

GHPP INTERDISCIPLINARY STUDENT MEETING:

Tuesday 13 November at 4.30-6pm

Common Room, Green Templeton College, Oxford

The GHPP has a strong focus on encouraging student participation. On Tuesday 13 November three doctoral students will make short presentations of their work and encourage discussion and debate. Sean Grant and Kopano Mobaso recently presented at international conferences with support from the GHPP. This event is focussed particularly on research students but all are welcome. Please let [Ruth Loseby](#) know if you are planning to come.

Talk titles:

Sean Grant - *Development of a CONSORT Extension for Complex Social Interventions*

Kopano Mabaso - *Journeying to Universal Coverage -Single Purchaser vs. Multiple Purchaser health insurance systems: Which route should South Africa take?*

Jacob McKnight - *Afro-Corporatism and Hospital Reform: New Public Management Emerges in Africa*

Abstracts:

Sean Grant - *Development of a CONSORT Extension for Complex Social Interventions*

Objective:

To discuss the ongoing development of a new CONSORT Extension for randomised controlled trials (RCTs) evaluating complex social interventions.

Description:

Many interventions in public health, criminology, education, psychology, social work, and related fields are complex. Understanding RCTs of these complex social interventions requires detailed reports of the interventions tested and the methods used to evaluate them; however, trial reports often omit important information. Inferior reporting hinders proper critical appraisal and synthesis of trials in systematic reviews, thereby impeding the effective transfer of research evidence to policy and practice decision-making. A new reporting guideline is needed to address this issue in complex intervention research.

This meeting will discuss the ongoing development of a CONSORT extension for reporting RCTs of complex social interventions. The meeting will begin with a review of (a) previous reporting guidelines for and (b) the current reporting quality of complex social intervention trials. Next, we will present the project plan for developing and disseminating this CONSORT Extension. These presentations will serve as the foundation for a discussion with meeting participants about (a) potential items to include in the guideline and (b) stakeholders to recruit for its development and dissemination.

Kopano Mabaso - Journeying to Universal Coverage -Single Purchaser vs. Multiple Purchaser health insurance systems: Which route should South Africa take?

Single Purchaser vs Multiple Purchaser Health Financing Systems

K. Mabaso¹, D. McIntyre²

¹ Department of Public Health, University of Oxford

² Health Economics Unit, Department of Public Health and Family Medicine, University of Cape Town



BACKGROUND

- South Africa is currently in the process of introducing a **National Health Insurance (NHI)** system.
- The proposed NHI, will be a tax based pre-payment system, with the aim to provide **universal coverage** to all South Africa.

POLICY DEBATE

Should the NHI be organised as a **single purchaser** or **multiple purchaser** health system?

METHODS

A **Scoping Review** of the literature supplemented by interviews of six experts from countries with well established mandatory pre-payment national health financing systems.

RESULTS

- **Single purchaser** systems are capable of reaching a greater share of the population.
- **Multiple purchaser** systems are better able to offer their members a greater range of services
- **Single purchaser** systems are better able to protect their households from catastrophic health expenditure
- **Single purchaser** health systems finance the health system more equitably.
- **Single purchaser** health systems are better at pooling funds and risks across a population and allow for better cross subsidization between the rich and the poor and the healthy and the unhealthy.
- **The Multiple purchaser** systems in this data set were better at implementing provider payment mechanisms that incentivize for efficiency.
- **Single purchaser** health financing systems are better at containing costs
- **Single Purchaser** health systems are easier to navigate for users

CONCLUSION

Our research suggests that the single purchaser health financing system is better able at achieving the goals of universal coverage and better able to do so with greater equity.

Breadth of population coverage:

Country	England	Canada	South Korea	Germany	Netherlands	Thailand
(year data collected)	100% 2009	100% 2009	100% 2009	89.2% 2009	98.8% 2009	95.5% 2007

Percentage of households that experience catastrophic health expenditure:

Country	UK* (2000):	Canada (1997):	South Korea (2006):	Germany (1993):	Netherlands (2002):	Thailand (post 2001):
Catastrophic health expenditure	0.04	0.09	2.9	0.03	8.4	3

*Figure available for UK and not England

Equity in Financing of Various Health Systems:

	England	Canada	South Korea	Germany	Netherlands	Thailand
Kakwani Index	0.051	0.026 (British Columbia)*	-0.0239	-0.0533	-0.073	0.1972
Year of data source	1993	2002	2000	1988	1992	2002

*No Kakwani Index was found for all of Canada, and only a figure for one of the provinces, British Columbia was found. This is a Kakwani index for equity in financing of physician and hospital services

Total health expenditure as percentage of GDP and trend over last 10 years:

Country	England	Canada	South Korea	Germany	Netherlands	Thailand
Total Health expenditure as percentage of GDP	9.8%	11.4%	6.9%	11.6%	12%	4%
Trend	Upward Trend	Stable Trend	Stable Trend	Upward Trend	Upward Trend	Stable Trend
Year	2009	2009	2009	2009	2009	2008

Affiliations



Jacob McKnight - *Afro-Corporatism and Hospital Reform: New Public Management Emerges in Africa*

Description:

In the last decade, the reach of New Public Management (NPM) has stretched well beyond its Western origins as modernising African governments and their global health partners have sought to import new approaches. Public health systems in Africa are entirely different to those of the West however, and this sort of application introduces a number of contextually-specific questions that are not considered by the majority of the NPM literature.

I examine how NPM has been interpreted and implemented at the lowest levels of the Ethiopian health system – in working hospitals subject to the day-to-day realities of providing care in extremely resource-poor settings. Making the reforms fit to the messy world of Ethiopian hospitals is the work of hospital CEOs and the workers who co-constitute change. I will rely on a detailed analysis of practices in these hospitals to develop a constructionist 'Afro-Corporatist' model of organisational reform. The Afro-Corporatist Model (ACM) is not merely a list of practices however, but rather summarises and characterises the types of outcomes which result when the practices described are pursued.