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The Structure and Performance of Health Systems

1. Introduction

The case study countries differed considerably with respect to the structure of their health systems, the roles played by government within these systems, and in terms of health sector performance. This chapter first provides an overview of the primary organisational arrangements for health service delivery, including the relative roles of public and private sectors, and then explores different dimensions of health sector performance. The chapter aims to provide readers with an understanding of how the health systems of the study countries operated and what these systems had achieved.

The discussion of organisational arrangements does not describe in detail any particular arrangement, but rather provides an overview of how the various health systems in the study countries operated. More detailed information on specific operational arrangements is given in Chapters 4–7.

Monitoring performance was not a principal aim of the study. Consequently no primary data on performance were collected; instead, researchers relied upon existing data sources, and occasionally this created problems in terms of the reliability or comparability of data. Both the performance of the sector as a whole and the performance of government within the health sector are discussed here. A complex relationship exists between these two dimensions. To a certain extent a strong government capacity to perform, combined with an appropriate role for government, is likely to contribute to strong performance of the sector as a whole. However, the roles of government are diverse (including regulating, policy-making and direct provision) and government may perform some of these roles better than others. For example, weak performance by government with respect to direct service provision may have limited
impact upon the overall performance of the sector if much of the provision occurs in the private sector and government plays an effective role in terms of regulation and broad policies.

The first section on performance explores intermediate system-level results, specifically relating to technical objectives (quality, equity, efficiency and sustainability). The discussion of system level indicators encompasses both input indicators (such as staff availability), process indicators (such as accessibility and prescription patterns) and output indicators (such as utilisation data). As much of the data about performance relate to the public health sector only, a separate section devoted to performance of the private health sector is included, as is a section on bureaucratic performance. The second section on performance considers outcomes of the health sector (and social and economic processes more broadly), considering changes in the population’s health in the case study countries. Interpretation of these data requires broader background information about demographic and socio-economic context; this is covered in more depth in Chapter 3.

2. Organisational arrangements for service provision

The main organisational arrangements for service provision were briefly discussed in Chapter 1, where a distinction was drawn between public and private roles in the financing of health care, and public and private roles in the provision of health care. Using this form of categorisation, four main types of organisational arrangement can be identified:

1. public financing and provision: government both funds health care and adopts direct roles of service management and delivery;
2. public financing and private provision: government funds health care, but adopts an indirect role of service provision by arranging contracts or subsidising private providers in a more informal way;
3. private financing and public provision: private agents including users finance health care services which are delivered by publicly owned agents;
4. private financing and provision: the government role is confined to regulation and standard setting; services are both financed and provided by private sector agents.

In all countries, both core and reference, the predominant arrangements were the first (public funding and provision) and the fourth (private funding and provision). In terms of public funding and provision,