

“Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)”

The Assessment Instrument

A GENERAL ASSESSMENT OF THE NATIONAL / REGIONAL / LOCAL HEALTH SYSTEMS FROM AN ADMINISTRATIVE STANDPOINT

In order to grasp the relevant information for elaborating the research report “Mechanisms of building and implementation of Public Health Policies in Germany, Italy and Spain” we consider that several general information is needed.

A1 Administrative organization of the country on three levels: national, regional, local

Thus it will be useful to know the following:

- What is the administrative organization of the country?
- How many administrative levels are there?
- Which were the criteria for this administrative organization (history, geography, social factors, economy, surface, population, language)?

Germany: Land, municipality

Italy: Region, province, municipality

Spain: Community, region, municipality

A table with administrative division (population, surface, basic economic and social data) of each country will be useful.

A2 Organization and functioning of the health system

Going deeper we are interested on how the health system is organized within this administrative framework (national/regional/local):

- Who are the stakeholders in the system?
- Which is the main regulative framework of the health system? A list might be useful.
- Which are the control and regulatory institutions of the system?
- What is the position of preventive medicine within this framework?
- What is the position of the occupational health within this framework?
- Who are the constituencies governing the organizations in the system?
- Which are the providers within the system?
- How are managerial decisions taken?
- On what is the consumer relationship with the system based (domicile/address, job/trade)?

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- What is consumers’ regulatory link to the system?
- How are medical and non-medical benefits defined?
- Who collects public health data and who analyzes it?

A3 Financing of the health system

- Is it a tax based system or a contribution based (insurance) system?
- How is the tax or the contribution collected?
- Who collects taxes or contributions?
- How is money allocated at national, regional local level?
- How is money allocated between types of expenditures?
- What types of payments are used for the providers (at all levels)?
- Which are the consumer charges?
- Which are the financial relationships between the main actors (funding, contracts, salaries)?
- How are contracts regulated and made?

A4 Health care providers

A list with health care providers and health institutions at regional level would be useful.

A5 Indicators

A list with the following indicators for the three levels (country, region, municipality) would be useful:

- General Population
- Life expectancy
- General mortality
- Infant mortality
- Mortality by cause of death
- No. of children, working population, unemployed, social beneficiaries, retired, retired under-aged for medical reasons + disabled
- Insured population
- How many pay insurance or taxes and how many exempted
- How many doctors and nurses
- How many hospital beds
- How many ambulatory clinics
- How many consultations / last year
- How many prescriptions issued

- What were in the last 10 years three main public health issues that were tackled / solved?
- What are three main public health issues now?

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B PUBLIC HEALTH POLICY DEVELOPMENT, IMPLEMENTATION AND EVALUATION – national / regional / local mechanisms

B1 PROCESSES (of development, implementation etc)

There are 6 processes that raise interest:

1. The decision to make a new public health policy
2. The development of a public health policy
3. The approval of a public health policy
4. The implementation of a public health policy
5. The monitoring of the public health policy outcomes / effects
6. The evaluation of the public health policy

B2 ESSENTIAL QUESTIONS

As it regards the Health Policy itself we consider that three main sets of questions (what, who, how) have to be answered these questions pertain to:

WHAT? (PUBLIC HEALTH POLICY)

- a) Is it a document or a regulation?
- b) Is there a PHP for each organizational level or is it a general/national PHP with specifics?
- c) Is it legally binding?
- d) Who applies PHP?
- e) Is it transformed into a program which is implemented or is it implemented by various institutions in their own way?
- f) Is it correlated with other public policies and with which?
- g) How are correlated other public health domains with the PHP(occupational health, environmental health, health promotion and prevention, healthcare delivery)?

WHO?

- a) Who decides upon the development of a PHP?
- b) Who develops the PHP?
- c) Is it legal requirement (attributions in regulation)?
- d) Is it a formal structure or an informal one?
- e) Is it an institution or a think-tank?
- f) How are people selected to work in developing a PHP?
- g) What are their skills and their credentials?

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- h) What are the conditions they have to comply with?
- i) Who are the stakeholders in the process?
- j) Are the stakeholders formally involved in developing a PHP or just asked for opinions?
- k) What is the political involvement in the process?
- l) Who approves the PHP?

HOW?

- a) Which are the reasons for deciding to develop a PHP?
- b) What are the formal instruments used to develop a PHP?
- c) What kind of data is used to justify actions/decisions?
- d) What is the formal process of elaboration of PHP?
- e) How is the PHP approved?
- f) How is it disseminated?
- g) Who controls its implementation?
- h) What mechanisms are used to monitor implementation?
- i) How is it evaluated (impact assessment)?

Finally after these general questions are asked, a thorough description of the process will be made for every country participating in the project on all administrative levels (national, regional local). These specific descriptions will be entailed in specific Annexes: Annex A for Germany and Rheinland- Nord Westfalen, Annex B for Italy and Umbria, and Annex C for Spain and Catalunya.

An important question, useful for the development of the further “Guideline for building and implementing PHP at national, regional, local level” is which are the strengths and weaknesses of this “mechanism”.

The methodological framework will include desktop / document review, data analysis, SWOT analysis

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C PRACTICAL EXAMPLE

It might be useful to have an example of a PHP including a flow chart illustrating the processes of elaborating, implementing and evaluating PHPs.

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ANNEX A

Germany

Rheinland Nord-Westfalen, Essen

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ANNEX B

Italy

Umbria, Perugia

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Annex C

Spain

Catalunya, Barcelona