Mobilizing adequate funding for health services... Hospital financing in time of COVID-19

Bruno Meessen
November 6th 2020
Agenda of this session

1. Introduction to a program of work jointly launched by the IHF and the WHO

2. Exploration of some core issues with a panel of distinguished speakers
Dr. Jaime A. Almora
Mrs Saskia Wegner

German Hospital Federation, Germany
Hospital financing in time of COVID-19: an international survey
Main objectives of this program of work

1. Document the financial consequences of the COVID pandemic upon autonomous hospitals
2. Document the solutions put in place / in development at country level
3. Advance our understanding of health financing from the perspective of health facilities
Scope of work

• To assist countries to overcome the (hospital financial) crisis and contribute to the “Build Back Better” agenda:
  • Generation of evidence
  • Promotion of knowledge exchange
  • Recommendation to stakeholders

• **Focus on ‘autonomous hospitals’:** any hospital, public or private, for profit or not for profit, whose legal status allows it to manage its operation income and expenditures, including investments, independently from health authorities. The level of regulatory constraints may vary, but for its fiscal year, an autonomous hospital issues its income statement and balance sheet.
IHF will be mobilizing its community of members
Online survey 1

• **Target:** National Health Service Provider Organizations.

• **Focus:** the policy measures taken to mitigate the negative impact of the COVID economic crisis, the role of NHSPOs in the development of these policy measures

• **Ambition:** consolidate institutional arrangements for pluralistic health systems

• **Implementation:** IHF/WHO
Online survey 2

- **Target:** hospitals (in their heterogeneity).

- **Focus:** the economic consequences of the COVID-19 crisis; the nature of the economic assistance they may have received since the beginning of the crisis; initiatives at their level; pressing needs, expectations and prospects

- **Ambition:** to map a variety of situations within a country and across countries

- **Implementation:** the NHSPO, IHF and WHO
Contribution of the surveys to the outputs

- Policy measures across countries
  - Survey 1
  - Surveys 2

- Role of NHSPO across countries
  - Survey 1

- International paper ‘Hospital financing in COVID times’
  - Surveys 2

- National papers on ‘hospital financing in COVID times’
  - Survey 2

- WHO policy guidance notes
  - The different papers
Status

• Survey 1 (NHSPO): about to be rolled out – *still possible to join it!*

• First results: Early 2021 (webinar for participating NHSPO)

• Survey 2 (Hospitals): under development – for a roll out early 2021
Contacts

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- WHO: Bruno Meessen (Principal Investigator), meessenb@who.int
Introduction to the panel
Questions for the panelists

• Dealing with COVID-19: the main challenges for autonomous hospitals (from an economic perspective)
• The role of hospital federations in the policy response
• Policy measures to relieve the hospital sector from the economic consequences of the crisis
• Barriers and enablers affecting the formulation or the implementation of policy measures [Poll]
• Structural vulnerabilities revealed by crisis [Poll]
Questions for the poll (1)

• In your countries, what are the main barriers affecting the formulation or implementation of policy measures to support autonomous hospitals? [Multiple choice, multiple answers possible]

• The Ministry of Health focuses on its hospitals only
• We miss formal policy platforms for the consultation of the hospital industry
• We miss arrangements to transfer public funds to autonomous hospitals
• Opposition from some powerful stakeholders
• Slow regulatory and implementation capacity at the level of government
• Shortage of financial resources
What structural vulnerabilities of autonomous hospitals has this crisis revealed?

• Fundamental flaws with the business model
• Flaws with the provider payment system (e.g. dependence on volume of services which is delivered)
• Flaws in our contractual relationships with public funders or pooled funds (e.g. health insurance)
• Overreliance on some specific sources of revenue
• Lack of flexibility (e.g. human resources)