



National Healthcare Service Center

Health System Performance Assessment, Hungary: a step forward toward evidence- informed health policy

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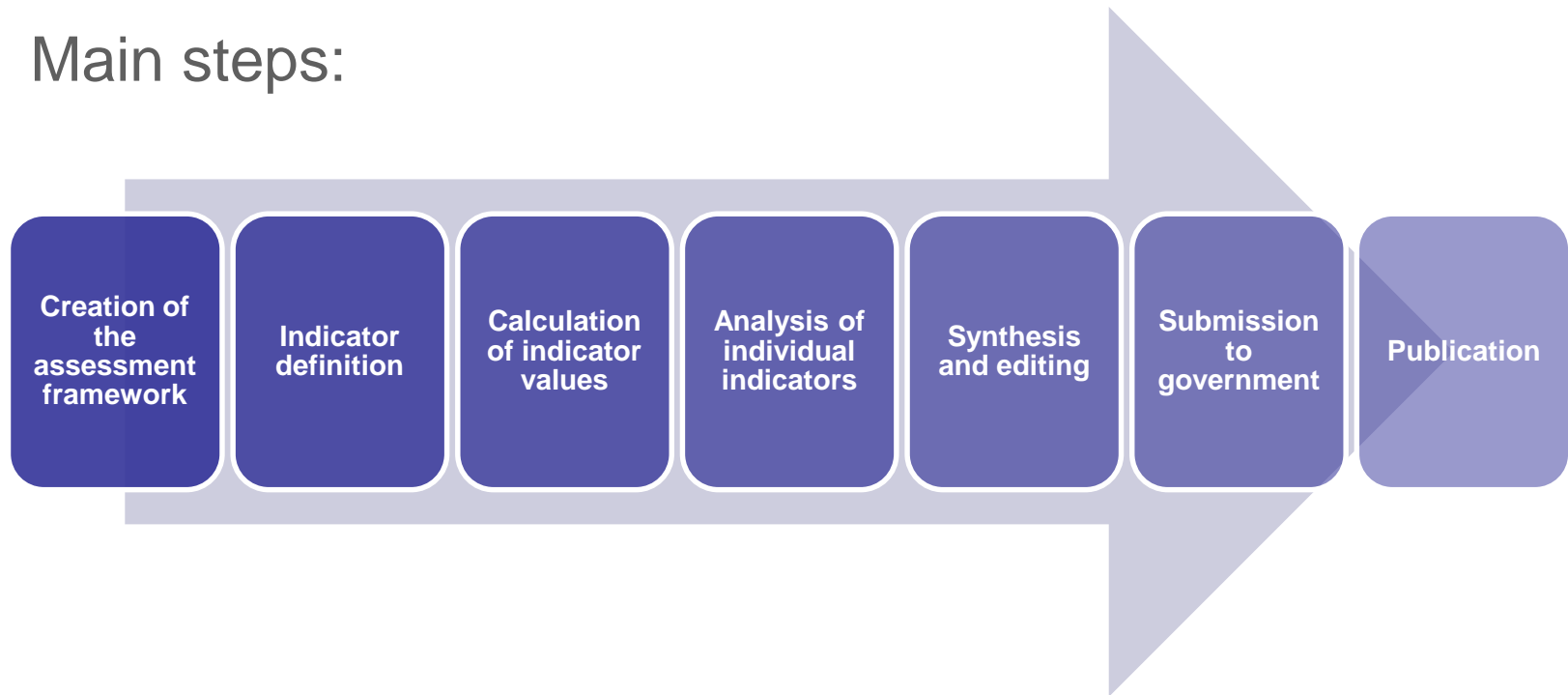
- Goals of the Hungarian Health Systems Performance Assessment (HSPA) process
- Description of the process and of its stakeholders
- The analysis framework
- Main outputs and results
- Lessons learned

Goals of HSPA

- To fulfill the goals of the WHO Tallinn Charter (2008)
 - WHO technical support in frame of BCA works (2009-2013)
- To enhance transparency via assessment of health policy outcomes
- To identify possible priority areas for health policy intervention
- To provide a systematic framework of analysis for a large variety of healthcare data (incl. new indicators)
- To create a platform of structured and regular data publication
- To establish an institutional framework of cross-sectoral cooperation

HSPA process

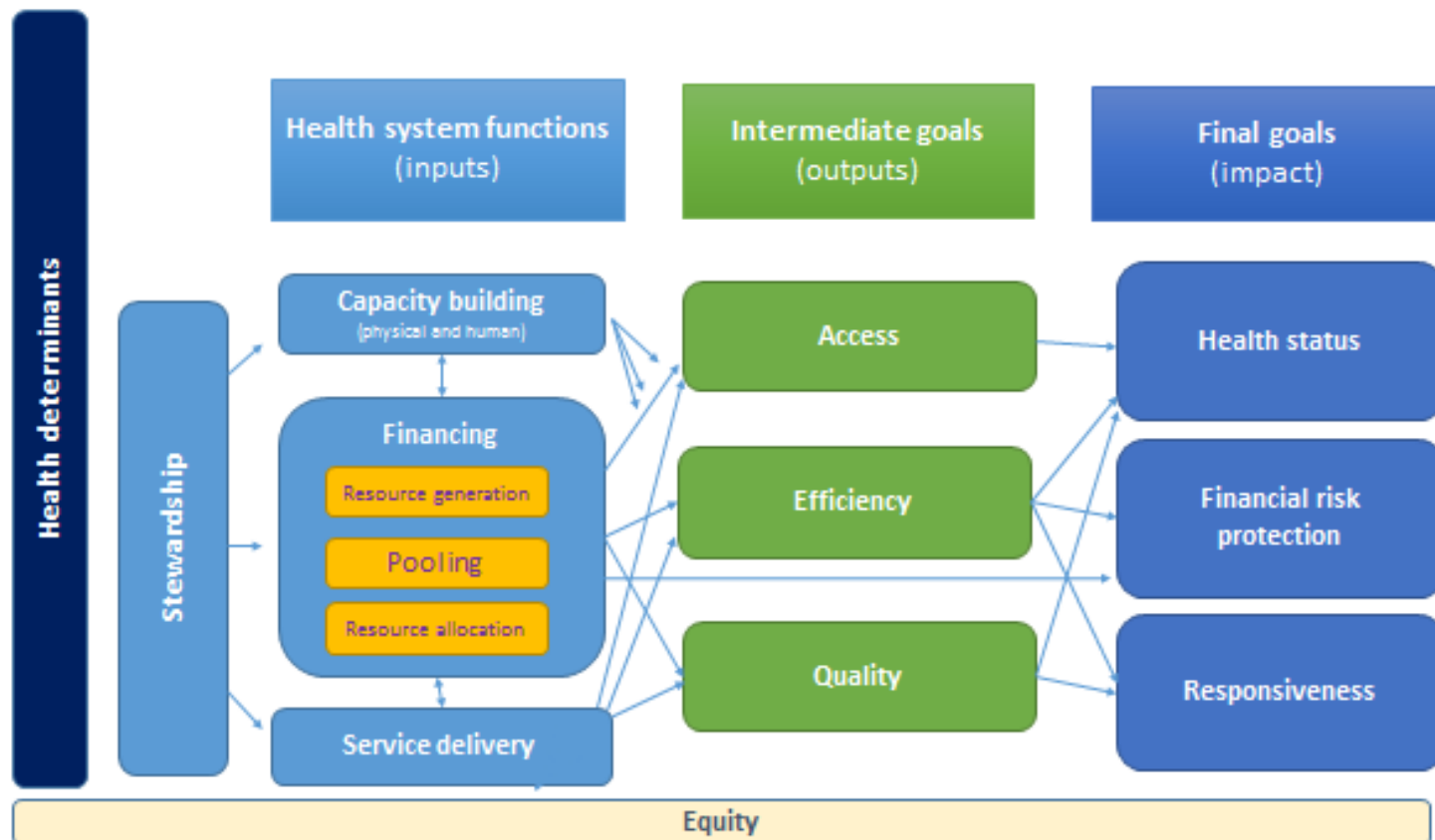
- Process regulated by ministerial decree
- 2-year assessment cycle, with interim report
- Main steps:



HSPA stakeholders

- Cross-sectoral working group
 - Chair from academia
 - Several divisions of the Ministry of Health
 - Government agencies
 - WHO (observer)
- Each organisation is responsible for the calculation and analysis of indicators in its main competence.
- All major decisions and outputs are discussed with a strong intent for reaching consensus.

Analysis framework



Adapted from Frenk (2000), WHO (2000, 2005) and Kutzin (2013)

HSPA outputs

- Full report (ca. 1100 pages)
- Report summaries
- Infographics
- Prioritised list of key areas for policy intervention
- Website with:
 - Report
 - Indicator definitions (75)
 - Indicator values (75)

HSPA main results

- Improving trends in almost all areas, but still substantial lag vis-à-vis most EU peers
- Considerable regional variance at most indicators
- Differences along socio-economic status, gender and ethnicity
- Well performing areas: vaccination, TB incidence and mortality, uptake of laparoscopic surgery
- Some key areas to be improved: lifestyle (smoking, obesity), unmet need of certain groups, C-sections rate, case-fatality rates for certain procedures
- Identified major data gaps: patient experience, non-SHI healthcare provision

Lessons learned and moving forward

- **Institutionalised cooperation** among different actors is a key enabler of the process that should be carried forward.
- **Some indicators** were less useful than others → those will be changed.
- Beyond the current, descriptive assessment, **causal analysis** could also be included for some indicators.
- The interpretation of certain concepts and indicators is difficult. **Proactive communication** towards the press and the larger public should be planned.

**Thank you for your kind
attention!**