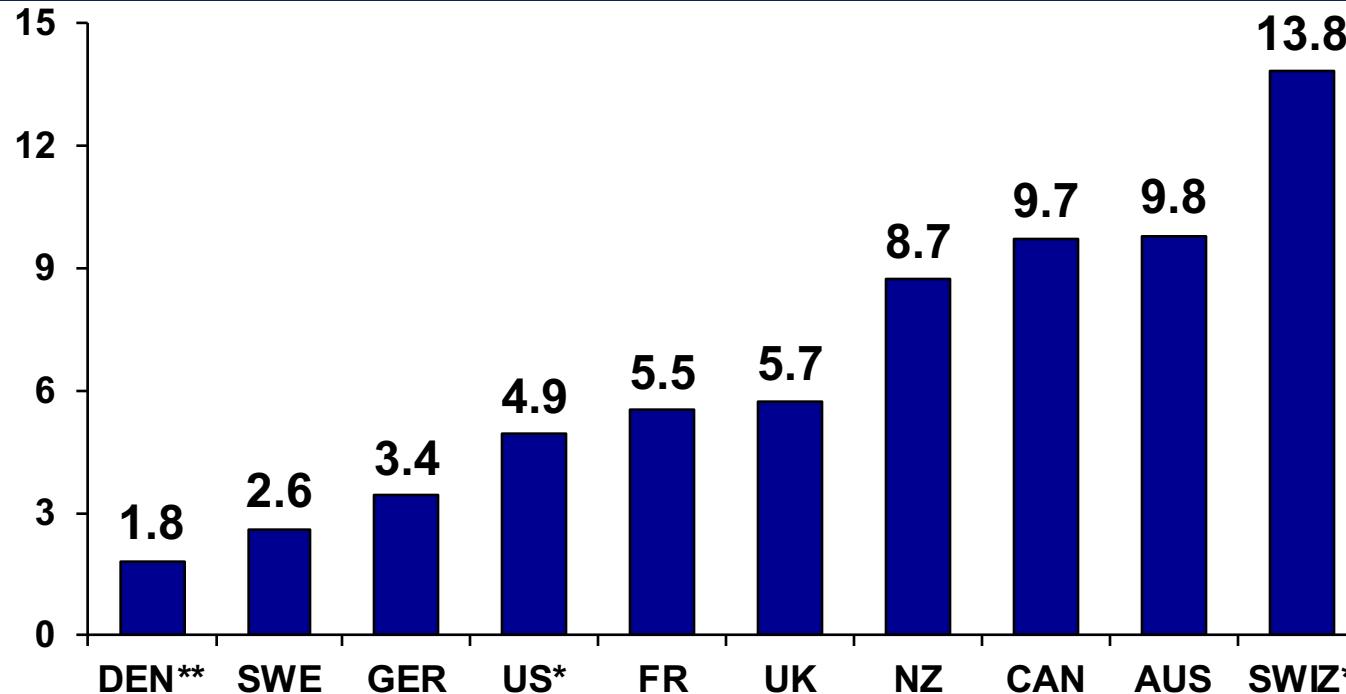
^ OECD median based on data for 28 OECD countries (26 countries based on program data; 2 based on survey data).

Note: US, Switzerland, based on survey data; all other countries based on program data. No data for Sweden.

Source: OECD Health Data 2017.

Foreign Object Left in Body During Procedure per 100,000 Hospital Discharges, 2009

19



Note: Age-sex-SDX standardized rates.

* 2008.

** 2010.

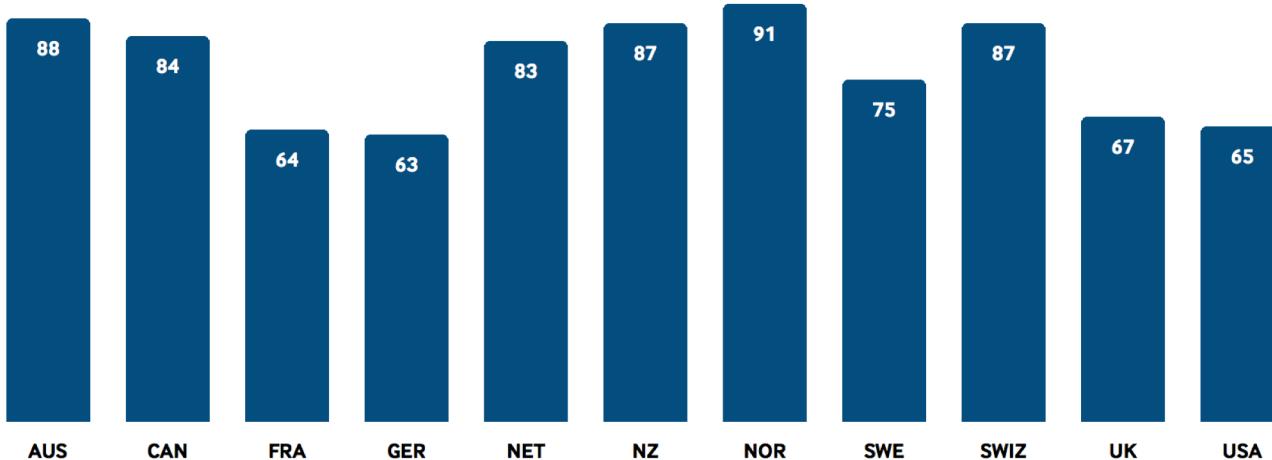
Source: OECD Health Data 2013.



Primary Care Doctors' Views

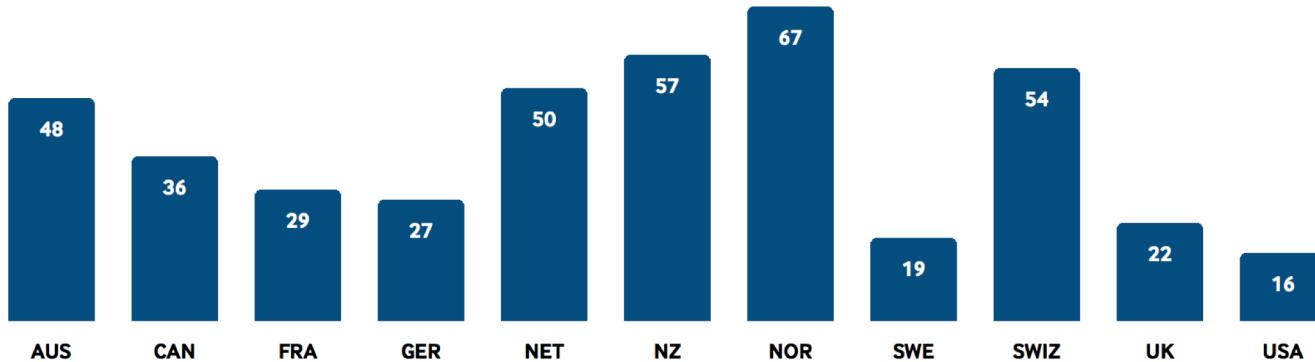
PHYSICIAN SATISFACTION WITH PRACTICING MEDICINE

Percent of primary care physicians reporting they are 'very satisfied' or
'somewhat satisfied' practicing medicine



OVERALL VIEW OF HEALTH CARE SYSTEM AMONG PRIMARY CARE PHYSICIANS

Percent of primary care physicians reporting their 'System Works Well,
Only Minor Changes Needed'



Public Views of Health System

Country	Works well, only minor changes	Fundamental changes	Completely rebuild
✖ Australia	48.0%	43.0%	9.0%
✖ Canada	42.0%	50.0%	8.0%
✖ France	40.0%	49.0%	11.0%
✖ Germany	42.0%	48.0%	10.0%
✖ Netherlands	51.0%	44.0%	5.0%
✖ New Zealand	47.0%	45.0%	8.0%
✖ Norway	46.0%	42.0%	12.0%
✖ Sweden	44.0%	46.0%	10.0%
✖ Switzerland	54.0%	40.0%	7.0%
✖ United Kingdom	63.0%	33.0%	4.0%
✖ United States	25.0%	48.0%	27.0%

Base: Adults Age 18 and Older

Units: Percent

Source: 2013 International Health Policy Survey in Eleven Countries

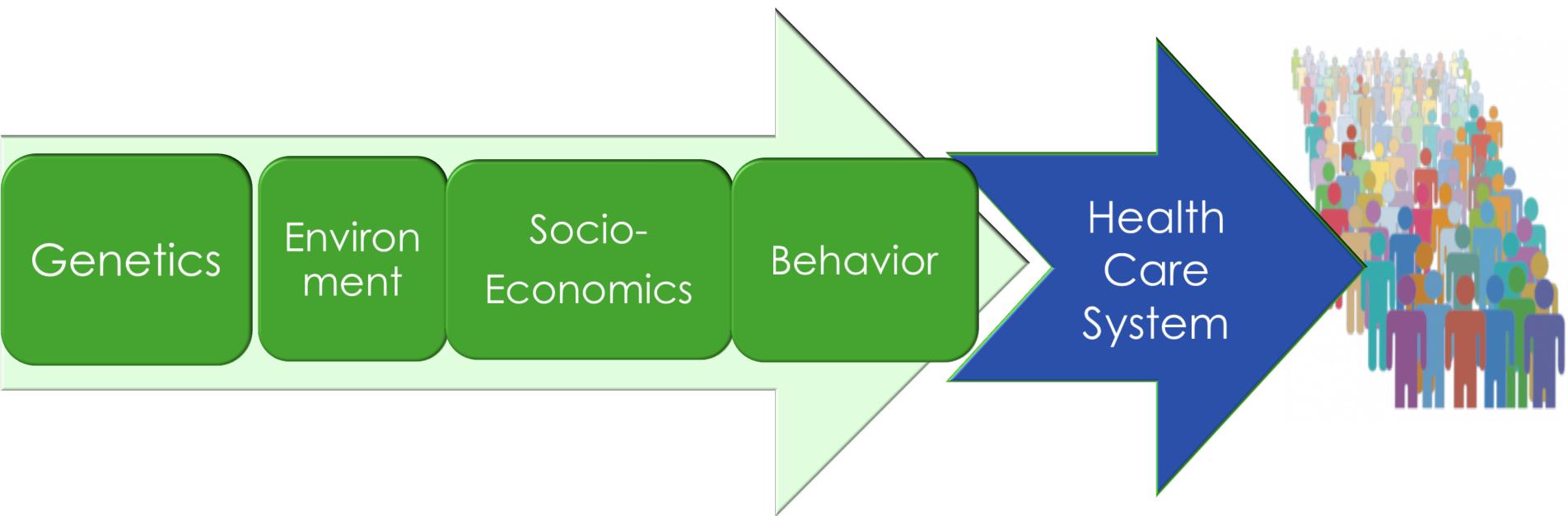
Data collection: Social Science Research Solutions



Organizing A Health System



Where do Healthcare Systems Fit?





What is Universal Health Coverage?

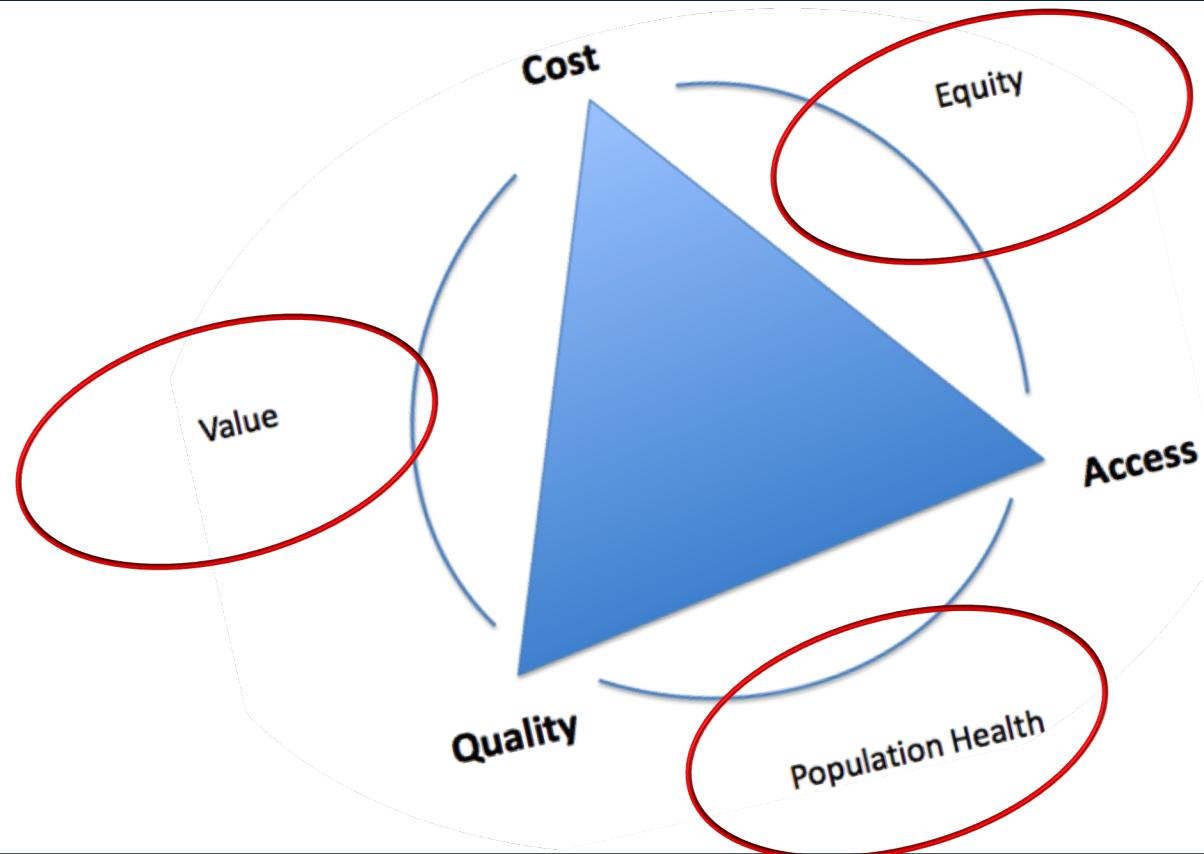
Sustainable Development Goal: 3.8.

By the Year 2030...

“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines **for all.**”



The Iron Triangle of the Healthcare System





Values Matter!





Hard truths about health care systems....

Values

History

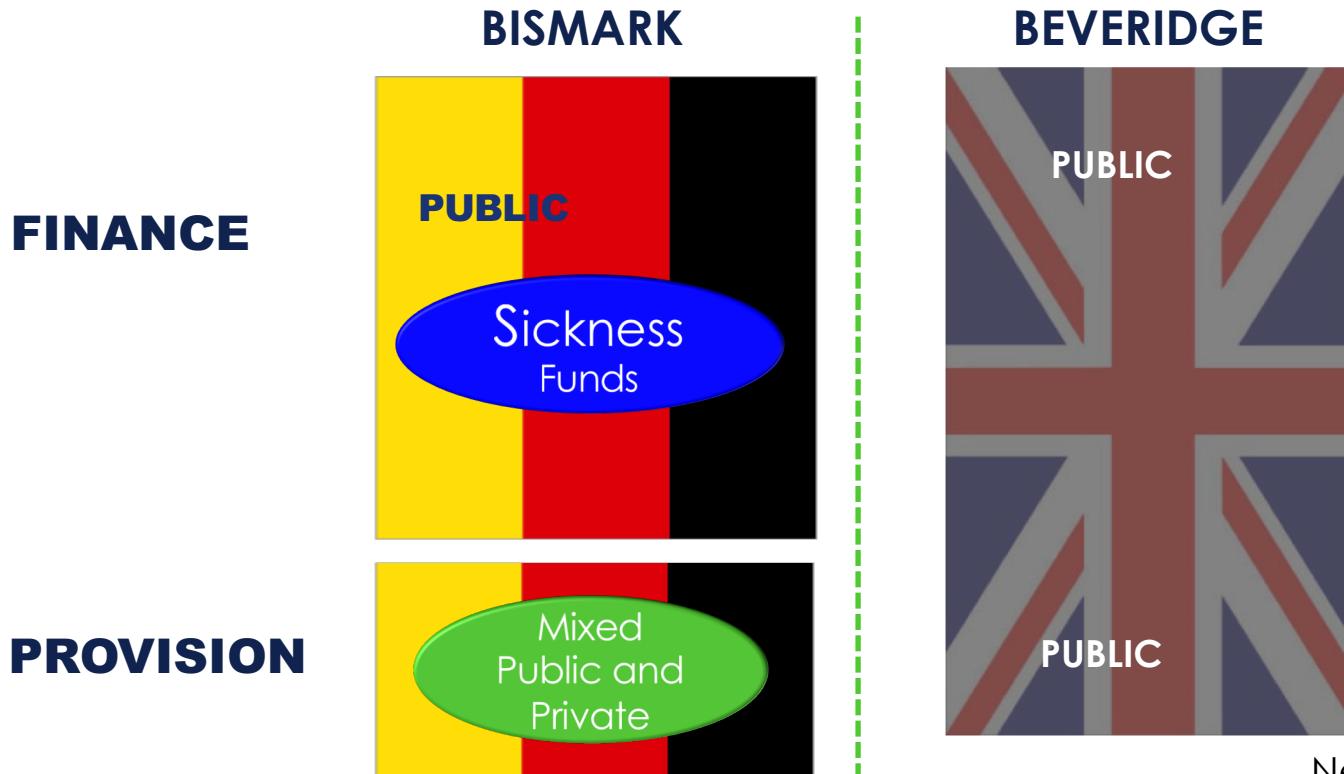
Politics



And then there's the evidence



Organizing financing & delivery of UHC: Historical models





Organizing financing & delivery of UHC: Historical models

FINANCE

BISMARCK



PROVISION



BEVERIDGE





Organizing financing & delivery of UHC: Historical models

FINANCE

BISMARCK



PROVISION



BEVERIDGE





Where in the world is socialized medicine?

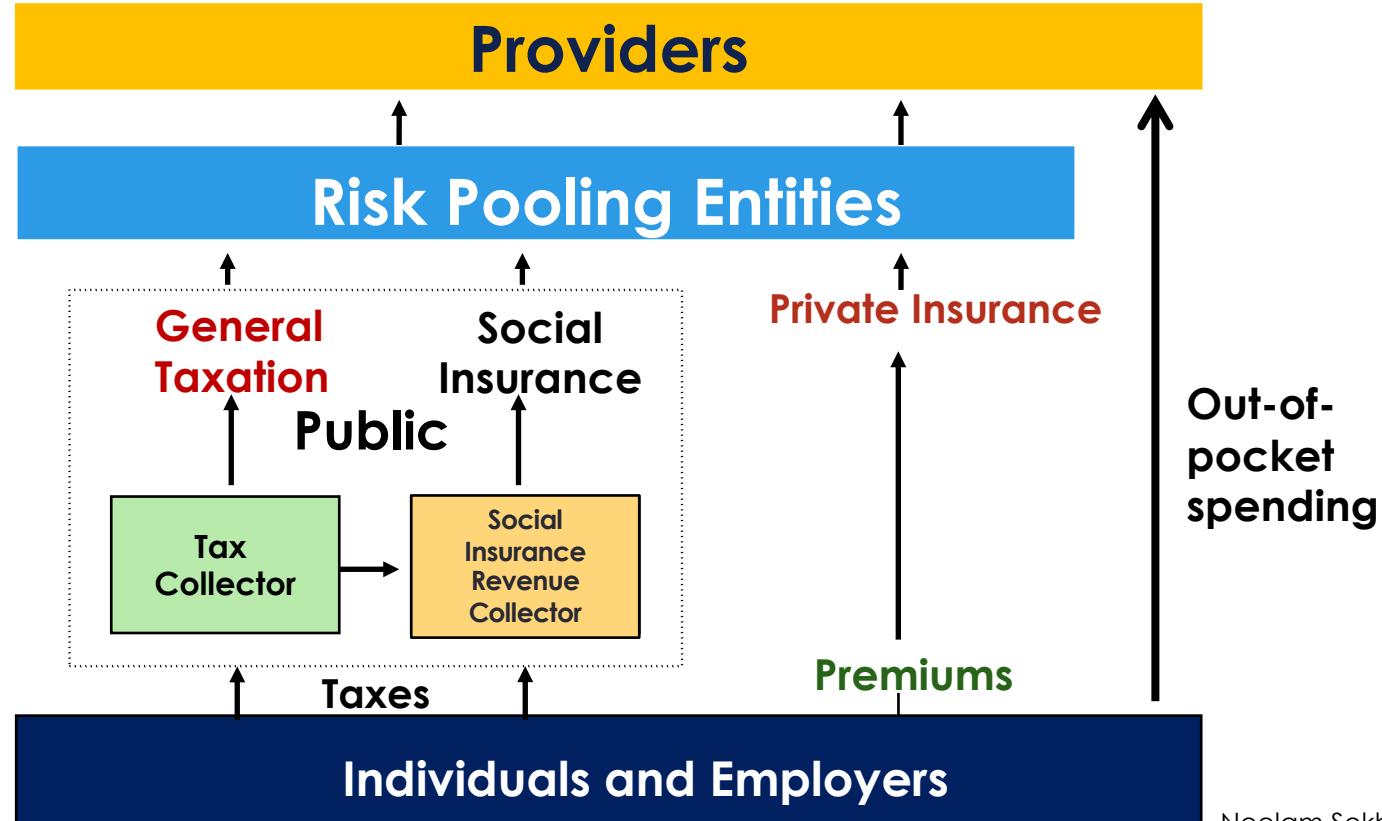
Public **Financing** of Healthcare



Public **Provision** of Healthcare

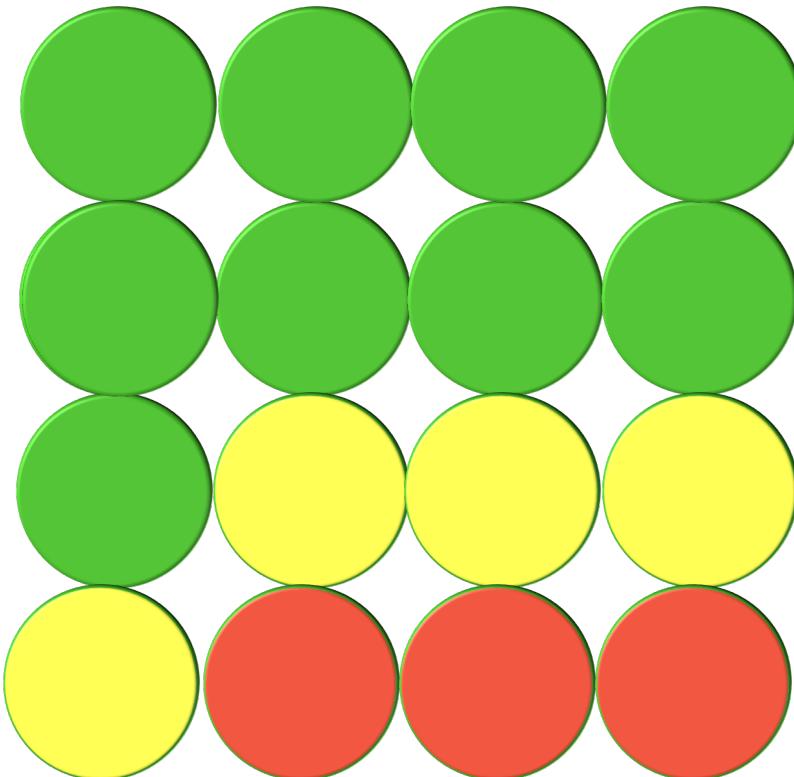


Financing a Healthcare System: The BIG FOUR





What is Risk Pooling?



- No Illness
- Minor Illness
- Major Illness

Out-of-pocket spending (OOPS)

- **Most common source of financing in low income countries**
- **“Risk pool” is the (extended) family**
 - Share genes
 - Share environment
 - Share pathogens
 - Share behaviors
 - Share economic status



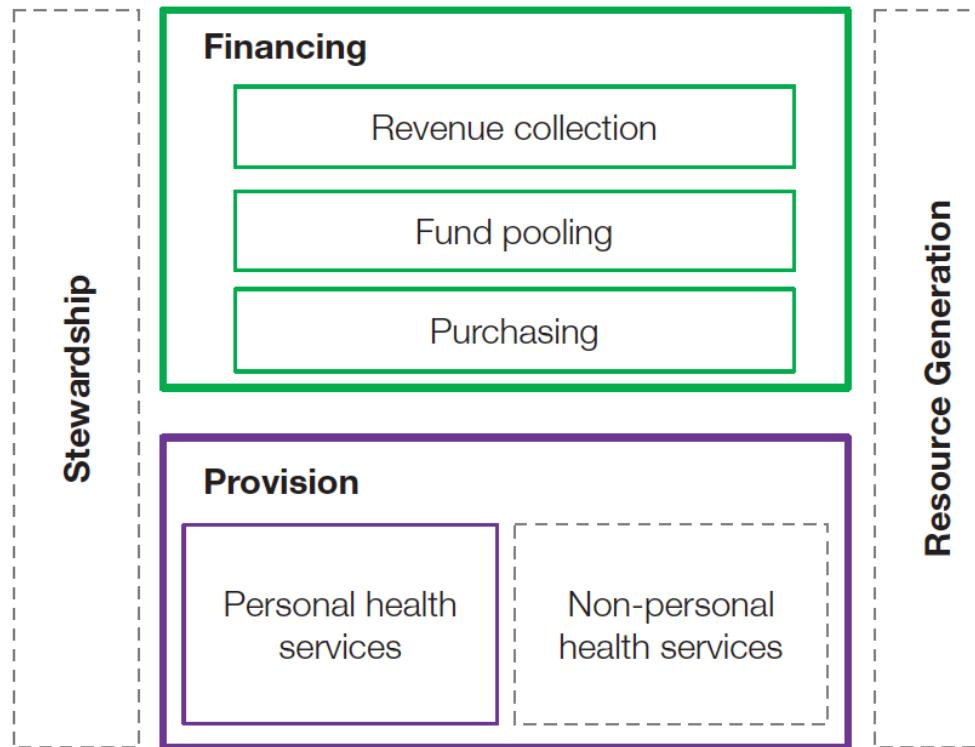
Health System Goals

Health and Health Equity

Responsiveness

Financial Protection

Health Systems Functions





UCSF Healthcare System Mapping Tool

Healthcare System Functions	Healthcare System Entities		
	Public	Private	
Revenue Collection	General Taxes, Payroll Contributions, Donor Funds....	OOPS/Private Health Insurance	
Risk Pooling	Combined Risk Pools or Separate Pools	Households/Insurers	
Purchasing	Coverage Program/Scheme	Households/Insurers	
Population	Civil Servants, Formal Sector Workers, General Population	Special Groups such as elderly, poor	Informal Sector, General Population/Those with Purchasing Power
Provision	Public Providers		Private Providers

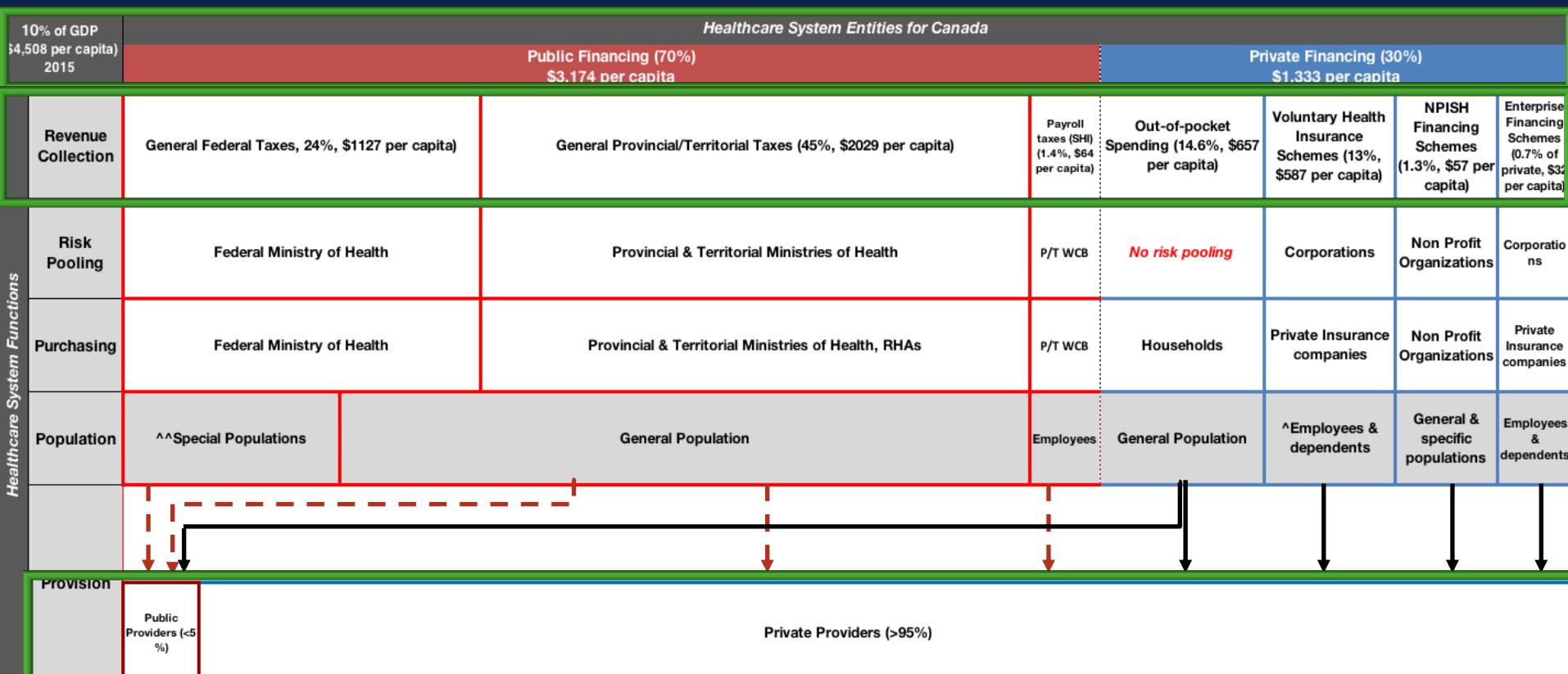
Policy Arena	Key Policy Questions	Potential Domains of Health System Impact
PUBLIC		
Sources and Amount of Funds	Which institutional structures/sources will form the funding basis for public monies (e.g., general taxation, social health insurance, and other hypothecated taxes)? What is the relative mix of each source?	Financial Protection
	What amount of public monies will be devoted to the health sector from these various sources?	Financial Protection
Extent and Levels of Risk Pooling	To what extent will monies from various public or publically mandated revenue sources be combined into a single pool? Will risk pools be segmented by funding source?	Equity, Sustainability
Use of Public Funds	Will public monies only pay for public providers or will public monies be used to buy care delivered by a mix of public and private providers?	Access, Consumer Choice, Quality
Purchasing/Provision Integration	Will the public sector focus on the delivery of care (the inputs of the health system) or will there be a purchaser-provider split in which the public sector purchases a package of services from providers based on outputs or outcomes?	Efficiency, Quality, Responsiveness
Coverage	To what extent will coverage programs focus on a universal package of services for the entire population; or will separate coverage schemes exist for different population segments?	Equity, Financial Protection, Access, Quality, Responsiveness
	To what extent will patients experience cost sharing? How will vulnerable populations be protected from catastrophic out-of-pocket spending?	Equity, Financial Protection, Cost
PRIVATE		
Private Risk Pooling	To what extent will risk pooling through private health insurance be encouraged or allowed?	Financial Protection, Equity, Efficiency, Access, Cost

WHO Global Health Expenditure Database

<http://apps.who.int/nha/database>

→ Data Explorer

Mapping a Healthcare System: Canada



Source: WHO Global Health Expenditure Database, Retrieved on March 23, 2018

Public/Private breakdown source: international Healthcare systems profiles from the Commonwealth fund

Sources of private financing: Marchildon, 2013

Courtesy of Sabrina Alam 2018



The OLD US Healthcare System

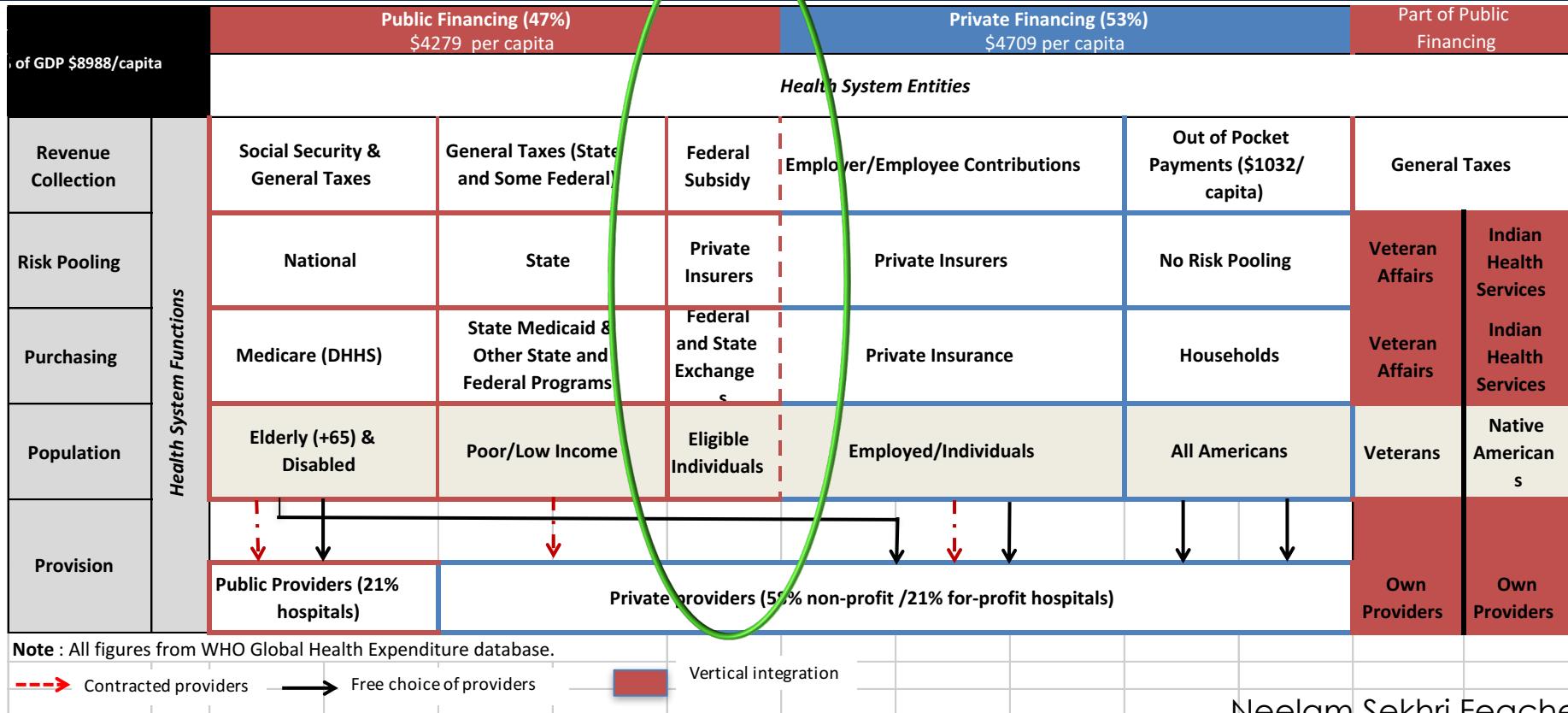
18% of GDP (\$ 10,348 per capita) 2016		Healthcare System Entities								
		Public Financing (49%) \$ 4706 per capita				Private Financing (51%) \$ 4830 per capita				
Healthcare System Functions	Revenue Collection	General Taxes (27%)		Social Health Insurance (23%)		Out of Pocket (11%)	Voluntary Health Insurance (35%)		Enterprise Financing (4%)	
	Risk Pooling	Indian Health Service	Veterans Administration	State	Federal	<i>None</i>	Private Insurers		Corp	
	Purchasing			State Medicaid & other state and federal programs		Medicare Administration	Households	Employers/Individuals		Corp
	Population	Native Americans	Veterans	Low Income/Disabled	Elderly/Disabled	General Population	Primary Employed; Individuals		Employees/Dependents	
	Provision	Own Providers	Own Providers	Public Providers (21%)		Private Providers (58% non profit; 21% for profit)				

Global Health Expenditure database accessed 10/2018

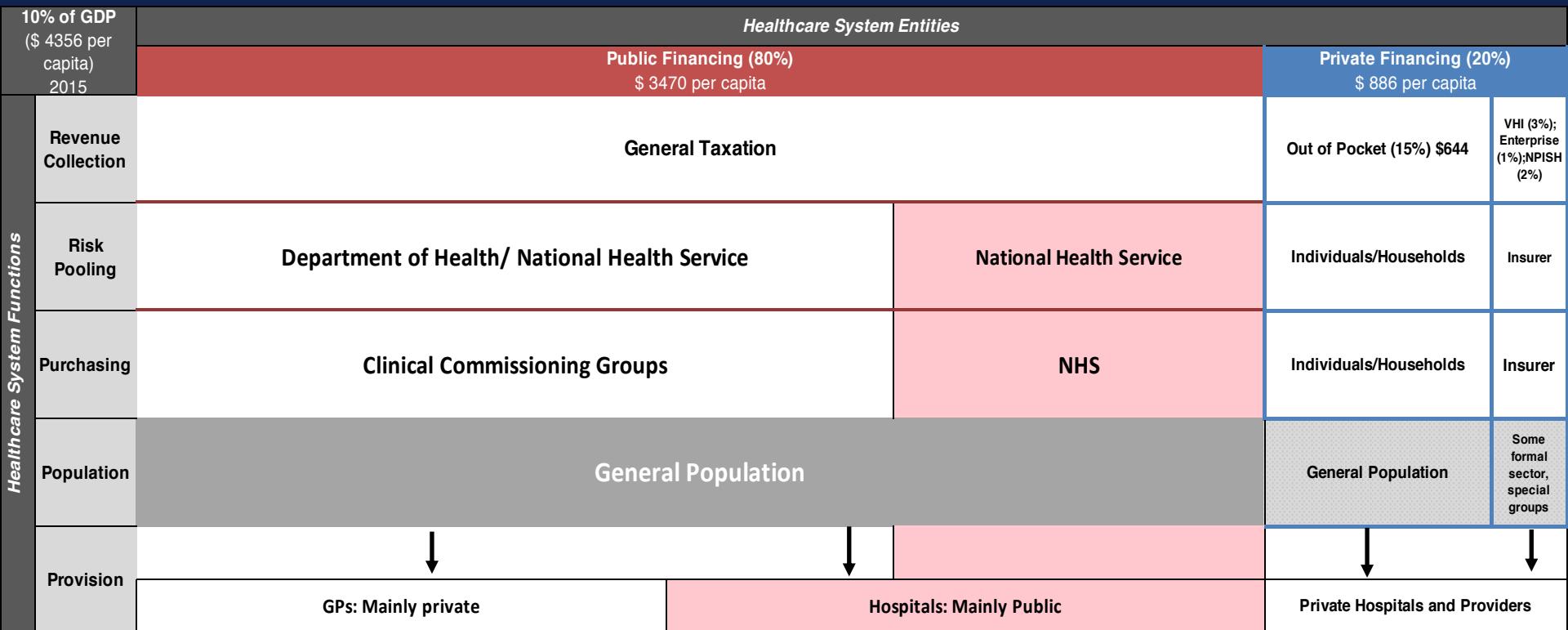
Neelam Sekhri Feachem



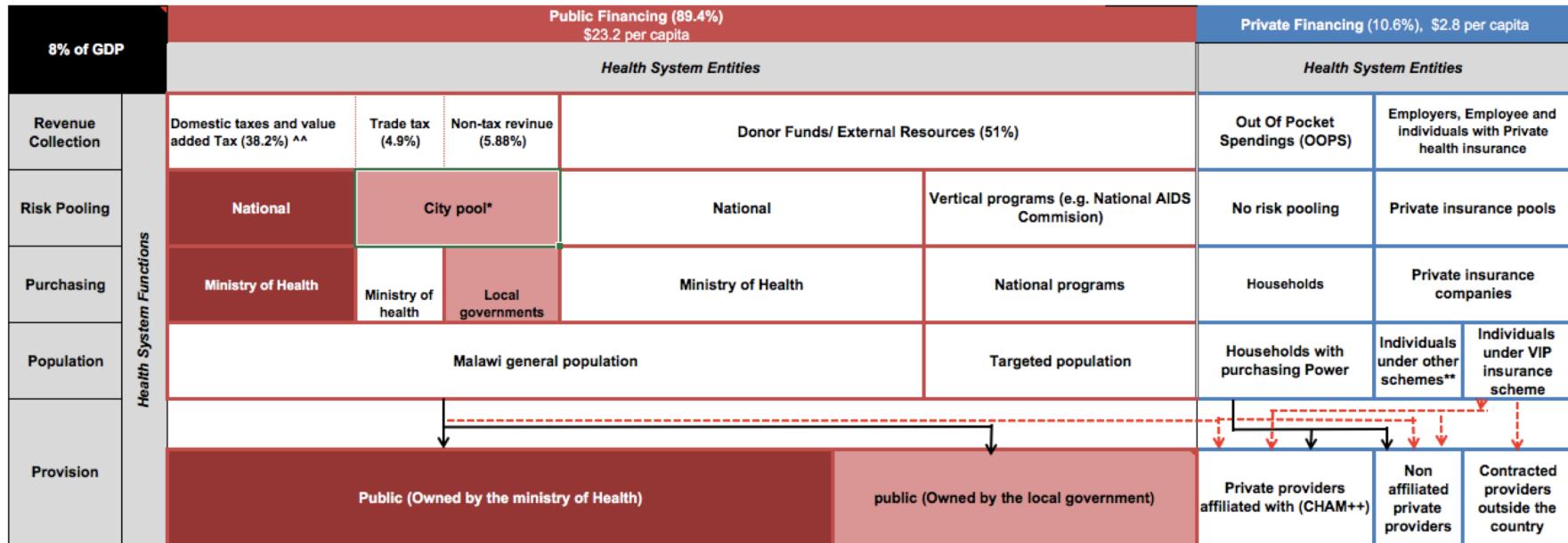
The New(-ish) US Healthcare System



Mapping a Healthcare System: U.K.

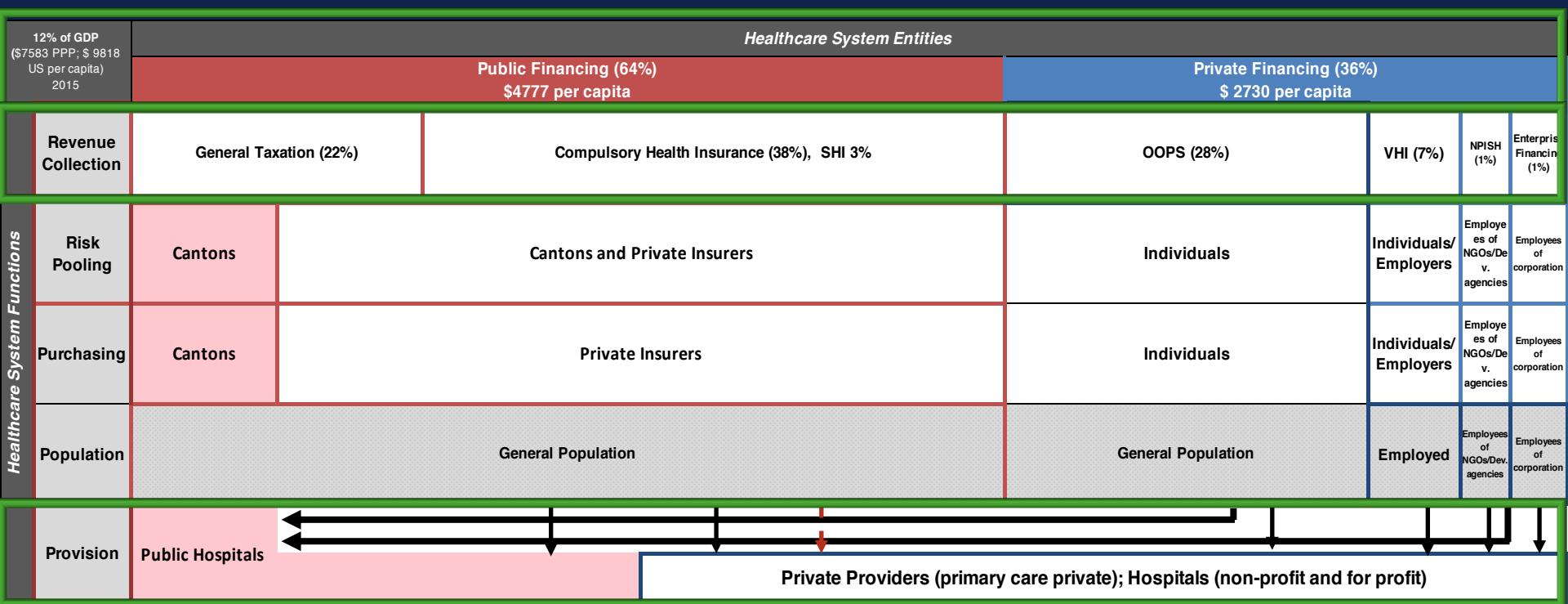


Health system map of Malawi:



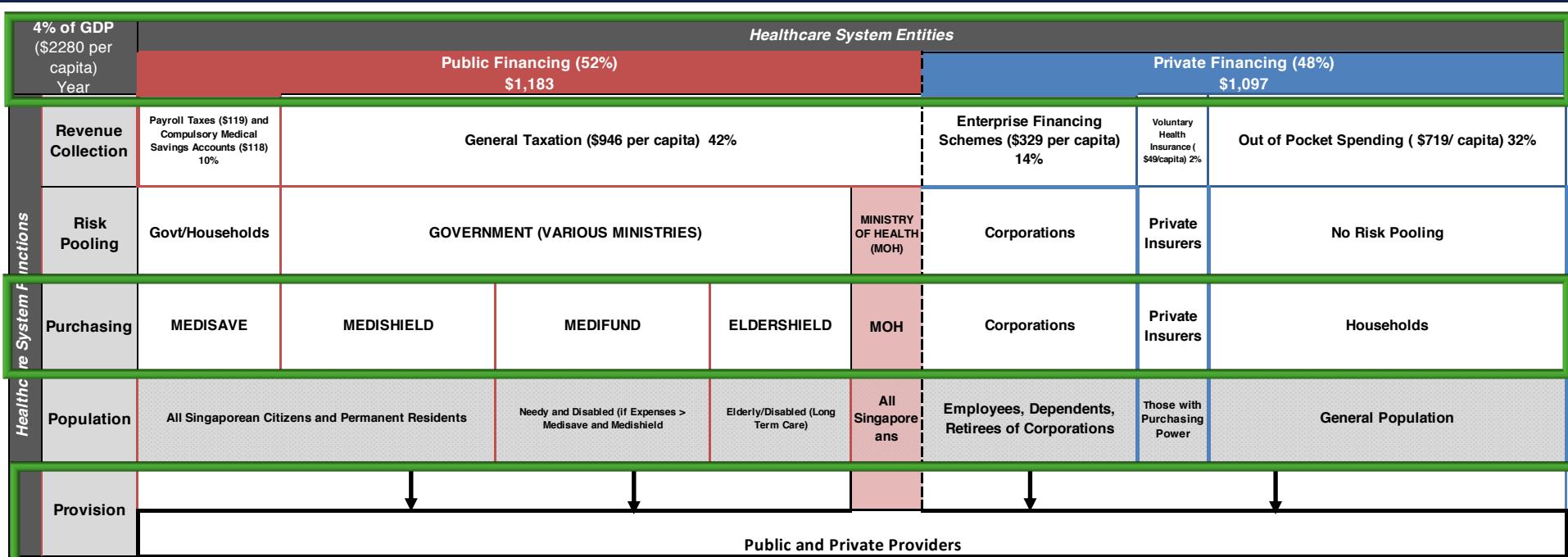
- There are 4 identified local governments
- ++ Christian Health Association of Malawi
- ** Under Medical Aid society of Malawi(MASM)

Mapping a Healthcare System: Switzerland





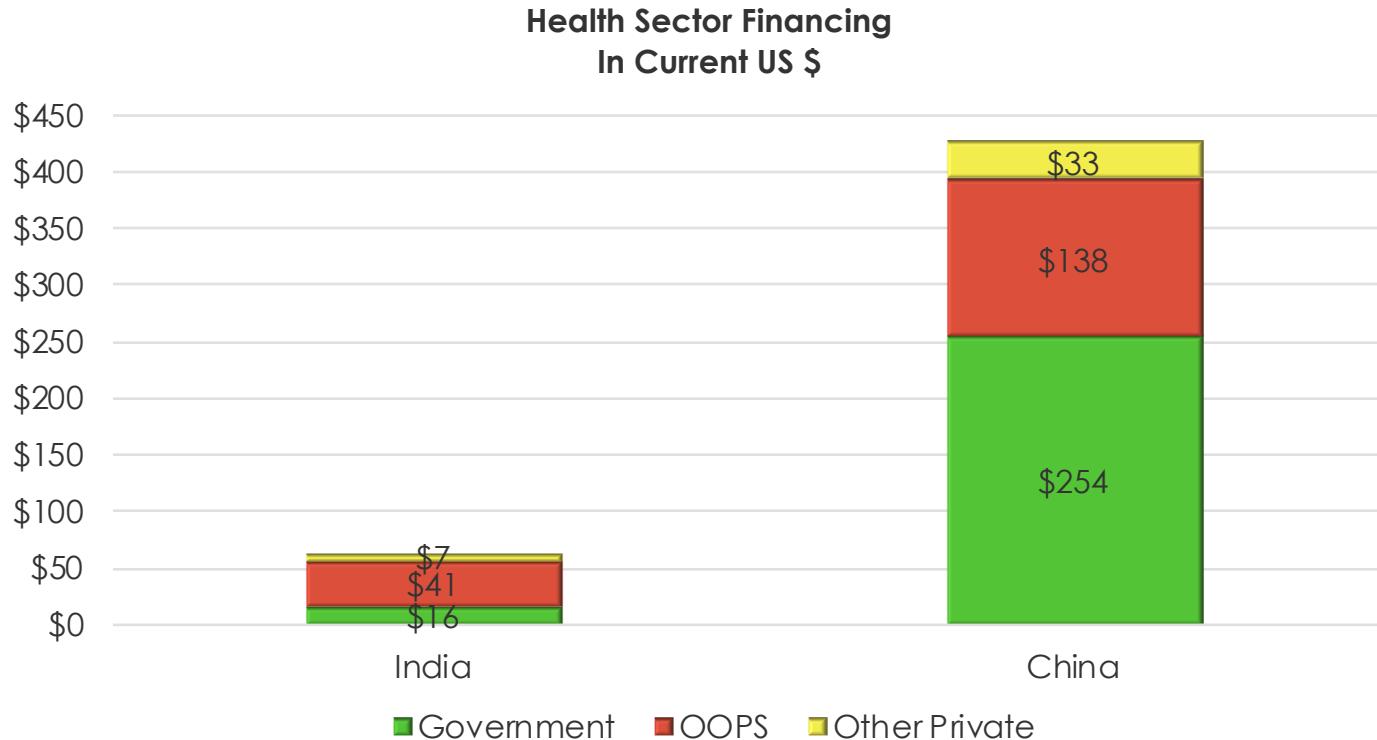
Mapping a Healthcare System: Singapore



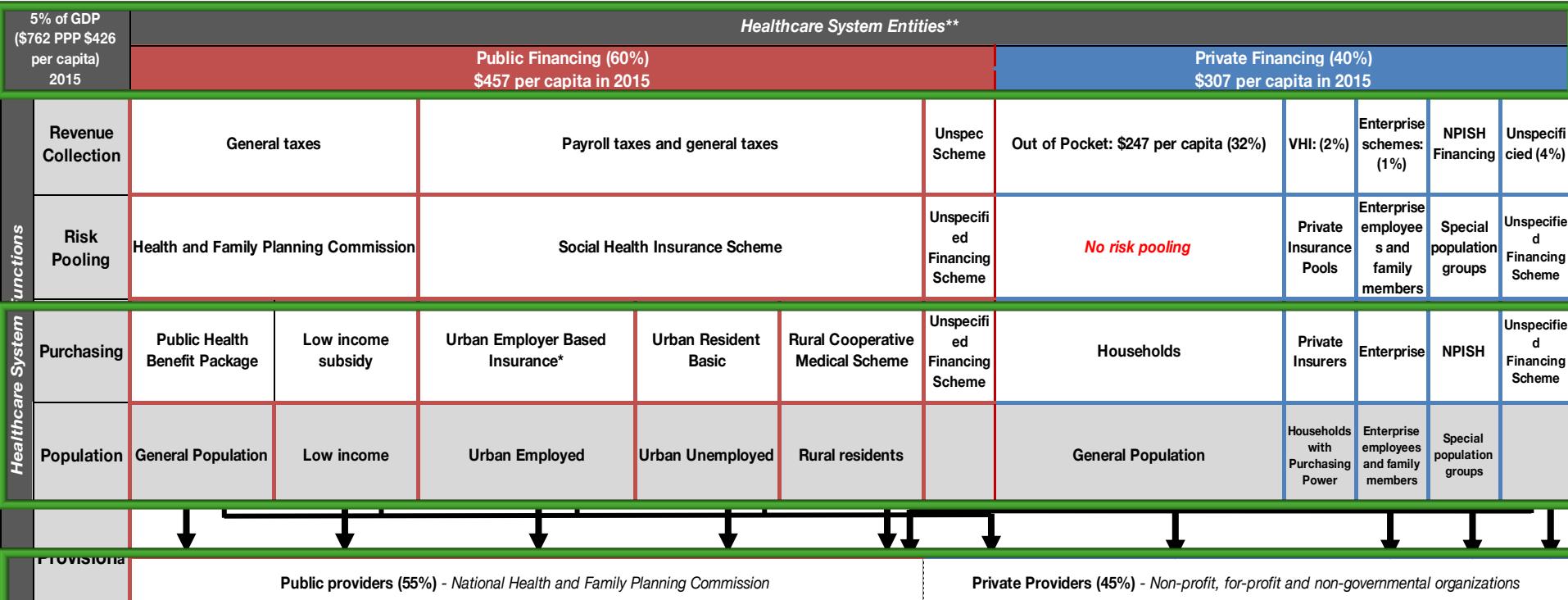


The Billion Persons Club

Health Financing: India and China



Mapping a Healthcare System: China



Courtesy of Colleen Keough 2018

Mapping a Healthcare System: India

