

ORIGINAL RESEARCH PAPER

## **Improving the Performance of the Health Service Delivery System? Lessons from the Towards Unity for Health Projects**

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**ABSTRACT** **Context:** *The World Health Organization developed the Towards Unity for Health (TUFH) strategy in 2000 for the improvement of health system performance. Twelve projects worldwide were supported to put this strategy into practice. A standard evaluation and monitoring framework was developed on the basis of which project coordinators prepared technical progress reports.*

**Objectives:** *To review the utility and effectiveness of the evaluation criteria recommended by TUFH and their application in four of the original twelve projects.*

**Methods:** *We reviewed status reports provided by European project coordinators and developed a standardized reporting template to extract information using original TUFH evaluation criteria.*

**Results:** *The original TUFH evaluation framework is very comprehensive and has only partly been followed by the field projects. The evaluation strategies employed by the projects were insufficient to demonstrate the connections between the intervention and the desired process improvements, and few of the evaluation measures address outcomes.*

**Discussion:** *The evaluation strategies employed by the projects are limited in allowing us to associate the intervention with the desired process improvements. Few measures address outcomes. The evaluation of complex community interventions poses many challenges, however, tools are available to assess impact on structures and process, and selected outcome indicators may be identified to monitor progress in future projects.*

**Conclusion:** *Based on the review of evaluation status of the TUFH projects and resources available we recommend moving away from uniform evaluation and towards monitoring minimal, context-specific performance indicators criteria.*

**KEYWORDS** *Towards Unity for Health framework, evaluation strategies, monitoring performance.*

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## Context: Towards Unity for Health

In 2000 the World Health Organization launched the initiative “Towards Unity for Health” (TUFH) to study and promote efforts to foster unity of service provision for a population’s health needs (illustrated graphically in Figure 1). The goal of this initiative was to improve the performance of the health service delivery system and make it more relevant to the needs of the population. This would be achieved by raising awareness among the various actors who function in the health services delivery system and who possess a need to create productive partnerships through the facilitation and coordination of interventions oriented at both individual and community health needs of a given population. The conceptual model of TUFH is that this strategy of building partnerships among key stakeholders in a specified population – policy-makers, health managers, health professionals, academic institutions and communities – will lead to improved coordination, relevance and performance (TUFH Newsletter, 2000).

Twelve projects were selected globally to implement the TUFH strategy. A standard evaluation and monitoring framework was developed and provided to the project coordinators for use in preparing technical progress reports. This framework addresses four perspectives or clusters (TUFH, 1999): It is based on



Figure 1. The TUFH framework.

the strong assumption that new models and patterns of services result in better partnerships among stakeholders, which then result in better integration of services. This process in turn, then impacts the activities of health professionals and results in better health systems performance (Table 1). This framework is developed in greater depth in a working paper prepared by WHO (Boelen, 2000).

- The *first cluster* addresses innovative patterns of services *for integrating medicine and public health* (definition of reference population and territoriality, description of organizational model for integration (range, linkage) and use of comprehensive health information management);
- The *second cluster* refers to the *implications for health professionals* (practical impact on roles and rewards, and the degree to which educational institutions and programmes are social accountable);
- The *third cluster* addresses *partnership functioning* (the partners involved and the quality of partnership);
- The *fourth cluster* relates to the *evidence of impact* (the effects on quality, equity, relevance and cost-effectiveness and diffusion of the idea).

This article reviews the extent to which four of the twelve TUFH field projects followed the suggested evaluation framework.

## Methods

Our review of existing TUFH projects was based on biannual reports prepared by the TUFH project coordinators and submitted to WHO. Reports described the progress made in the projects, difficulties experienced and the results obtained. The following material was available at the time of the review (Table 2).

This review is limited to the four European TUFH projects carried out in the Czech Republic, Italy, Spain, and the Netherlands (TUFH, 2001, 2002).

**Table 1.** Evaluating health system impact: structure, process and outcome

Partnerships	Health system processes	Health system results
(a) Productivity of partnership↑	(a) Coordination and integration ↑	(a) Performance↑
(b) Sustainability of partnerships↑	(b) Fragmentation ↓	(b) Relevance↑

The more *productive* and *sustainable* the partnership is (a) the better is the *coordination* and *integration* of health care services, (b) the smaller is the *fragmentation* of health care services, and (c) the better is the *performance* and *relevance* of health care services.

**Table 2.** TUFH reports available for the review

Date	TUFH report available for:
July 2001	USA, Canada, Czech Republic, Indonesia, Italy, Kenya, Morocco, Nigeria
December 2001	Spain, Canada, Czech Republic, Netherlands, Spain, USA, Kenya
October 2002	Netherlands, Italy, Spain

Rationale for this limitation is that there was a direct communication between the WHO Regional Office for Europe and European project leaders, the latest reports were available from the European projects; time and budget did not allow to extend the review to include all TUFH projects. We developed a standardized template to extract data from the reports for each of the four clusters from the original TUFH evaluation framework: integrating medicine and public health, implications for health professionals, partnership functioning and evidence of impact.

## Results

### *Review of the TUFH projects*

TUFH projects from the Czech Republic, the Netherlands, Italy and Spain were included in the review. Reports were assessed for issues addressed in the TUFH evaluation and monitoring framework.

The TUFH projects reported here were very diverse, both in territory and population served, as well as in their focus on diseases, risk factors and determinants of disease. The review found that the *process* evaluations of the projects were based on rather loose criteria such as meetings planned and attended. The *outcome* evaluations were drawn on repeated measurements, questionnaires and national statistics. Details of the projects themselves can be found in the field reports and the paper by Lippeveld and Glasser (2002).

The results of this review on evaluation strategies are listed graphically in Table 3 (Table 3).

The results demonstrate that not all the issues addressed in the TUFH evaluation framework were actually described comprehensively in the reports. For example, beyond identifying the target of the community intervention it was very difficult to extract from the reports what constitutes an innovative approach to combining public health and medicine – most projects appeared to follow classical public health interventions. In addition, there was little information to address the implications of the intervention for health professionals. While there was some mention of the effectiveness of social

**Table 3.** Overview on evaluation of European TUFH projects

Country (source)	Integrating medicine and public health	Implications for health professionals	Partnership assessment	Evidence of impact
<i>Czech Republic</i> (progress report, December 2001)	Project: Needs assessment of community care Territory: Towns and surrounding areas of Kladno and Slavkov	Identifying patients' comprehensive health and social care needs	Support by and participation of stakeholders, MoH	Design: Interviews, national statistics Results: Awareness raising of health & social care cooperation
<i>Italy</i> (progress report, July 2002)	Project: 1. integrated care, 2. zoonosis control and 3. health impact assessment Territory: Ragusa region, 300,000 people	1. Overcoming the mental gap between primary and secondary care 2. Need to set financial incentives 3. Improve use social marketing tools	Support and participation of stakeholders	Design: questionnaires, meetings Results: 1. planning of system to evaluate integrated care, 2. monitoring number of infections prevented, 3. production of flow chart
<i>The Netherlands</i> <sup>1</sup> (progress report September 2002)	Project: reduction of cardiovascular disease Territory: Hartslag Limburg region, 180,000 people, high risk group of 2,700 people	Consider to accept community members in health projects Use social marketing to address health issues	Participation in meetings, assessment of follow up based on minutes, securing funding	Design: Baseline survey, repeated measurement, randomized control trial (in high-risk group) Results: Fat reduction in community group

*(continued overleaf)*

Table 3. (*Continued*)

Country (source)	Integrating medicine and public health	Implications for health professionals	Partnership assessment	Evidence of impact
<i>Spain</i> (progress report, July 2002)	Project: local committee for health planning, various intervention objectives (e.g. care for terminally ill, care for immigrants) Territory: Barceloneta (district of Barcelona)	Direct collaboration with the community is rewarding as work fits better the needs of expectations of citizens	Participation in meetings, proxy indicators based on routine information, coordinator assessment	Design: repeated measurement through health information system, survey Result: control of diabetic and hypertensive patients, improving children vaccination coverage, positive perception by team

<sup>1</sup>Within the Hartslog Limburg TUFH project a further model has been applied, developed by the department of Health, Organization, Policy & Economics of Maastricht University. The WIZ model is a theoretical model that distinguishes four clusters of factors that influence sustainable collaboration. It is a change management model and does not address the health outcome evaluation of partnerships.

marketing and the rewards of community work for health professionals, there was no information on how health systems could provide the right incentives for health professionals to engage more strongly in community interventions and in the de-fragmentation of service delivery. The documentation available for this review provided a good overview on the background of the projects and gave – in some cases in-depth – information on the various evaluation measures and indicators used, such as health status measures collected for the project or retrieved from routine health information systems. However, the evaluation measures did not seem to be systematically derived from the TUFH evaluation framework provided to the project coordinators. In addition, the projects' implications for health professionals, as well as the assessments of partnership functioning, were addressed only marginally in the report. Only very basic proxy measures (e.g. number of meetings attended) of partnership functioning were used in this assessment. Thus, while the reports provide a good overview on the availability of data from routine health information systems to evaluate community projects, they fail to deliver the information required to assess the implications for professionals in terms of changing roles and rewards. The reports do not contain information on additional training required for professionals to carry out the activity, changes in responsibilities implied in delivering the community intervention and possibilities for financial and non-financial incentives.

## **Discussion**

The intent of the TUFH projects was to improve health system performance and increase health service relevance and effectiveness through partnership-building and broad community interventions. In the process, the projects attempt to address the underlying factors of performance and community health. The broad scope of the interventions however, create obstacles for the identification of common features that illustrate the actual impact of the activities on the health of the population.

The TUFH projects have generated a lot of interest, but were designed to produce data that were derived only partly from the criteria suggested in the monitoring and evaluation framework. In addition, the evaluation approaches utilized do not convincingly generate a body of evidence that allows for replication of the model in other settings. The link between partnerships, health system processes and health system outcomes needs to be better understood and empirically tested before we can draw conclusions on the impact of partnerships among stakeholders.

The interventions were quite complex, as is characteristic for public health interventions. A proper evaluation, which would take into account the complete TUFH monitoring and evaluation framework required substantial resources to undertake and complete. Given that WHO was only able to

provide limited project funding, the rigor of the evaluation may have been limited by the lack of resources.

In a review of the implementation status of the twelve global TUFH pilot projects Lippeveld and Glasser recognized that the framework described was inadequate for evaluation and stressed the need for further systematic assessment. Their recommendations are as follows: (1) further evaluating the effectiveness and sustainability of partnerships for the creation of more unified health systems and (2) developing a set of indicators to be utilized in the evaluation of the TUFH projects (Lippeveld & Glasser, 2002):

“The ultimate goal of TUFH is to demonstrate how innovative service delivery patterns and partnerships can lead to more unified health systems. [...] The establishment of a monitoring and evaluation plan with well defined indicators and baselines, [...], is therefore extremely important for project success. Ideally, the data [...] should be generated without creating separate data collection systems. Unfortunately, in most countries no comprehensive routine information systems exists which can provide these data, and therefore most of the projects have set up some kind of separate data collection.”

Following Lippeveld's and Glasser's recommendations a WHO workshop was organized to assess the feasibility of developing specific indicators to monitor TUFH implementation (WHO, 2002). Participants identified a range of standardized indicators to assess the TUFH projects. However, since at that stage, the four projects were almost completed and it was not possible to collect the indicators suggested (Branda & Groene, 2003). The participants of the WHO workshop also suggested that to develop uniform evaluation criteria that covers all dimensions of a possible partnership impact, as in the initial monitoring and evaluation framework, is a challenge considering the scope and heterogeneity of the TUFH projects. In addition, the application of uniform criteria may not be necessary, bearing in mind that no attempt to compare the various projects, either using a qualitative approach or statistical meta-analysis is planned.

In terms of methodological approach, none of the projects has applied a controlled-group design for the assessment of interventions. Although these designs are often considered inappropriate for the evaluation of complex public health interventions, randomised controlled designs can be applied to the evaluation of broad social interventions, and methodologies for cluster trials have been developed that allow for the evaluation of the impact of complex interventions on communities (Rychetnik *et al.*, 2002). Also, quasi-experimental designs (e.g. interrupted time-series design) or observational study designs can be applied (Black, 1996) and such designs should be considered in future project evaluations.

Since the assessment of partnership functioning in the four European TUFH projects is not based on the use of systematic instruments it remains unclear

whether the success reported on the activity can be associated with the partnership approach or whether the same results could have been achieved using a traditional approach to medical and public health interventions. A number of well-researched tools for the assessment of integration, fragmentation and partnership are already available in the literature (Groene, 2004) and include the following: systematic research from Shortell *et al.* and Gillies *et al.* on the integration of health care service (Gillies *et al.*, 1993), the Partnership Self-Assessment tool developed by the Center for the Advancement of Collaborative Strategies in Health Care at The New York Academy of Medicine (The Internet Partnership Assessment Tool; Weiss *et al.*, 2001), the tool to assess chronic care integration developed by the National Chronic Care Consortium (NCCC) in the U.S. (National Chronic Care Consortium, 1998), and the measure to assess human service integration, which focuses on strategic alliances with autonomous services as one way to achieve comprehensive health and social services for target populations developed by Browne *et al.* (2004). Future TUFH projects should make use of such tools for planning and evaluation of field projects.

## Conclusion

We reviewed the TUFH monitoring and evaluation framework and assessed how the European TUFH projects evaluated their interventions. We found the initial evaluation framework very complex and lacked guidance on how to operationalize partnership and integration. We found that the European TUFH projects put into practice the recommendations contained in the evaluation framework only partly and that no use of standardized methods or tools to assess partnership, fragmentation or integration was made. The evaluation strategies employed by the projects were insufficient to demonstrate the connections between the intervention and the desired process improvements and few of the evaluation measures address outcomes.

Despite the knowledge available in the literature on assessing partnership, integration and fragmentation through conceptual models and standardized tools, neither the initial TUFH monitoring and evaluation framework, nor the TUFH projects make reference to these resources. We therefore recommend to apply such tools in order to improve future evaluations of TUFH or other projects that aim at improving the integration of health care delivery.

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