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Section B: Benchmarks of Fairness for Health Care Reform

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Fairness: A Tool for Development?

- Norman Daniels—professor of philosophy and population health, Harvard School of Public Health
- 1985: *Just Health Care*
- 1988: *Am I My Parent's Keeper?*
- 1993: Clinton Health Care Task Force
 - Ethics Working Group → develop principles to govern the design of the comprehensive health insurance reform being developed
 - Daniels Light and Caplan. (1996). *Benchmarks of fairness for health care reform*. Oxford Press.
- Latest: *Just Health*

Fairness: A Tool for Development?

- Reform in the US became a politically dead issue (mid-1990s), but the Benchmarks were not!
- 1998: the Benchmarks went international, and soon workshops involving Pakistan, Thailand, Cameroon, Mexico, and Colombia
- Daniels, Bryant, et al. (2000, June). *Benchmarks of fairness for health care reform: A policy tool for developing countries*. WHO Bulletin.

The Meaning of Fairness

- The concept of fairness is broad, including concerns about:
 - Equity
 - Efficiency
 - Accountability
 - Empowerment
- Indeed, fairness is equivalent to social justice

Trends in Health Care Reform

- Internationally, there is increasing attention to problems of governance/accountability that must be addressed by reforms, however:
 - There is little publicly available information about the performance of health units and hospitals
 - There is an absence of civic groups to insist on service to those most in need
 - Underpayment of personnel encourages various forms of corruption (among other factors)

Trends in Reform (2)

- These shifts in strategy are welcome, but there remains a weakness in integrating these key goals of *fairness*:
 - Equity
 - Accountability
 - Efficiency
- And in evaluating what effects reforms actually have on them

Benchmarks of Fairness for Health Care Reform

- The Benchmarks aim to help fill these gaps by translating general ethical ideas about social justice or fairness into locally agreed upon, specific criteria and operational measures of their relative satisfaction
- This approach provides the integrating framework for fairness that has been lacking and a method for gathering evidence about the effects of reform on elements of the framework

The Adapted Benchmarks

1. Intersectoral public health
2. Financial barriers to equitable access
3. Nonfinancial barriers to access
4. Comprehensiveness of benefits, tiering
5. Equitable financing
6. Efficacy, efficiency, quality of health care
7. Administrative efficiency
8. Democratic accountability, empowerment
9. Patient and provider autonomy

Connections to Social Justice

- Equity
 - B1 intersectoral public health
 - B2-3 access, B4 tiering, B5 financing
- Efficiency
 - B6 clinical efficacy and quality
 - B7 administrative efficiency
- Democratic accountability
 - B8, B9 choice

Structure of BMs

- B1-9 main goals
 - Criteria—key aspects
 - ▶ Sub-criteria—main means or elements
- Evidence base + evaluation
 - Indicators (role of SMPH)
 - Scoring rules

B1: Intersectoral Public Health

- Degree to which reform increases percent of population with:
 - Basic nutrition, adequate housing, clean water, air, workplace protection, education and health education (various types), public safety and violence reduction
- Information infrastructure for monitoring health status **inequities**
- Degree to which reform engages in active intersectoral effort, including **social determinants**

B2: Financial Barriers to Access

- Non-formal sector
 - Universal access to appropriate basic package
 - Drugs
 - Medical transport

- Formal sector social/private insurance
 - Encourages expansion of prepayment
 - Family coverage
 - Drug, medical transport
 - Integrate various groups, uniform benefits

B3: Non-financial Barriers to Access

- Reduction of geographical maldistribution of facilities, services, personnel, etc.
- Gender issues
- Cultural—language, attitude to disease, uninformed reliance on traditional practitioners
- Discrimination—race, religion, class, sexual orientation, disease

B6: Efficacy, Efficiency, and Quality of Health Care

- Primary health care focus
 - Population based, outreach, community participation, integration with system, incentives, appropriate resource allocation
- Implementation of evidence-based practice
 - Health policies, public health, therapeutic interventions
- Measures to improve quality
 - Regular assessment, accreditation, training

B8: Democratic Accountability and Empowerment

- Explicit public detailed procedures for evaluating services, full public reports
- Explicit deliberative procedures for resource allocation (accountability for reasonableness)
- Fair grievance procedures, legal, non-legal
- Global budgeting
- Privacy protection
- Enforcement of compliance with rules, laws
- Strengthening civil society: advocacy-debate

Scoring Benchmarks

- Reform relative to status quo



Or use qualitative symbols, --- or +++

Why Is Evidence Base Important?

- Evidence base makes evaluation objective
- Making evaluation objective means ...
 - Explicit interpretation of criteria
 - Explicit rules for assessing whether criteria are met and the degree to which alternatives meet them
- Objectivity provides basis for policy deliberation
 - Gives points of disagreement a focus that requires reasons and evidence
 - Use of burden of disease/SMPH and CEA

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Reflections: 1

- The possibility of the **concept of fairness** being incorporated into a framework which can be used to enhance the health of the people of a nation
- The process can be **adapted** to the special and possibly unique circumstances of each nation (or of a sub-national component)
- It is possible that multiple countries and their societies will find this **process** helpful as they pursue the process of health sector reform

Reflections: 2

- There will be the possibility of **sharing** experiences among countries on a regional and global basis
- The use of **evidence** in this assessment is critical and called for by repeated applications around the world
- The ability to count all **dimensions** of health is important for this dialogue

But There Is a Lot More

- It will require a whole course for this discussion
- Many thanks to Norman Daniels, Jack Bryant, and colleagues in Colombia, Pakistan, Thailand, and other countries