WHO Collaborating Center for
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Quantitative health assessments for regional and local health policy-making – Adding value by considering their interrelationships

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Context

Health policy-making on regional (subnational) and local level involves numerous actors, is subject to multiple constraints, and often short of resources. In this situation it is crucial to solidly support the policy-making process with reliable evidence. A range of different quantitative health assessments is in use for this purpose, but they are rarely used in a systematic, coordinated mode.

Methods and materials

A variety of quantitative health assessments known to be applied to support regional and local health policy-making were reviewed. We selected 6 main types of assessment not geared towards etiology of health/disease but towards supporting policy-making; identified their relationship with the “health policy cycle”; defined descriptive criteria; characterized the different assessments; and drew preliminary conclusions about the merits of considering such analyses together. - The descriptive criteria used in this brief report are: “Core comparisons” implied in the assessments; “Special features”; and “Analogies outside health”, either specific or generic.

Fig. 1: Six types of „health assessments“ attached to the health policy cycle

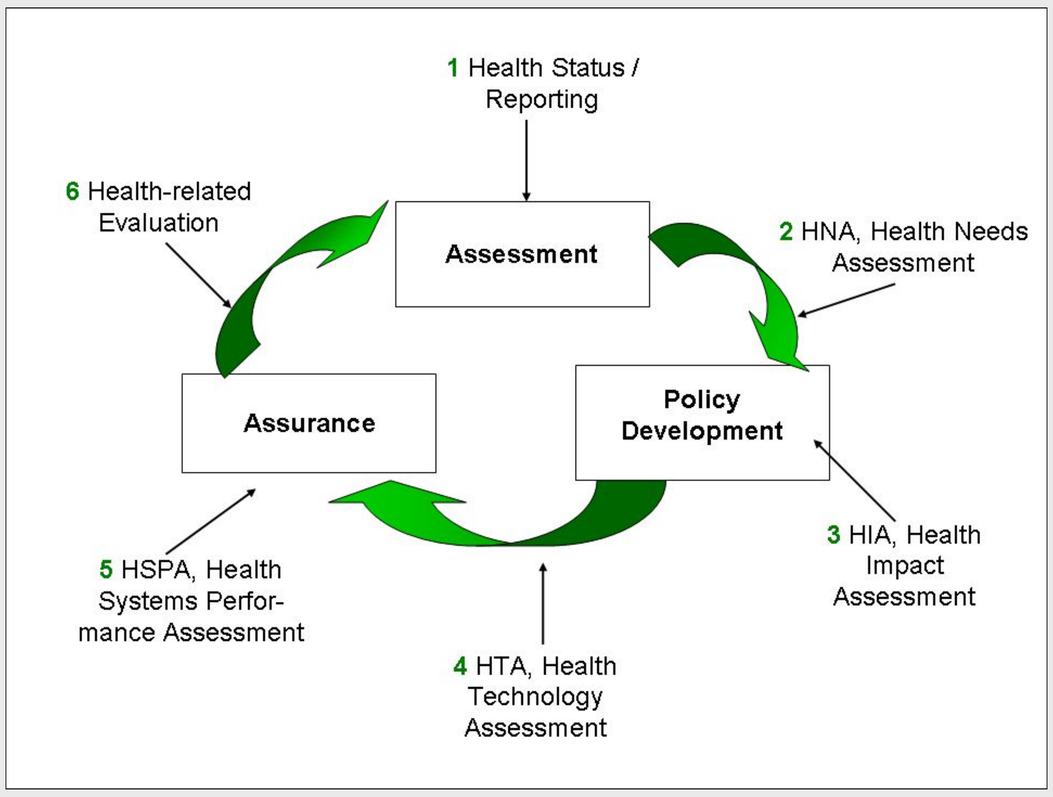

Fig. 2: Synopsis of „Health Assessments“ by selected criteria

Assessment Type	Examples	Core comparisons	Special features	Analogies outside health
1. Health status & trends assessment / Reporting	• National / regional / local R. • Women's health, Men's health • Health situation 2020, 2040	• Temporal • Regions, population groups (external, internal comp.)	• Avoidability / preventability • (In)Equality, (In)Equity • Forecasting	• Specific: Social / Environmental R. • Generic: Human Devel. R.
2. Health Needs Assessment (HNA)	• Polish migrants in UK • Mental HNA of Lesbian, Gay, Bisexual, Transgender population	• Observed vs. normative • Regions, population groups (external, internal comp.)	• Prioritization • Potentially leading to health targets	• Educational NA • Community NA
3. Health Impact Assessment (HIA)	• European Employment Strategy • Drinking water privatization • Airport extension (runways)	• Policy-plan-program-project option A vs. B vs. etc. • Population groups	• Prospective or contemporary • Participation and modeling	• Specific: Environmental IA, Social IA, Sustainabil. IA • Generic: EC-type IA
4. Health Technology Assessment (HTA)	• Pharmaceuticals • Robotic-assisted surgery • New-born hearing screening	• Health technology innovation vs. previous status • Population groups	• Medical, economic, social, ethical implications • "Horizon scanning"	• TA of energy, transport etc. technologies
5. Health System Performance Assessment (HSPA)	• Estonia HSPA • Georgia HSPA • "Health Systems in Transition" (HiT)	• Temporal • Regions, population groups (external, internal comp.)	• Quality, Equity, Efficiency • Micro-, Meso-, Macrolevel	• Technical Systems PA • Security Systems PA
6. Health-related evaluation	• Drug prevention evaluation • Health care evaluation • Screening program evaluation	• Intervention vs. no intervention	• Formative or summative evaluation • Study designs	• E. of social interventions • E. of business strategies • E. of any policies, programs

R = Reporting, NA = Needs Assessment, IA = Impact Assessment, EC = European Community, TA = Technology Assessment, PA = Performance Assessment, E = Evaluation

Results

- Each type of health assessment considered here represents a (more or less) comprehensive tradition or even „culture“ of its own, featuring specific terminology, databases, infrastructures, scientific and user community
- Each type of health assessment serves a specific purpose; and can plausibly be located within the generic health policy cycle
- Across the range of assessments, there are components shared by a majority, or all, of the assessment, e.g.:
  - Use of (health) indicators
  - Participation of stakeholders and/or public at large
  - Increasing focus on (in)equality / (in)equity issues, necessitating subgroup analysis
- Taken together, these types of health assessments impose as distinctly interrelated, offering the opportunity for a novel “modular” approach, adjustable for different contexts, priorities, and target groups.

Conclusions

The need to build health policy-making on good evidence is widely accepted. “Data” and “information” already receive critical and comprehensive attention. In addition, more attention needs to be paid to the analyses based on the data. For this purpose, a range of overlapping, interrelated health assessments has evolved. These assessments and their “cultures” provide a wealth of concepts and experiences. The success and efficiency of such assessments might be increased by modularizing and integrating existing approaches.

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