Agenda (9:00-10:30)

Key messages and lessons learnt.

- Priorities for policy attention and further research: what are the key unanswered questions?
- Next steps and timeframe to revise the case studies and synthesis.
Main objectives

1. Review, discuss and critically assess country case studies.

2. Contribute to a global synthesis of the case studies.

3. Develop a framework to produce a global synthesis report.

4. Disseminate the main messages from this work to a global audience.
1. Key messages and lessons learnt
Case studies

1. Health insurance reform:
   - *Korea*: Merger of health insurance schemes.
   - *Ghana*: Achieving universal health coverage through SHI
   - *Uruguay*: National integrated health system reform.

2. Medicine reform:
   - *South Africa*: Access to essential medicines.
   - *China*: Zero medicine pricing policy.
   - *El Salvador*: Initial implementation of Medicine Law.
Case studies

3. Provider payment reform:
   • *Burundi*: Performance and result based financing of health services.
   • *Chile*: Universal access to explicit guaranteed entitlement.
   • *Mexico*: Protection against catastrophic health expenditure.

4. Other health system reform:
   • *Ethiopia*: Human resources for health.
   • *DRC*: Aligning international health sector support.
Key messages

• All health reforms provide opportunities to address inefficiencies in the health system.
• Efficiency can be relevant to any particular area of the system. But it is challenging because all health system components are complex and they are also interrelated.
• Efforts to improve efficiencies in health systems need a comprehensive systemic approach to do more with available resources.
• To do more is not enough, it must lead to better outcome that require a strong health system built on the PHC principles.
• Improving health system efficiency means rationing and restructuring inputs, reducing wastes, releasing and attracting new financial resources to cover more people, to provide more services and to improve financial risk protection to produce better health outcome, thus leads to UHC.
Key lessons

- Health reforms cannot be isolated from given country’s socio-economic, political and cultural context (fiscal constraint).
- There are enabling and disabling conditions for health reforms to improve health system efficiencies (political will and support).
- Efficiency concerns must be taken into consideration throughout the reform process from policy design, planning, implementation, to monitoring and evaluation.
- Successful reforms require a long horizon, even simple reforms take time to implement.
- Improving efficiency is a process of progressive realization and iteration.
- Reform requires national leadership, multi-sector involvement, transparency and accountability.
2. Priorities for policy attention, further research: the key unanswered questions?
Priorities for policy attention

Fragmentation and segmentation.
• Integrate health services, vertical programs, health service delivery and financing arrangements.

Inequity, access and financial burden.
• Increase government investment in health, risk pooling and financial protection.

Financial incentives and performance.
• Improve regulation, implementation, public and private sector partnership.

Monitoring and evaluation.
• Develop and strengthen an uniform health information system.
Further research, unanswered questions?

Health promotion

• UHC not just treatment but also promotion and prevention, rehabilitative and palliative care.
• Addressing major health problems needs both personal and population-based interventions across all levels of the health system- community, primary, secondary and tertiary.
• Increasing burden of disease associated with NCD especially in developing countries. But risk factors are well known and they can be effectively controlled and reduced.
• Impacts of health promotion (inputs) on reduction of the burden of disease (cost savings/efficiency) and population health improvement (outcome).
3. Next steps and timeframe to revise the case studies and write a global synthesis report
## Next step actions and timeframe

### Next step actions (19 Dec 2014- 31 Mar 2015)

<table>
<thead>
<tr>
<th>Next step actions</th>
<th>Responsible body</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>1. Revise and submit final country reports.</td>
<td>HERA, and authors</td>
<td>1 Feb 2015</td>
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<tr>
<td>2. Share main points and plans for revision of the study.</td>
<td>All authors</td>
<td>31 Dec 2014</td>
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<tr>
<td>3. Provide a list of additional information and evidence required.</td>
<td>Prof Winnie Yip</td>
<td>25 Dec 2014</td>
</tr>
<tr>
<td>5. Print and distribute the report.</td>
<td>WHO</td>
<td>31 Mar 2015</td>
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