

## TOPIC OVERVIEW 4 | Financing research theme

Ever since the publication of the 2000 World Health Report, there has been a growing awareness that health financing is not simply about raising money. Instead, there are three key functions of health financing: revenue generation, pooling and purchasing. Nevertheless, global debates tended to continue to focus on the revenue generation function.

More recently, the 2010 World Health Report on financing for universal coverage noted that: *“Raising sufficient money for health is imperative, but just having the money will not ensure universal coverage. Nor will removing financial barriers to access through prepayment and pooling. The final requirement is to ensure resources are used efficiently.”* This pointed to the importance of the purchasing function of health financing; purchasing is the critical link between resources mobilised for universal coverage and the effective delivery of quality services.

Although the key role of purchasing is being recognised gradually, there remains considerable confusion about what purchasing entails. There is an even greater lack of understanding of what is required for strategic or active purchasing.

This brief attempts to fill this gap by providing an overview of the key activities that a strategic purchaser should undertake. It draws on the limited literature on strategic purchasing, and RESYST (Resilient and Responsive Health Systems) consortium members’ experience and understanding from involvement in supporting the development of purchasers. This conceptual model of strategic purchasing underpins an ongoing analysis of purchasing arrangements in 10 countries across members of RESYST and the Asia Pacific Observatory on Health Systems and Policies.

### Some initial concepts

Purchasing refers to the process by which funds are allocated to healthcare providers to obtain services on behalf of identified groups (e.g. insurance scheme members) or the entire population (Kutzin 2001).

Purchasing involves three sets of decisions (World Health Organisation 2000; Figueras, Robinson et al. 2005):

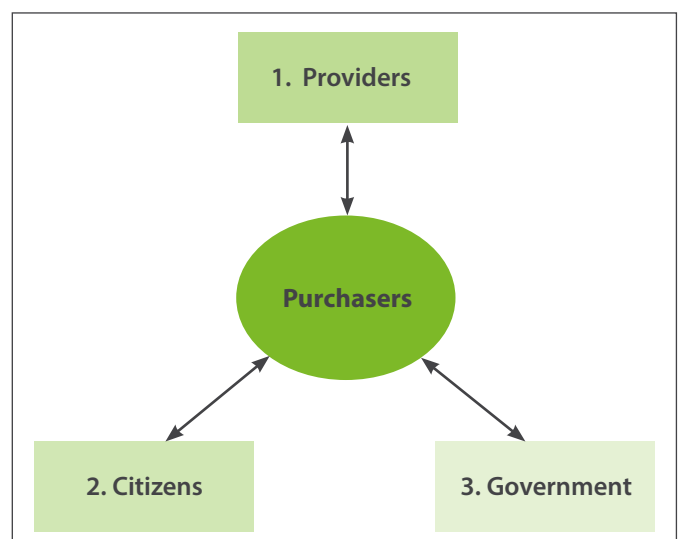
1. Identifying the interventions or services to be purchased, taking into account population needs, national health priorities and cost-effectiveness.
2. Choosing service providers, giving consideration to service quality, efficiency and equity.
3. Determining how services will be purchased, including contractual arrangements and provider payment mechanisms

It is undertaken by a purchasing organization which can be, for example, an insurance scheme, a Ministry of Health, or an autonomous agency. Purchasing should not be confused with procurement, which generally only refers to buying medicines and other medical supplies.

The 2000 World Health Report distinguished between passive and strategic purchasing:

*“Passive purchasing implies following a predetermined budget or simply paying bills when presented. Strategic purchasing involves a continuous search for the best ways to maximize health system performance by deciding which interventions should be purchased, how, and from whom.”*

Strategic purchasing requires the purchaser to engage actively in 3 main relationships: with Government (Ministry of Health), with healthcare providers, and with citizens.



### 1. Key strategic purchasing actions in relation to providers

- Select (accredit) providers considering the range and quality of services, and their location
- Establish service agreements/contracts
- Develop formularies (of generic drugs, surgical supplies, prostheses etc.) and standard treatment guidelines
- Design, implement and modify provider payment methods to encourage efficiency and service quality
- Establish provider payment rates
- Secure information on services provided
- Monitor provider performance and act on poor performance
- Audit provider claims
- Protect against fraud and corruption
- Pay providers regularly
- Allocate resources equitably across areas
- Implement other strategies to promote equitable access to services
- Establish and monitor user payment policies
- Develop, manage and use information systems

### 2. Key strategic purchasing actions in relation to citizens or population served

- Assess the service needs, preferences and values of the population and use to specify service entitlements/benefits
- Inform the population of their entitlements and obligations
- Ensure population can access their entitlements
- Establish effective mechanisms to receive and respond to complaints and feedback from the population
- Publicly report on use of resources and other measures of performance

### 3. Key strategic purchasing actions by government to promote strategic purchasing

- Establish clear frameworks for purchaser(s) and providers
- Fill service delivery infrastructure gaps
- Ensure adequate resources mobilised to meet service entitlements
- Ensure accountability of purchaser(s)

## Defining service entitlements and relationships with providers

One of the first actions that a strategic purchaser should undertake is to establish what services it should purchase for the population it serves. This could take the form of an itemised list of services (limited benefit package) or it may be an entitlement to a comprehensive range of health services with some limitations (e.g. excluding certain high cost or ineffective procedures).

Government may take the lead in deciding on service entitlements, but a strategic purchaser should engage actively in identifying the health needs of the population and understanding the preferences and values of citizens. The coverage of the benefit package or entitlements needs to be affordable within the resources available to the government or purchaser, and choices therefore need to be made about what services can be included. The service entitlement needs to be reviewed and updated regularly as the resources available expand, and as new interventions and technologies become available.

Strategic purchasers should also decide which providers to purchase services from. This may be limited to public sector providers, or may include private providers, and often involves an accreditation process. Being selective may not always be feasible, particularly where there is only one health care provider in a geographic area. But wherever possible, purchasers should make explicit decisions on which providers to accredit considering issues such as providers'

location relative to the population, their ability to provide an appropriate range of services and quality of care. Where selection is not possible, clear systems for performance and quality improvement are needed.

The purchaser should then establish some form of agreement with accredited providers, which may take the form of a formal contract. This is a means of making the purchaser's expectations clear to providers, such as the range of services to be provided; quality expectations; method, timing and level of payment; the information that providers are required to submit; and outlining action that will be taken for poor performance.



A strategic purchaser should actively identify the health needs, preferences and values of the population

Purchasing is the critical link between resources mobilised for universal coverage and the effective delivery of quality services

### Promoting efficiency and service quality

A strategic purchaser also needs to provide guidance on service provision, particularly to promote efficiency and ensure affordability and sustainability of universal health systems. Most often, this will take the form of an essential drug list or formulary and associated standard treatment guidelines that accredited providers are obliged to follow. These should not focus only on the use of generic medicines but also diagnostic, surgical and other supplies and equipment. Capacity for technology assessment, which should consider cost-effectiveness and budget impact analysis, is important to support developing these lists and guidelines.

The population should also be provided with guidance on the appropriate means of accessing services. For example, presenting to a primary health care provider who will serve as a gatekeeper to higher levels of care, and following a specified referral pathway to ensure efficiency, are elements of good practice.

A key element of strategic purchasing is designing, implementing and modifying (if necessary) provider payment methods that will encourage providers to enhance and maintain service quality and efficiency. For example, rigid line-item budgets do not allow facility managers to adapt their mix of inputs or encourage other strategies to improve service delivery efficiency. Other ways of paying providers, often a mix of different payment methods, are more effective in promoting efficiency and quality.

Strategic purchasers have a responsibility to not simply rely on these strategies to influence the behaviour of providers. Instead, they should actively monitor provider performance, particularly in terms of service quality. Monitoring activities could include routine analysis of information submitted by providers (e.g. to ensure that standard treatment guidelines are being followed, or to pick up 'red flags' such as high levels of hospital acquired infections) and regular audits of health facilities. It is equally important to establish effective ways for the population served to provide feedback on their experience of health services, including complaints mechanisms but also pro-active ways of seeking input from

citizens. Monitoring needs to be backed up by taking action on poor performance (including responding to patient complaints), which could include de-accreditation (although this may not be feasible in relatively under-served areas) or instituting quality improvement plans.

### Ensuring affordability and sustainability

Purchasers carry a heavy burden of responsibility to ensure that the services to which the population is entitled can be delivered with the funds available, and that the health system is sustainable in the long term. It has to ensure that expenditure and revenue are aligned. A strategic purchaser must, therefore, actively engage in establishing the payment rates for providers. The fewer and larger the purchasers, the greater the power they have to influence payment rates, and to exert their purchasing power such as through bulk purchasing of quality-assured drugs and supplies.

Strategic purchasers' financial responsibility also extends to auditing provider claims and taking steps to protect against fraud and corruption. The effective provision of services is also affected by purchasers' ability to pay providers regularly and in a timely fashion. Where government revenue funds the purchaser, government has a reciprocal responsibility to ensure that adequate resources are mobilised so that service entitlements can be met.



A strategic purchaser should take explicit steps to protect its members from catastrophic healthcare payments

## Promoting equity and financial protection

While attention in purchasing is often directed to promoting efficiency and service quality, a strategic purchaser should also take explicit steps to promote equity and protect its members from catastrophic healthcare payments. It is insufficient to create an entitlement to services. Not only should the population served be made aware of their entitlements, services must be physically accessible to all those who have this entitlement, for which functioning primary health care and proper referral play a critical role. While government may bear much of the responsibility for building physical infrastructure where gaps exist, a strategic purchaser can influence the distribution of health workers. For example, purchasers can offer higher payment rates for services provided in under-served areas. The equitable allocation of financial resources across geographic areas can play an important role in promoting the availability of well staffed, equipped and supplied health services across the country. The availability of services is not the only equity concern; financial protection must also be assured through establishing and monitoring user payment policies (e.g. disallowing balance billing, setting co-payment limits).

## Transparency, accountability and information

Strategic purchasers can wield considerable power; to ensure that this power is not abused, strong governance and accountability mechanisms are required. Government has a stewardship role in establishing clear policy and regulatory frameworks within which purchasers (and providers)



Strong governance and accountability mechanisms are required for purchasers and providers

will operate. These could include explicit expectations of purchasers (eg to ensure the availability of services to, and financial protection of, the population served), governance structures, reporting requirements and accountability mechanisms. Regular (e.g. annual) public reporting by the purchaser on its use of funds, services purchased and other issues is critical for ensuring transparency and accountability to government (particularly where public funds are used) and to citizens.

To effectively undertake all of these activities, a strategic purchaser is dependent on accurate and up to date information, such as information on population health needs, service utilisation patterns, aspects of provision (eg diagnosis and treatment, referral practices) and revenue and expenditure. Therefore, a final responsibility of the purchaser is to develop, manage and use information systems.

## About the brief

This brief is an output of the multi-country purchasing project conducted through a collaboration between RESYST and the Asia-Pacific Observatory on Health Systems and Policies

The project aims to critically assess the performance of health care purchasers in a range of low and middle-income countries. The countries involved in the study are: China, India, Indonesia, Kenya, Nigeria, South Africa, Tanzania, Thailand, the Philippines and Vietnam.

### Further information

Project webpage: <http://resyst.lshtm.ac.uk/research-projects/multi-country-purchasing-study>

Email: Ayako Honda [ayako.honda@uct.ac.za](mailto:ayako.honda@uct.ac.za)

## References and further reading

Hanson K. (2014) **Researching purchasing to achieve the promise of Universal Health Coverage** [http://resyst.lshtm.ac.uk/resources/researching\\_purchasing](http://resyst.lshtm.ac.uk/resources/researching_purchasing)

Kutzin J. (2001) **A descriptive framework for country-level analysis of health care financing arrangements**. Health Policy 56(3): 171-204

Figueras J, Robinson R and Jakubowski E, Eds. (2005) **Purchasing to improve health systems performance**. European Observatory on Health Systems and Policies Series, Open University Press.

World Health Organisation (2000) **World Health Report: Health Systems: Improving performance**

World Health Organisation (2010) **World Health Report: Health Systems Financing: The Path to Universal Coverage**



# STRATEGIC PURCHASING FACTSHEET

The issues of health care financing and universal health coverage (UHC) are currently at the centre of global policy debate. A core function of health care financing is purchasing – the process by which funds are allocated to providers to obtain health services on behalf of the population. If designed and undertaken strategically, purchasing can improve health systems performance by promoting quality, efficiency, equity and responsiveness in health service provision and, in doing so, facilitate progress towards UHC.

The RESYST (Resilient and Responsive Health Systems) consortium, in collaboration with the Asia Pacific Observatory on Health Systems and Policies, has recently commenced a multi-country study to critically

assess the performance of health care purchasers in a range of low and middle-income countries, and to identify factors influencing that performance. The countries involved in the study are: China, India, Indonesia, Kenya, Nigeria, South Africa, Tanzania, Thailand, the Philippines and Vietnam.

The research will examine the relationships between different groups of actors in order to understand the various components of strategic purchasing and the organisational environment within which it operates. It uses a case study approach whereby the purchasing arrangements or mechanisms in countries are the ‘case’ in each study, and the organisational relationships for purchasers are the unit of analysis.

This fact sheet gives an overview of the different purchasing mechanisms covered in the study, which range from general tax finance public provision systems, to voluntary community-based health insurance schemes, and mandatory national social health insurance schemes. It identifies the source of finance for each scheme and the different provider payment methods that are used, including fee-for-services, budget allocation, capitation and diagnostic related groups.

The fact sheet also provides an overview of the 10 countries involved in the research, demonstrating their heterogeneity in terms of socio-economic and health systems development.



FURTHER INFORMATION

## RESEARCH ORGANISATIONS

- Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada, Indonesia
- China Center for Health Development Studies, Peking University, China
- Health Economics Unit, University of Cape Town, South Africa
- Health Policy Research Group, University of Nigeria, Nigeria
- Health Strategy and Policy Institute, Viet Nam
- Ifakara Health Institute, Tanzania
- KEMRI Wellcome Trust Research Programme, Kenya
- International Health Policy Program, Thailand
- International Institute of Technology, Madras, India
- London School of Hygiene & Tropical Medicine, UK
- Philippine Institute for Development Studies, the Philippines

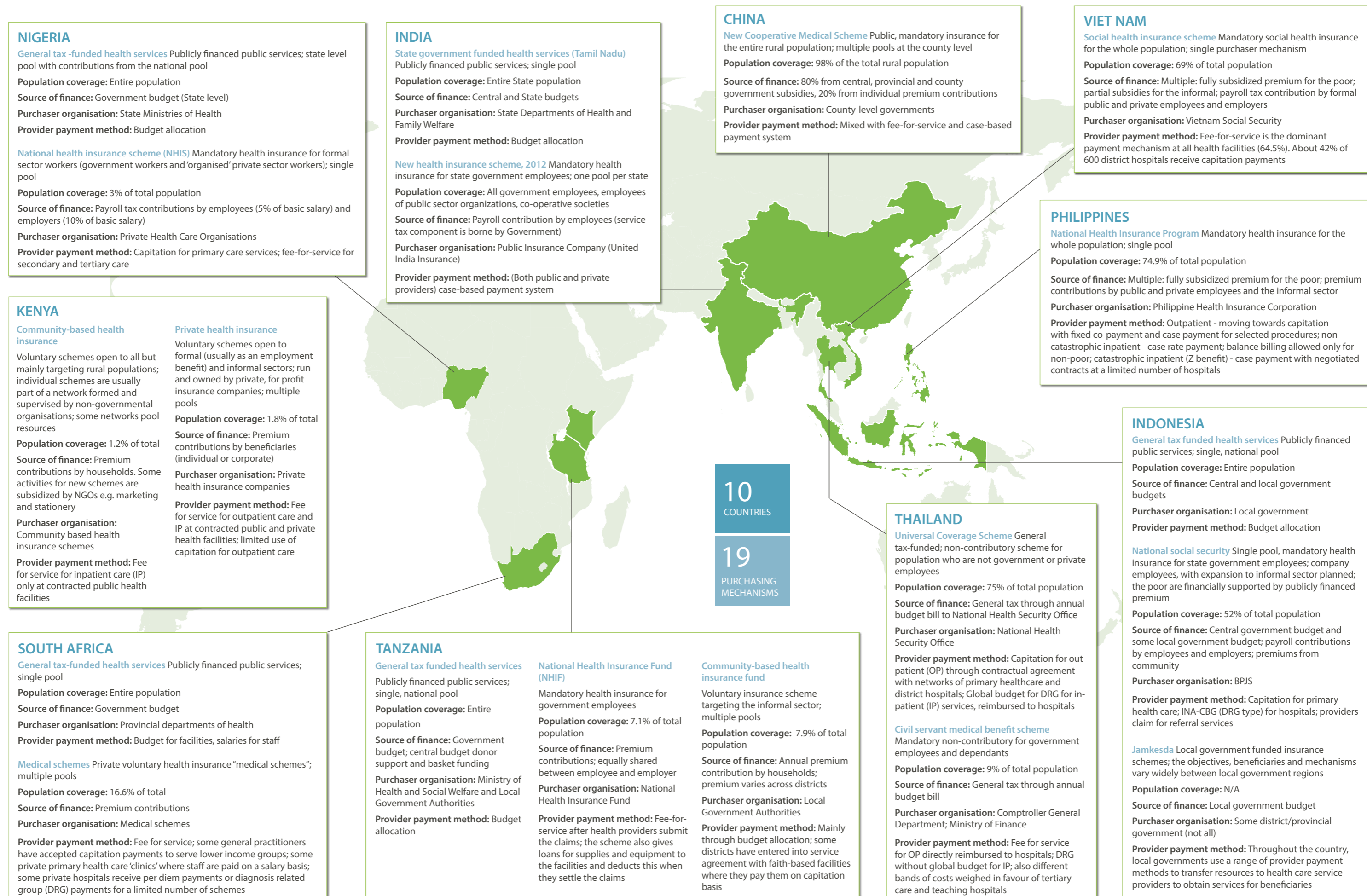
## CONTACT

Email: [ayako.honda@uct.ac.za](mailto:ayako.honda@uct.ac.za)  
Twitter: @RESYSTresearch

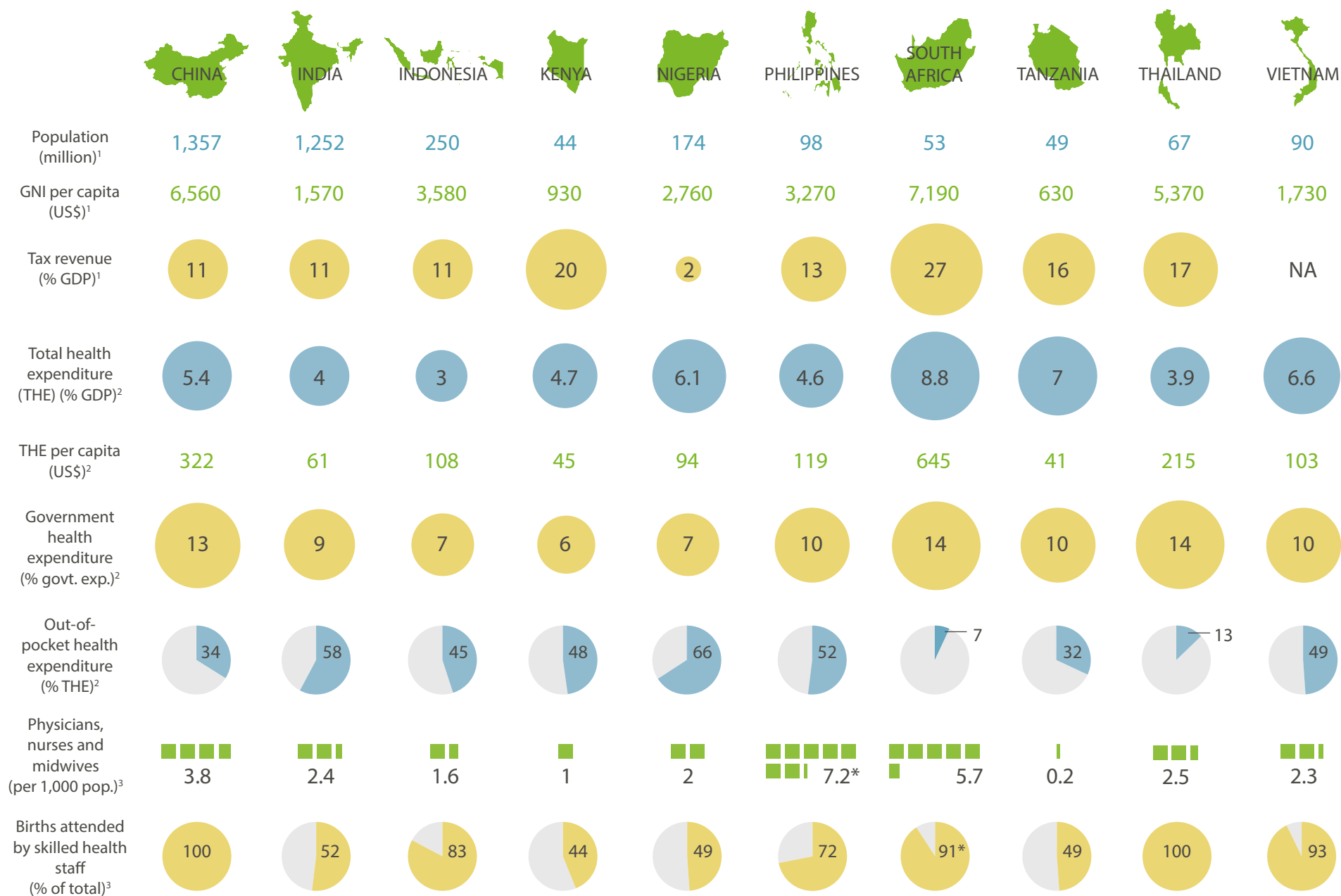
RESYST purchasing study webpage:  
<http://resyst.lshtm.ac.uk/research-projects/multi-country-purchasing-study>

Asia Pacific Observatory on Health Systems and Policies  
[http://www.wpro.who.int/asia\\_pacific\\_observatory](http://www.wpro.who.int/asia_pacific_observatory)

## PROFILES OF PURCHASING MECHANISMS EXAMINED IN THE STUDY



## AT A GLANCE: KEY INDICATORS FOR THE STUDY COUNTRIES



Source: World Bank, World Development Indicators, <http://data.worldbank.org/indicator>

<sup>1</sup>2013 data, <sup>2</sup>2012 data, <sup>3</sup>Data from most recently available year ranging from 2003-2012, \*Philippines data from 2004, South Africa data from 2003