World Health Organization

Health Systems Strengthening

Glossary

Access (to health services): the perceptions and experiences of people as to their ease in reaching health services or health facilities in terms of location, time, and ease of approach.[1]

Accessibility (of health services): aspects of the structure of health services or health facilities that enhance the ability of people to reach a health care practitioner, in terms of location, time, and ease of approach.[2]

Accountability: the result of the process which ensures that health actors take responsibility of what they are obliged to do and are made answerable for their actions.

Accreditation: "accreditation is a formal process by which a recognized body, usually a non-governmental organization, assesses and recognizes that a health care organization meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organizations. An accreditation decision about a specific health care organization is made following a periodic on-site evaluation by a team of peer reviewers, typically conducted every two to three years. Accreditation is often a voluntary process in which organizations choose to participate, rather than one required by law and regulation."[3]

Accuracy: "the degree to which a measurement or an estimate based on measurements represents the true value of the attribute that is being measured."[4]

Aid effectiveness: effectiveness of development aid in achieving economic or human development or development targets.[5] According to the Paris Declaration on Aid Effectiveness (see below) five principles are key to improved aid effectiveness: Ownership (partner countries exercise effective leadership over their development policies, and strategies and coordinate development actions); Alignment (donors base their overall support on partner countries' national development strategies, institutions and procedures); Harmonization (donors' actions are more harmonized, transparent and collectively effective); Managing for results (partner countries and donors shift focus to development results and results get measured); and Mutual Accountability (donors, partners and countries are accountable for development results).[6] See *Paris Declaration*.

Aid: (i) support provided by countries, international agencies, institutions, non-governmental organizations or foundations, to developing countries in the form of monetary grants, loans at low interest rates, in kind, or a combination of these.[7] (ii) shorthand for “Overseas Development Aid”, i.e. resource flows which qualify as Official Development Assistance or Official Aid according to criteria used by institutions such as the OECD.[8]

Aid-in-kind: "flows of goods and services with no payment in money or debt instruments in exchange. In some cases, 'commodity aid' goods (such as grain) are subsequently sold and the receipts are used in the budget or, more commonly through a special fund, for public expenditure."[9]

Alignment: the result of donors basing their support on the country's national development strategies, institutions and processes to increase development assistance coherence, synergy and effectiveness -. See *Paris declaration*.

Allocative efficiency: (i) the extent of optimality in distribution of resources among a number of competing uses;[10] (ii) the capacity of a system to distribute resources among competing activities, in a way that no alternative reallocation offers improvements in returns. Related to the comparative efficacy of interventions and to priority setting; (iii) an aggregate concept, referring to competing options, inside or outside the health sector, and to the scale of programmes. Allocative efficiency assumes that competing options work at the same level of technical efficiency.

Appropriate care: (i) care that meets the health needs of the entire population; (ii) care that is effective and based on the best available scientific evidence; (iii) interventions that are safe and that do not cause any harm or suffering; and priorities for the allocation and organization of resources that are based on equity and economic efficiency.[11]

Assessment: "a formal process of evaluation of a process or system, preferably quantitative, but sometimes necessarily qualitative."[12]

Audit: "the legal requirement for a corporation to have its balance sheet, financial statement, and underlying accounting system and records examined by a qualified auditor so as to enable an opinion to be formed as to whether the financial statement accurately represent the company's financial condition and whether they comply with relevant statutes."

Balance (within a national health policy/strategy/plan): the extent to which the level of detail of the different components of the NHPSP and the weight given to different priorities provides due and proportional attention to the different priorities identified by the country.

Benchmark: (i) a measurement or point of reference at the beginning of an activity which is used for comparison with subsequent measurements of the same variable; (ii) unacceptable standard in evaluation.[13]

Breadth of Integration: Number of different functions and services provided along the continuum of care.[14]

Budget Support: (i) direct budget support is defined as a method of financing a partner country's budget through a transfer of resources from an external financing agency to the partner government's national treasury. The funds thus transferred are managed in accordance with the recipient's budgetary procedures. Funds transferred to the national treasury for financing programmes or projects managed according to different budgetary procedures from those of the partner country, with the intention of earmarking the resources for specific uses, are not part of direct budget support. (ii) General budget support: a subcategory of direct budget support focusing on overall policy and budget priorities. (iii) Sector budget support: a subcategory of direct budget support co-funding the national budget of a particular sector. The support is thus nominally earmarked, for the sector and used according to the national public expenditure management rules and procedures.[15] [16]

Budgeting: the process of elaborating a detailed plan for the future showing how resources will be acquired and used during a specific time period, expressed in formal, measurable terms.[17]

Burden of disease: a measurement of the gap between current health status and an ideal situation where everyone lives into old age, free of disease and disability.[18] See *Global Burden of Disease*.

Capital expenditure: the cost for resources that last more than one year, such as building, vehicles, computers, pre-service training. Sometime a price ceiling is also defined (usually $US 100), below which costs are considered as recurrent. The cost of capital equipment is net of depreciation. Also called investment or non-recurrent cost/expenditure.[19]

Care Maps: plans for the management of patient care that set goals for patients and provide the sequence of interventions that physicians, nurses and other professionals should carry out in order to reach the desired goals in a given time period.[20]

Case Management: provision of continuous care across different services through the integration and coordination of needs and resources around the patient. The fundamental difference with disease management is that it focuses more on individual patients and their families than on the population of patients with a certain disease. This type of management is targeted at people with a high level of risk requiring expensive care, people who are vulnerable, or have complex social and health needs. The case manager coordinates patient care throughout the entire continuum of care.[21]

Certification: a process by which an authorized body, either a governmental or non-governmental organization, evaluates and recognizes either an individual or an organization as meeting pre-determined requirements or criteria. Although the terms accreditation and certification are often used interchangeably, accreditation usually applies only to organizations, while certification may apply to individuals, as well as to organizations. When applied to individual practitioners, certification usually implies that the individual has received additional education and training, and demonstrated competence in a specialty area beyond the minimum requirements set for licensure. An example of such a certification process is a physician who receives certification by a professional specialty board in the practice of obstetrics. When applied to an organization, or part of an organization, such as the laboratory, certification usually implies that the organization has additional services, technology, or capacity beyond those found in similar organizations.[22]

Clinical Integration: the extent to which patient care is coordinated across the system's different functions, activities and operating units. The degree of coordination of care depends primarily on the patient's condition and the decisions made by his or her health team. Clinical integration includes horizontal and vertical integration.[23]

Clinical Practice Guidelines: systematic recommendations, based on the best available scientific knowledge, to guide the decisions of both professionals and patients regarding the most appropriate, efficient health interventions for addressing a specific health-related problem given specific circumstances. [24]

Clinical Service Lines: organizational arrangements based on outputs (versus inputs). Organizing around outputs creates a service line structure consisting of people, in different disciplines and professions, who have a common purpose of producing a comprehensive set of clinical services.[25]

Coherence (of a national health policy/strategy/plan): (i) the extent to which proposed strategies are aligned with the priorities identified in the situation analysis; (ii) the extent to which programme plans are aligned with the national health strategy and plan; (iii) the extent to which the different programmatic strategies in the national health policy/strategy/plan are coherent among each other.

Commitment: "in accounting usage, commitments refer to a stage in the expenditure process at which contracts or other forms of agreement are entered into, generally for future delivery of goods or services. A liability will not be recognized until delivery of the item, but the government is contractually committed to meeting the obligation once delivery is made. The term is also used in a more general, noncontractual sense to mean firm promises of the government made in policy statements."[26]

Commodity: an economic good ready to be exchanged or exploited within a market."[27]

Community: a unit of population, often generally geographically defined, that is the locus of basic political and social responsibility and in which everyday social interactions involving all or most of the spectrum of life activities of the people within it takes place.[28]

Comprehensive Health Services: health services that are managed so as to ensure that people receive a continuum of health promotion, disease prevention, diagnosis, treatment and management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course.[29]

Comprehensiveness (of a national health policy/strategy/plan): the extent to which a national health policy/strategy/plan addresses the full range of health problems and health system problems and challenges.

Comprehensiveness of care: the extent to which the spectrum of care and range of resources made available responds to the full range of health problems in a given community. Comprehensive care encompasses health promotion and prevention interventions as well as diagnosis and treatment or referral and palliation. It includes chronic or long-term home care, and, in some models, social services.[30]

Consensus building: the process by which different stakeholders reach an overall agreement on a policy concern.

Continuity of care: a term used to indicate one or more of the following attributes of care: (i) the provision of services that are coordinated across levels of care - primary care and referral facilities, across settings and providers; (ii) the provision of care throughout the life cycle; (iii) care that continues uninterrupted until the resolution of an episode of disease or risk; (iv) the degree to which a series of discrete health care events are experienced by people as coherent and interconnected over time, and are consistent with their health needs and preferences.[31]

Contracting-out: "the practice of the public sector or private firms of employing and financing an outside agent to perform some specific task rather than managing it themselves." [32]

Cost benefit analysis: a comparison of costs and achieved benefits, where both costs and benefits are expressed in monetary terms. The usual rule in cost benefit analysis is for the benefit-cost ratio (B/C) to exceed unit or for (B-C) > 0.[33]

Cost effectiveness analysis: a form of economic evaluation where costs are expressed in money terms but consequences are expressed in physical units. It is used to compare different ways of achieving the same objective.[34]

Costing: (i) the estimation of a specific strategy or intervention, or of an overall national policy, strategy or plan. (ii) the estimation of the cost of different scenarios, corresponding to different priorities or strategies, in the short, medium or long term.

Cost-recovery: "receipt, by a health provider, of income from individuals or the community in exchange for health services. It may be expressed as a percentage of expenditure."[35]

Coverage: the extent of interaction between the service and the people for whom it is intended. Coverage is not to be limited to a particular aspect of service provision, but ranges from resource allocation to the achievement of the desired objective.[36]

Data: facts and figures as raw material, not analysed.

Decentralization: political reform designed to promote local autonomy, decentralization entails changes in authority and financial responsibility for health services. Hence, decentralization can have a large impact on health service performance. There are several forms of decentralization affecting the health sector in different ways: (i) deconcentration, which transfers authority and responsibility from the central level of the Ministry of Health to its field offices; (ii) delegation, which transfers authority and responsibility from the central level of the Ministry of Health to organizations not directly under its control; (iii) devolution, which transfers authority and responsibility from the central level of the Ministry of Health to lower level autonomous units of government; (iv) privatization, which involves the transfer of ownership and government functions from public to private bodies, which may consist of voluntary organizations and for-profit and not-for-profit private organizations, with varying degree of government regulation.[37]

Deflation: removal of the effect of price inflation from expenditure amounts by dividing the expenditure amount by a price index or deflator. [38]

Deflator: a price index used to distinguish between those changes in money value which result from a change in prices and those which result from a change in physical output. [39]

Demand (for health services): (i) the health care expectations expressed by individuals or communities; (ii) the willingness and/or ability to seek, use and, in some settings, pay for services. May be subdivided into expressed demand (equated with use) and potential demand. May be subdivided into rational demand (demand that corresponds to need) and irrational demand (demand that does not correspond to need).[40]

Depreciation: the reduction in value of a capital asset through wear and tear. [41]

Direct cost: (i) internal cost of an activity or decision including cost of labour, other goods and services, capital (usually considered as a rental value) and consumables. Direct cost excludes external costs, productivity costs, uncompensated forgone earnings and elements of cost that may be undervalued by market prices.[42] (ii) all the goods, services and other resources that are consumed in the provision of a particular service or area (e.g. hospital supplies), including medical costs (e.g. payments to providers, material) and non-medical costs (e.g. transportation to hospital).[43]

Disbursement: "the release of funds to – or the purchase of goods or services for – a recipient; by extension, the amount thus spent. Disbursements record the actual international transfer of financial resources, or of goods or services valued at the cost to the donor. In the case of activities carried out in donor countries, such as training, administration or public awareness programmes, disbursement is taken to have occurred when the funds have been transferred to the service provider or the recipient. They may be recorded gross (the total amount disbursed over a given accounting period) or net (the gross amount less any repayments of LOAN principal or recoveries on GRANTS received during the same period)."[44]

Discounting: adjusting for people time preference, i.e. the fact that people generally want to have benefits today and defer costs to tomorrow; also, but not only, to reflect that $1

today is worth more than $1 in the future. Discounting is necessary because for many health interventions, benefits occur some time after costs are incurred. A discount rate is, therefore, necessary to adjust future costs and benefits into present-day values. The discount rate usually incorporates inflation.

Disease Management: coordinated information and intervention system for populations that suffer from diseases that share the value of self-care in their treatment and control. They focus on patients with specific diagnoses; they target diseases that are highly prevalent, that require intensive or high-cost care, or that represent high drug costs; and they focus on interventions whose results can be measured and for which significant variations in clinical practice have been described.[45]

District health system: (i) a network of primary care health facilities that deliver a comprehensive range of promotive, preventive and curative health care services to a defined population with active participation of the community and under the supervision of a district hospital and district health management team. (ii) A network of organizations that provides, or makes arrangements to provide, equitable, comprehensive and integrated health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and for the health status of the population that it serves .[46] See *integrated service delivery network.*

District planning: the process of strategic and / or operational planning of health services at the district level, ideally aligned with the national health strategy/plan of which it is the local expression.

Economies of Scale: the decline in average cost of each unit produced as output increases, due to the distribution of production costs and other fixed costs across a higher number of units.[47]

Effectiveness: the extent to which a specific intervention, procedure, regimen or service, when deployed in the field in routine circumstances, does what it is intended to do for a specified population.[48]

Efficacy: the extent to which a specific intervention, procedure, regimen or service, produces the intended result under ideal conditions.[49]

Efficiency: the capacity to produce the maximum output for a given input.[50]

Endorsement (of a national Policy/Strategy/Plan): approval and signing off on the National Policy/Strategy/Plan by relevant authorities (parliament, ministry of health, others).

Equity in Health: (i) the absence of systematic or potentially remediable differences in health status, access to healthcare and health-enhancing environments, and treatment in one or more aspects of health across populations or population groups defined socially, economically, demographically or geographically within and across countries.[51] (ii) a measure of the degree to which health policies are able to distribute well-being fairly.[52]

Essential Public Health Functions: the health authority's functions with regard to: (i) monitoring, evaluation and analysis of health status; (ii) surveillance, research and control of the risks and threats to public health; (iii) health promotion; (iv) social participation in health; (v) development of policies and institutional capacity for public health planning and management; (vi) strengthening of public health regulation and enforcement capacity; (vii) evaluation and promotion of equitable access to necessary health services; (viii) human resources development and training in public health; (ix) quality assurance in

personal and population-based health services; (x) research in public health; and (xi) reduction of the impact of emergencies and disasters on health.[53]

Evaluation: the systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions, in relation to objectives and taking into account the resources and facilities that have been deployed.[54]

Evidence: "any form of knowledge, including, but not confined to research, of sufficient quality to inform decisions."[55]

Facilitation: (i) the effort to help a process move forward towards attaining a particular end or result. (ii) the process undertaken to enable the different stakeholders involved in policy dialogue to achieve a high degree of consensus around a specific policy concern and to ensure that negotiations run well.

Fiduciary risk: "the risk that funds are not used for the intended purpose, do not achieve value for money, or are not properly accounted for."[56]

First Level of Care: the entry point into the health care system, at the interface between services and community. Where the first level of care satisfies a number of quality criteria it is called primary care. See: *primary care*.

Fiscal space: ". . the capacity of government to provide additional budgetary resources for a desired purpose without any prejudice to the sustainability of its financial position."[57]

Fragile states: "… states that lack either the capacity, or the will (or both), to deliver core state functions for the majority of the people, including the poor. The most important functions of the state for poverty reduction are territorial control, safety and security, capacity to manage public resources, delivery of basic services, and the ability to protect and support the ways in which the poorest people sustain themselves".[58]

Fragmentation (of health services): (i) coexistence of units, facilities or programmes that are not integrated into the health network[59]; (ii) services that do not cover the entire range of promotion, prevention, diagnosis, treatment, rehabilitation and palliative care services; (iii) services at different levels of care that are not coordinated among themselves; (iv) services that do not continue over time; (v) services that do not meet people's needs.

Functional Integration: the extent to which key support functions and activities such as financing, human resources, strategic planning, information management, marketing and quality assurance/improvement are coordinated across all system's units.[60]

Fungibility: the exchangeability of funds across competing expenditures. The presence of fungible funds limits the effectiveness of earmarking certain financing lines to specific purposes. For example, the generous support provided by donors to social sectors may permit the reduction of state funding to them, to benefit other sectors, like the army. Proponents of general budget support as the main form of aid see the fungibility of donor funds as a cornerstone of their argument. Fairly effective public expenditure management systems must be in place to make donor contributions fully fungible.

Gatekeeper: a health care provider at the first contact level who has responsibilities for the provision of primary care as well as for the coordination of specialized care and referral.[61]

Global Burden of disease: a comprehensive demographic and epidemiological framework to estimate health gaps for an extensive set of disease and injury causes, and for major risk factors, using all available mortality and health data and methods to ensure internal consistency and comparability of estimates.[62] See *burden of disease*.

Governance: (i) the exercise of political, economic and administrative authority in the management of a country's affairs at all levels, comprising the complex mechanisms, processes, relationships and institutions through which citizens and groups articulate their interests, exercise their rights and obligations and mediate their differences.[63] (ii) the traditions and institutions by which authority in a country is exercised for the common good, including the processes by which those in authority are selected, monitored and replaced; the capacity of the government to effectively manage its resources and implement sound policies; and the respect of citizens and the state for the institutions that govern economic and social interactions among them[64]; (iii) the process of creating an organizational vision and mission —what it will be and what it will do - in addition to defining the goals and objectives that should be met to achieve the vision and mission; of articulating the organization, its owners and the policies that derive from these values - policies concerning the options that its members should have in order to achieve the desired outcomes; and adopting the management necessary for achieving those results and a performance evaluation of the managers and the organization as a whole.[65] See *stewardship*.

Harmonization: the coordination of donors contributions and activities, the transparent sharing of information and the attempt to be collectively effective and avoid duplication. See *Paris Declaration.*

Health in all policies: a policy or reform designed to secure healthier communities, by integrating public health actions with primary care and by pursuing healthy public policies across sectors.[66]

Health insurance: "a contract between the insured and the insurer to the effect that in the event of specified events (determined in the insurance contract) occurring the insurer will pay compensation either to the insured person or to the health service provider. There are two major forms of health insurance. One is private health insurance, with premiums based on individual or group risks. The other is social security, whereby in principle society's risks are pooled, with contributions by individuals usually dependent on their capacity to pay."[67]

Health needs: objectively determined deficiencies in health that require health care, from promotion to palliation. Perceived health needs: the need for health services as experienced by the individual and which he/she is prepared to acknowledge; perceived need may or may not coincide with professionally defined or scientifically confirmed need. Professionally defined health needs: the need for health services as recognized by health professionals from the point of view of the benefit obtainable from advice, preventive measures, management or specific therapy; Professionally defined need may or may not coincide with perceived or scientifically confirmed need. Scientifically confirmed health needs: the need confirmed by objective measures of biological, anthropometric or psychological factors, expert opinion or the passage of time; it is generally considered to correspond to those conditions that can be classified in accordance with the International Classification of Diseases.[68]

Health planning: (i) the orderly process of defining health problems, identifying unmet needs and surveying the resources to meet them, establishing priority goals that are realistic and feasible, and projecting administrative action, concerned not only with the adequacy, efficacy and efficiency of health services but also with those factors of ecology and of social and individual behaviour that affect the health of the individual and the community".[69] (ii) the process of organizing decisions and actions to achieve particular ends, set within a policy.[70] (iii) a code word for public decision making towards the

future[71], often used interchangeably with policy formation or developing strategies and programmes[72].

Health policy: (i) a set of decisions or commitments to pursue courses of action aimed at achieving defined goals for improving health, stating or inferring the values that underpin these decisions; the health policy may or may not specify the source of funding that can be applied to the action, the planning and management arrangements to be adopted for implementation of the policy, and the relevant institutions to be involved.[73] (ii) a general statement of understanding [to] guide decision making[74] that results from an agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them.[75]

Health Sector Reform: (i) "a movement aimed at reconfiguring health services, dominant in the 90s in the framework of the New Public Management, typically including the following components: separating the roles of financing and provision and the possible introduction of a managed market; developing alternative financing mechanisms, particularly user charges and health insurance; decentralization; limiting the public sector and encouraging a greater role for the private sector; prioritizing the use of cost-effectiveness techniques".[76] (ii) changing the rules of the game and the balance of power within the health sector.

Health service: any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people.[77]

Health system boundaries: the outer limits (context, institutions, capacities) within which the health system operates.

Health system building blocks: an analytical framework used by WHO to describe health systems, disaggregating them into 6 core components: leadership and governance (stewardship), service delivery, health workforce, health information system, medical products, vaccines and technologies, and health system financing.[78]

Health system functions: an analytical framework describing four key work packages health systems have to perform: providing services; generating the human and physical resources that make service delivery possible; raising and pooling the resources used to pay for health care; and, the function of stewardship – setting and enforcing the rules of the game and providing strategic direction for all the different actors involved. These functions are performed in the pursuit of three goals: health, responsiveness and fair financing.[79]

Health system performance: (i) the level of achievement of the health system relative to resources.[80] (ii) the degree to which a health system carries out its functions - (service provision, resource generation, financing and stewardship) to achieve its goals.[81]

Health systems strengthening: (i) the process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges[82]; (ii) any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency.[83]

Health system: (i) all the activities whose primary purpose is to promote, restore and/or maintain health[84]; (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.[85]

Health: the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.[86]

Horizontal Integration: coordination of the functions, activities or operating units that are at the same stage of the service production process. Examples of this type of integration are consolidations, mergers and shared services within a single level of care.[87]

Impact: (i) the total, direct and indirect, effects of a programme, service or institution on a health status and overall health and socio-economic development.[88] (ii) positive or negative, long-term or medium-term effects produced by a programme or intervention. (ii) the degree of achievement of an ultimate health objective.[89]

Indirect costs: total sum of morbidity costs (goods and services not produced by the patient because of the illness), mortality costs (goods and services the person could have produced had the illness not been incurred and the person not died prematurely), and productivity cost (related to lost productivity incurred by an employee who leaves work to provide care for the patient).[90]

Input: a quantified amount of a resource put in a process.[91]

Integrated Health Services Delivery Network: a network of organizations that provides, or makes arrangements to provide, equitable, comprehensive and integrated health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and for the health status of the population that it serves .[92]

Intervention: an activity or set of activities aimed at modifying a process, course of action or sequence of events, in order to change one or several of their characteristics such as performance or expected outcome.[93]

Licensure: "licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety. Licensure to individuals is usually granted after some form of examination or proof of education and maybe renewed periodically through payment of a fee and/or proof of continuing education or professional competence. Organizational licensure is granted following an on-site inspection to determine if minimum health and safety standards have been met."[94]

Life course approach: an approach suggesting that the health outcomes of individuals and the community depend on the interaction of multiple protective and risk factors throughout people's lives. This approach provides a more comprehensive vision of health and its determinants, which calls for the development of health services more centred on the needs of its users in each stage of their lives.[95]

Logframe (logical Framework Analysis, LFA): a formalized approach to planning, programming and evaluation, adopted by many agencies as aid management tool. Logframes define the project's objectives and indicators for monitoring and evaluation.[96]

Marginal cost: the change in total cost that results from a unit increase in output.[97]

Market failure: the failure of market to achieve an efficient allocation of resources or to reach social goals, providing the economic case for regulation and intervention of the state.[98]

Medium-term plan and expenditure framework (MTEF) : (i) a tool for linking policy, planning and budgeting over a medium-term (3 years) across the whole of government and at a sectoral level. It consists of a top-down resource envelope, a bottom-up

estimation of the current and medium-term costs of existing policy and, ultimately, the matching of these costs with available resources in the context of the annual budget process.[99] (ii) a rolling plan, typically for 3 years, which focuses on translating the national strategic plan into organization of work, allocation of resources and division of tasks for implementation, and links the national strategic plan with the operational plans. MTEF often have two dimensions: identification of national investment priorities, updating the M&E framework, defining the overall resource envelope; and allocation of resources to objectives and projection of future resource needs and availability.[100]

Monitoring: the continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan. Monitoring involves the specification of methods to measure activity, use of resources, and response to services against agreed criteria.[101]

Mutual accountability: situation where governments, donors and involved stakeholders are all accountable to each other for development results. See: *Paris Declaration.*[102]

National disease/programme strategy or **national disease/programme strategic plan:** strategic plan to guide the control of a particular disease or health problem at national level, with the intended actions to achieve the goals of a given programme. Ideally aligned to the national health strategic plan.

National health strategy, also known as a **national health strategic plan** or **national health plan**: a process of organizing decisions and actions to achieve particular ends, set within a policy[103], providing "*a model of an intended future situation and a programme of action predetermined to achieve the intended situation*"[104]. Refers to the broad, long term lines of action to achieve the policy vision and goals for the health sector, incorporating *"the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic and technical factors, as well as constraints and ways of dealing with them"*.[105]

Network of Services: set of provider units that: are functionally coordinated; are hierarchically organized according to level of complexity; have a common geographic point of reference; are commanded by a single operator; share operating standards, information systems and other logistical resources; and share a common purpose.[106]

New Public Management: an approach to managing the public sector characterized by deregulation of line management; conversion of civil service departments into free-standing agencies or enterprises; performance-based accountability contracts; competition, privatisation and downsizing."[107]

Objective: a statement of a desired future state, condition, or purpose, which an institution, a project, a service or a programme seeks to achieve.[108]

On-/Off-budget funding: the capture (or lack of it) of funds (internal, such as user charges or fines, or external) by the budget process of the recipient government.

Operational plan: operational plans focus on effective management of resources with a short time framework, converting objectives into targets and activities, and arrangements for monitoring implementation and resource usage. Specific meanings include: (i) translation of the national strategic plan within a one-year time frame; (ii) translation of the national strategic plan into a sub-national plan, e.g. a district plan, usually with a shorter time frame than the national strategic plan; (iii) a subset of a national strategic plan, limited to a particular programme.

Opportunity cost: "the value of the next best alternative forgone as a result of the decision made."[109]

Outcome: those aspects of health that result from the interventions provided by the health system, the facilities and personnel that recommend them and the actions of those who are the targets of the interventions.[110]

Out-of-pocket payments (OOP): payments for goods or services that include: (i) direct payments: payments for goods or services that are not covered by any form of insurance; (ii) cost sharing: a provision of health insurance or third-party payment that requires the individual who is covered to pay part of the cost of health care received; and (iii) informal payments: unofficial payments for goods and services that should be fully funded from pooled revenue.[111]

Output: the quantity and quality of activities carried out by a programme.

Ownership: the effective leadership and coordination by countries of their development policies, strategies and development actions. See: *Paris Declaration.*

Paris Declaration on Aid Effectiveness: an international agreement to which over one hundred ministers, heads of agencies and other senior officials adhered and committed their countries and organizations to continue to increase efforts in ownership, harmonization, alignment, mutual accountability and managing aid for development results with a set of monitorable actions and indicators, endorsed on March 2, 2005 at the Second High Level Forum on Aid Effectiveness.[112]

People-centred care: care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centred care extends the concept of patient-centred care to individuals, families, communities and society. Whereas patient-centred care is commonly understood as focusing on the individual seeking care—the patient—people-centred care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.[113]

Performance monitoring: the continuous process of collecting and analysing data to compare how well a project, program, or policy is being implemented against expected results.[114]

Performance-based payment (PBP), performance-based funding: Payment or funding conditional upon taking a measurable action or achieving a predetermined performance target. May refer to transfer of funds by donors to recipient countries, or to payment of providers or provider organizations for reaching service targets.[115]

Personal Health Services: Health services targeted at the individual. These include, among others, health promotion, timely disease prevention, diagnosis and treatment, rehabilitation, palliative care, acute care and long-term care services.[116]

Pledge: A binding promise or agreement to give a grant or loan.[117]

Policy dialogue: (i) the process of policy making or policy formation, i.e. of recognition of social demand, transformation into political demand and, eventually, into formulation of a policy statement that provides guidance to subsequent decisions about technical implementation (WHO 1982); and/or, (ii) the social debate and interaction between stakeholders that leads to translation of policy into strategies and plans.

Primary care: often used interchangeably with *first level of care*. (i) the part of a health services system that assures person focused care over time to a defined population, accessibility to facilitate receipt of care when it is first needed, comprehensiveness of care in the sense that only rare or unusual manifestations of ill health are referred elsewhere, and coordination of care such that all facets of care (wherever received) are integrated. Quality features of primary care include effectiveness, safety, people-centredness,

comprehensiveness, continuity and integration.[118] (ii) the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.[119]

Primary Health Care Based Health System: health system organized and operated so as to make the right to the highest attainable level of health the main goal while maximizing the equity and solidarity. A PHC-based health system is composed of a core set of structural and functional elements that guarantee universal coverage and access to services that are acceptable to the population and that are equity-enhancing. It provides comprehensive, integrated and appropriate care over time, emphasizes prevention, promotion, and first contact primary care as well as intersectoral actions to address other determinants of health and equity.[120]

Primary Health Care reforms: policy reforms needed to move towards health for all: moving towards universal coverage in order to contribute to health equity, social justice and the end of exclusion; shifting service delivery to people-centred primary care, to make health services more socially relevant and responsive to the changing world, while producing better outcomes; ensuring health in all policies to secure healthier communities by integrating public health actions with primary care and by pursuing healthy public policies across sectors; promoting inclusive leadership and governance, to replace disproportionate reliance on command and control or on laissez-faire disengagement of the state by participatory, negotiation based leadership.[121]

Primary Health Care values: the values that underpin primary health care, including solidarity, social justice, the right to better health for all, and participation.[122]

Primary Health Care: a health reform movement launched at Alma Ata in 1978 to move towards health for all. (i) 1978: Essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part of both the country's health system, of which it is the central function and the main focus and of the overall social and economic development of the community.[123] (ii) 1980s The set of activities outlined in the Declaration of Alma-Ata: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs. (iii) 1990s: a level of care, that is the point of entry to the health services system (see: *primary care*). (iv) 2008: a set of policy orientations and reforms needed to move towards health for all: moving towards universal coverage; shifting service delivery to people-centred primary care; ensuring health in all policies; promoting inclusive leadership and governance.[124] (See *Primary Health Care reforms*)

Priority setting: the identification, balancing and ranking of priorities by stakeholders.

Programme aid: a range of interventions including budget support, debt relief and balance of payments support to support a higher level of expenditure. Funds are accounted for against import spending (balance of payments) or against domestic public expenditure (government budget).[125]

Programming: the stage of the national health planning cycle in which the National Health Policy/Strategy/Plan (and in some cases its Medium Term Expenditure Framework), is translated into annual operational plans.

Project aid: aid flows earmarked to specific activities or a discrete set of activities for which coherent objectives and outputs and the inputs required to achieve them are defined.[126]

Public Health Services: health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.[127]

Public Health: an organized effort by society, primarily through its public institutions, to improve, promote, protect and restore the health of the population through collective action. It includes services such as health situation analysis, health surveillance, health promotion, prevention, infectious disease control, environmental protection and sanitation, disaster and health emergency preparedness and response, and occupational health, among others.[128]

Purchasing power parity (PPP): conversion of economic figures to International Dollars, which inside each country should have the same purchasing power of one US$ in the United States.[129]

Realism (as a feature of national health plans): the extent to which a national plan is feasible, given the existing capacity and resources and is therefore more likely to be implemented.[130]

Recurrent expenditures - costs: costs that refer to inputs which last less than one year and are regularly purchased for continuing an activity, such as salaries, drugs and supplies, repair maintenance, and others.[131]

Regulation: the imposition of external constraints upon the behaviour of an individual or an organization to force a change from preferred or spontaneous behaviour.[132]

Resilience: "the ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions."[133]

Resource planning: the estimation of resource inputs (human resources, medical devices, medical equipment, pharmaceuticals and facilities) necessary to provide expected services.

Resource: the inputs required to make health systems work (human and financial resources, drugs, supplies and equipments, and infrastructure).

Segmentation (of health systems): the coexistence of subsystems with different modalities of financing, affiliation and health care delivery, each of them 'specializing' in different strata of the population according to their type of employment, income level, ability to pay, and social status. This kind of institutional arrangement consolidates and deepens inequity in access to health care services across different population groups. In organizational terms, segmentation is the coexistence of one or more public entities (depending on the degree of decentralization or deconcentration), social security (represented by one or more entities), different financers/insurers, and private providers (depending on the extent of market and business management mechanisms introduced during sectoral reforms).[134]

Shadow alignment: "shadow alignment is a state-avoiding approach but one that is 'future-proof'. It does not give an authority or government control over resources, but does use structures, institutions or systems which are parallel but compatible with existing or potential organization of the state. It aims to avoid creating a diversionary institutional legacy that can undermine or impede the development of a more accountable and legitimate future relationship between the people and their governments."[135]

Shadow prices: "prices that have been adjusted for various reasons, including donations, distorted exchange rates, subsidies, to yield an economic cost that better reflects the value of a given good."[136]

Situation analysis: analysis of the current status and expected trends in a country's health and health system. Ideally includes: (i) assessment of current and future health needs and determinants of health; (ii) assessment of expectations and demand of services; (iii) assessment of the health system performance, health sector capacity and health system resources, and the gaps in responding to current and future needs and expectations; and analysis of stakeholder positions.[137]

Stakeholder: an individual, group or an organization that has an interest in the organization and delivery of health care.

Standard: an established, accepted and evidence-based technical specification or basis for comparison.[138]

Stewardship: "the very essence of good government … the careful and responsible management of the well-being of the population". Includes: health policy formulation (defining the vision and direction of health system), regulation (setting fair rules of the game with a level playing field) and intelligence (assessing performance and sharing information).[139] See: *governance*

Strategy: a series of broad lines of action intended to achieve a set of goals and targets set out within a policy or programme.[140]

Structural adjustment: set of policies adopted by the International Monetary Fund (IMF) and the World Bank since the 1980s with the aim of enhancing the external viability of the adjusting countries' economies and the stability of the international financial system, consistent with the overarching liberal ideology that drives globalization processes in the financial and trade sectors; these policies involve devaluation, public spending reduction, tax increases, and tighter monetary policy, and a reduction of the role of the state.[141]

Sustainability: the potential for sustaining beneficial outcomes for an agreed period at an acceptable level of resource commitment within acceptable organizational and community contingencies.[142]

Target: an intermediate result towards an objective that a programme seeks to achieve, within a specified time frame, a target is more specific than an objective and lends itself more readily to being expressed in quantitative terms.[143]

Transaction costs: "any use of resources required to negotiate and enforce agreements, including the cost of information needed to facilitate a bargaining strategy, the time spent haggling, and the costs of preventing cheating by the parties to the bargain."[144]

Universal coverage: universal access to health services with social health protection.[145]

Utilization (of health services): experience of people as to their receipt of health care services of different types.[146]

Value: what people consider to be desirable ways of living as individuals and as members of societies.[147]

Vertical Integration: the coordination of the functions, activities or operational units that are in different phases of the service production process. Examples of this type of integration are the links between hospitals and medical groups, outpatient surgery centres and home-based care agencies.[148]

Vision: an inspirational statement that articulates main prioritized goals as well as values for what government wants to achieve for its population, both in public health and healthcare system terms.[149]

[1] Starfield B. Basic concepts in population health and health care. *Journal of Epidemiology and Community Health* 2001;55:452-454. doi:10.1136/jech.55.7.452

[2] Starfield B. Basic concepts in population health and health care. J *Journal of Epidemiology and Community Health* 2001;55:452-454. doi:10.1136/jech.55.7.452

[3] Rooney AL, van Ostenberg PR. *Licensure, accreditation, and certification: approaches to health services quality.* Bethesda, MD. USAID, 1999. Available at: http://www.qaproject.org/pubs/PDFs/accredmon.pdf

[4] Last JM, editor. *A dictionary of epidemiology.* 4th ed. New York, Oxford University Press, 2001.

[5] Wikipedia - http://en.wikipedia.org/wiki/Aid_effectiveness

[6] *2006 survey on monitoring the Paris declaration. Overview of the results.* Paris, Organization for Economic Cooperation and Development, 2007. Available at: http://www.oecd.org/document/20/0,3746,en_2649_3236398_38521876_1_1_1_1,00.html

[7] Deardorff's Glossary of International Economics - http://www-personal.umich.edu/~alandear/glossary/

[8] Development Co-operation Directorate (DCD-DAC) - DAC's glossary http://www.oecd.org/glossary/0,3414,en_2649_33721_1965693_1_1_1_1,00.html#1965422

[9] *Manual on fiscal transparency.* Washington, D.C., International Monetary Fund, 2007. Available at: http://www.imf.org/external/np/pp/2007/eng/051507m.pdf

[10] Health Systems Observatory. Glossary for Health System. WHO Eastern Mediterranean Regional Office (EMRO) - http://gis.emro.who.int/HealthSystemObservatory/PDF/Instruments%20And%20Tools/Glossary.pdf

[11] *La renovación de la atención primaria de salud en las Américas: documento de posición de la OPS/OMS*. Washington, D.C., La Organización Panamericana de la Salud, 2007.

[12] Last JM. *A dictionary of public health.* Oxford University Press, 2007.

[13] Last JM. *A dictionary of public health.* Oxford University Press, 2007.

[14] Shortell SM; Anderson DA; Gillies RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20-6.

[15] *Aid Management Guidelines* [online glossary] Ministry of Foreign Affairs of Denmark. http://amg.um.dk/en/servicemenu/Glossary/Glossary.htm

[16] *Harmonizing donor practices for effective aid delivery. Volume 2: Budget support, sector-wide approaches, and capacity development in public financial management.* Paris, Organization for Economic Cooperation and Development, 2006.

[17] Glossary on health economic terms (work in progress) - EMRO May 2010.

[18] The global burden of disease: 2004 update (2008). Available at: http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html

[19] *A glossary of technical terms on the economics and finance of health services.* World Health Organization, Regional Office for Europe. 1998. Available at: http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf

[20] Longest BB, Young GJ. Coordination and communication. In: Shortell SM, Kaluzny AD, DD. *Health care management*. New York, Delmar, 2000:210-43.

[21] Smith JE. Case management: a literature review. *Canadian Journal of Nursing Administration*, 1998; May-June: 11(2):93-109.

[22] Rooney AL, van Ostenberg PR. *Licensure, accreditation, and certification: approaches to health services quality.* Bethesda, MD. USAID, 1999. Available at: http://www.qaproject.org/pubs/PDFs/accredmon.pdf

[23] Modified from Shortell SM; Anderson DA; Gillies RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20-6.

[24] Field MJ, Lohr KN, editors. *Clinical Practice Guidelines: directions for a new program*. Washington, DC; National Academy Press, 1990.

[25] Charns M, Tewksbury L. *Collaborative management in health care: implementing the integrative organization*. San Francisco: Jossey-Bass, 1993.

[26] *Manual on fiscal transparency.* Washington, DC. International Monetary Fund, 2007.

[27] Merriam-Webster's online dictionary.

[28] Starfield B. Basic concepts in population health and health care. *Journal of Epidemiology and Community Health* 2001;55:452-454. doi:10.1136/jech.55.7.452.

[29] Modified from WHO. Integrated health services–what and why? Technical Brief No. 1, May 2008.

[30] *The world health report 2008: primary health care – now more than ever.* Geneva, World Health Organization, 2008. Available at: http://www.who.int/whr/2008/whr08_en.pdf

[31] Modified from Haggerty JL, Reid RJ, Freeman GK, Starfield B, Adair CE, McKendry R. Continuity of care: a multidisciplinary review. *British Medical Journal* 2003; 327(7425):1219–21.

[32] WHO Task Force on Health Economics (1995). *Glossary.*

[33] Health Systems Observatory. Glossary for Health System. World Health Organization, Eastern Mediterranean Regional Office. http://gis.emro.who.int/HealthSystemObservatory/PDF/Instruments%20And%20Tools/Glossary.pdf

[34] *Strategy of health care financing for countries of the Western Pacific and South East Asia Regions (2006-2010)*. World Health Organization, 2005. Available at: http://www.wpro.who.int/NR/rdonlyres/DAE2BD50-2706-43E3-9E50-CC6DFD1F7C73/0/glossary.pdf

[35] WHO Task Force on Health Economics (1995). *Glossary.*

[36] Tanahashi T. Health service coverage and its evaluation. *Bulletin of the World Health Organization,* 1978;56(2):295-303. Available at: http://whqlibdoc.who.int/bulletin/1978/Vol56-No2/bulletin_1978_56(2)_295-303.pdf

[37] Health Systems Observatory. Glossary for Health System. WHO Eastern Mediterranean Regional Office (EMRO) http://gis.emro.who.int/HealthSystemObservatory/PDF/Instruments%20And%20Tools/Glossary.pdf ; and the European Observatory on Health Systems and Policies. WHO/Europe http://www.euro.who.int/en/home/projects/observatory ; Islam, M., ed. *Health Systems Assessment Approach: A How-To Manual. S*ubmitted to the U.S. Agency for International Development in collaboration with Health Systems 20/20, Partners for Health Reform*plus*, Quality Assurance Project, and Rational Pharmaceutical Management Plus. Arlington, VA: Management Sciences for Health, 2007.

[38] *Guide to producing national health accounts: with special applications for low-income and middle income countries.* Geneva, World Bank, WHO, USAID, 2003. Available at: http://www.who.int/nha/docs/English_PG.pdf

[39] *Guide to producing national health accounts: with special applications for low-income and middle income countries.* Geneva. World Bank, WHO, USAID, 2003. Available at: http://www.who.int/nha/docs/English_PG.pdf

[40] A glossary of terms for community health care and services for older persons http://whqlibdoc.who.int/wkc/2004/WHO_WKC_Tech.Ser._04.2.pdf

[41] Bannock G, Brexter RE, Davis E. *Dictionary of economics. London,* The Economist Books, 1998.

[42] Glossary on health economic terms (work in progress) - EMRO May 2010.

[43] USAID 1999

[44] *Development Cooperation Report 2009.* Paris, Organization for Economic Cooperation and Development, 2009. Available at: http://www.oecd-ilibrary.org/development/development-co-operation-report-2009_dcr-2009-en;jsessionid=2lgekjo63qa9o.delta

[45] Modified from Pilnick A, Dingwall R, Starkey K. Disease management: definitions, difficulties and future directions. *Bulletin of the World Health Organization* 2001; 79(8):755-63.

[46] Modified from Shortell, SM; Anderson GIVES; Gillies, RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20–6.

[47] The Economist [online glossary] http://www.economist.com/research/economics/searchActionTerms.cfm?query=economies+of+scale

[48] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[49] Health Systems Observatory. Glossary for Health System. World Health Organization, Eastern Mediterranean Regional Office. http://gis.emro.who.int/HealthSystemObservatory/PDF/Instruments%20And%20Tools/Glossary.pdf

[50] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[51] Starfield B. Equity in Health. *Journal of Epidemiology and Community Health* 2002; 56: 483-484; and Whitehead M, Dahlgren G. Leveling up (part 1): a discussion paper on concepts and principles for tackling

social inequities in health. In: *Studies on Social and Economic Determinants of Population Health No.2.* Copenhagen: WHO Regional Office for Europe. 2006.

[52] Commission for Social Determinant for Health (2008); and *La renovación de la atención primaria de salud en las Américas: documento de posición de la OPS/OMS*. Washington, D.C., La Organización Panamericana de la Salud, 2007.

[53] *La salud pública en las Américas: nuevos conceptos, análisis del desempeño y bases para la acción*. Publicación científica y técnica No. 589. Washington, D.C., La Organización Panamericana de la Salud, 2002.

[54] *A glossary of technical terms on the economics and finance of heath services*. Copenhagen, World Health Organization Regional Office for Europe, 1998. Available at: http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf

[55] Buse K, Mays B, Walt G. *Making health policy. Open* University Press, 2005.

[56] *Managing fiduciary risk when providing poverty reduction budget support.* London, UK Department for International Development, 2004. www.dfid.gov.uk

[57] Heller PS. The prospects of creating 'fiscal space' for the health sector. *Health Policy and Planning; 2006,* 21, 2:75-79.

[58] Leader N, Colenso P. *Aid instruments in fragile states.* London, DFID (PRDE Working Paper 5), 2005. www.dfid.gov.uk

[59] *Salud en las Américas*. Vol. I, p. 319. Washington, DC: Organización Panamericana de la Salud; 2007

[60] Shortell SM; Anderson DA; Gillies RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20-6.

[61] Starfield B. *Primary care: concept, evaluation, and policy.* London, Oxford University Press; 1992.

[62] Global Burden of Disease and Risk Factors (2006) - http://www.ncbi.nlm.nih.gov/bookshelf/br.fcgi?book=gbd

[63] *Governance for sustainable human development*. A UNDP policy document. New York, United Nations Development Programme, 1997.

[64] *Governance matters 2008: worldwide governance indicators 1996-2007*. Washington, D.C., World Bank Institute, 2008. Available at: http://info.worldbank.org/governance/wgi/pdf/WBI_GovInd08-5a.pdf

[65] Sinclair D, Rochon M, Leatt P. *Riding the third rail: the story of Ontario's health services restructuring commission. 1996–2000*. Montreal, Institute for Research on Public Policy, 2005, 65–6.

[66] *The world health report 2008: primary health care – now more than ever.* Geneva, World Health Organization, 2008. Available at: http://www.who.int/whr/2008/whr08_en.pdf

[67] *Guide to producing national health accounts.* Geneva, World Health Organization, 2003. Available at: http://www.who.int/nha/docs/English_PG.pdf

[68] *Expert Committee on Health Statistics. Fourteenth Report.* Geneva, World Health Organization, 1971 (WHO Technical Report Series No. 472, pp 21-22).

[69] Hogarth J. *Glossary of health care terminology*. Copenhagen, World Health Organization, Regional Office for Europe, 1975. http://whqlibdoc.who.int/publications/9290201231.pdf

[70] WHO 1988

[71] Micovic P. *Health planning and management glossary*. New Delhi, World Health Organization, Regional Office for South-East Asia, 1984.

[72] *Framework for national health policies, strategies and plans.* Technical briefing. Regional Committee for Europe Sixtieth session, Moscow, 13-16 September 2010. (EUR/RC60/TD.2). Available at: http://www.euro.who.int/__data/assets/pdf_file/0008/120995/RC60_etechdoc2.pdf

[73] *A glossary of technical terms on the economics and finance of health services.* World Health Organization, Regional Office for Europe. 1998. Available at: http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf

[74] Micovic P. *Health planning and management glossary*. New Delhi, World Health Organization, Regional Office for South-East Asia, 1984.

[75] *The Copenhagen declaration on health policy*. Copenhagen, World Health Organization, Regional Office for Europe, 1994. Available at: http://www.euro.who.int/__data/assets/pdf_file/0006/114936/E93948.pdf

[76] Collins CD, Green AT, Newell JN. The relationship between disease control strategies and health system development: the case of TB. *Health Policy* 2002; 62:141–160.

[77] *A glossary of technical terms on the economics and finance of health services.* World Health Organization, Regional Office for Europe. 1998. Available at: http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf

[78] *Everybody's business - Strengthening health systems to improve health outcomes: WHO's Framework for action*. Geneva, World Health Organization, 2007. Available at: http://www.who.int/healthsystems/strategy/everybodys_business.pdf.

[79] *The world health report 2000: health systems: improving performance.* Geneva, World Health Organization, 2000. Available at: http://www.who.int/whr/2000/en/whr00_en.pdf

[80] *The world health report 2000: health systems: improving performance.* Geneva, World Health Organization, 2000. Available at: http://www.who.int/whr/2000/en/whr00_en.pdf

[81] Murray C, Evans D, editors. *Health systems performance assessment - debates, methods and empiricism*. Geneva, World Health Organization, 2003. Available at: http://whqlibdoc.who.int/publications/2003/9241562455.pdf

[82] *Health system strengthening - current trends and challenges*. Executive Board 128th session, Geneva, 17-25 January 2011. (EB128/37). Available at: http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_37-en.pdf

[83] Islam, M., ed. 2007. *Health Systems Assessment Approach: A How-To Manual. S*ubmitted to the U.S. Agency for International Development in collaboration with Health Systems 20/20, Partners for Health Reform*plus*, Quality Assurance Project, and Rational Pharmaceutical Management Plus. Arlington, VA: Management Sciences for Health. Available at: http://www.healthsystems2020.org/content/resource/detail/528/

[84] *The world health report 2000: health systems: improving performance.* Geneva, World Health Organization, 2000. Available at: http://www.who.int/whr/2000/en/whr00_en.pdf

[85] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[86] World Health Organization (1946): Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

[87] Shortell SM; Anderson DA; Gillies RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20-6.

[88] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[89] Health Systems Observatory. Glossary for Health System. World Health Organization, Eastern Mediterranean Regional Office. http://gis.emro.who.int/HealthSystemObservatory/PDF/Instruments%20And%20Tools/Glossary.pdf

[90] Vaknin S. *Healthcare reform checklist. First edition*. Skopje, Narcissus Publications, 2010.

[91] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[92] Modified from Shortell SM; Anderson DA; Gillies RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20-6.

[93] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[94] Rooney AL, van Ostenberg PR. *Licensure, accreditation, and certification: approaches to health services quality.* Bethesda, MD. USAID, 1999. Available at: http://www.qaproject.org/pubs/PDFs/accredmon.pdf

[95] Modified from Lu M, Halfon N. Racial and ethnic disparities in birth outcomes: a life-course perspective. *Maternal and Child Health Journal* 2003; 7(1):13-30.

[96] Jones S, Williams G. *A common language for managing official development assistance: a glossary of ODA terms.* London, Oxford Policy Management, 2002.

[97] Parkin M, Powell M, Matthews, K. *Economics*. 3rd Edition. Harlow: Addison Wesley, 1997.

[98] Parkin M, Powell M, Matthews, K. *Economics*. 3rd Edition. Harlow: Addison Wesley, 1997.

[99] *Public Expenditure Management Handbook*. Washington, D.C., World Bank, 1998. p48. Available at: http://www1.worldbank.org/publicsector/pe/handbook/pem98.pdf

[100] Sensible Health Planning: Prioritization, Costing and the Medium Term Time Horizon, World Health Organization, Western Pacific Regional Office, undated.

[101] *A glossary of technical terms on the economics and finance of health services.* World Health Organization, Regional Office for Europe, 1998. Available at: http://www.euro.who.int/__data/assets/pdf_file/0014/102173/E69927.pdf

[102] See also jointly agreed IHP+ principles http://www.internationalhealthpartnership.net/en/home

[103] WHO, 1998a

[104] Hogarth J. *Glossary of health care terminology*. Copenhagen, World Health Organization, Regional Office for Europe, 1975. http://whqlibdoc.who.int/publications/9290201231.pdf ; and Micovic P. *Health planning and management glossary*. New Delhi, World Health Organization, Regional Office for South-East Asia, 1984.

[105] *Terminology for the European Health Policy Conference*. Copenhagen, World Health Organization, Regional Office for Europe, 1994. Available at http://www.euro.who.int/__data/assets/pdf_file/0016/102175/E71232.pdf

[106] Montenegro, H. *Organización de sistemas de servicios de salud en redes*. Presentation - Foro internacional de redes de servicios y ordenamiento territorial en salud. Bogotá, Colombia, June 11-13, 2003.

[107] Polidano, C. *The new public management in developing countries*. Manchester, Institute for Development Policy and Management, University of Manchester, 1999.

[108] WHO Terminology Information System [online glossary]. http://www.who.int/health-systems-performance/docs/glossary.htm.

[109] Wonderling D, Gruen R, Black N. *Introduction to health economics.* Maidenhead, Open University Press, 2005.

[110] Starfield B. Basic concepts in population health and health care. *Journal of Epidemiology and Community Health* 2001;55:452-454. doi:10.1136/jech.55.7.452.

[111] Health Systems Observatory. Glossary for Health System. World Health Organization, Eastern Mediterranean Regional Office.

[112] See: http://www.oecd.org/document/18/0,3343,en_2649_3236398_35401554_1_1_1_1,00.html

[113] *People centred care in low- and middle-income countries - meeting report*. Geneva, World Health Organization, 2010.

[114] *Aid Management Guidelines* [online glossary] Ministry of Foreign Affairs of Denmark - http://amg.um.dk/en/servicemenu/Glossary/Glossary.htm

[115] Eichler R. *Can ''Pay-for-Performance'' increase utilization by the poor and improve the quality of health services.* Washington, D.C., Center for Global Development, 2006. Available at: http://www.cgdev.org/doc/ghprn/PBI%20Background%20Paper.pdf

[116] *Análisis del sector salud, una herramienta para viabilizar la formulación de políticas, lineamientos metodológicos*. Edición especial No. 9. Washington, D.C., La Organización Panamericana de la Salud, 2006.

[117] Merriam-Webster's online dictionary. http://www.merriam-webster.com/

[118] See: Starfield B. Basic concepts in population health and health care. *Journal of Epidemiology and Community Health* 2001;55:452-454. doi:10.1136/jech.55.7.452. and *The world health report 2008: primary health care – now more than ever.* Geneva, World Health Organization, 2008.

[119] Institute of Medicine. *Primary care: America's health in a new era*. Washington, D.C., National Academy Press, 1996.

[120] *La renovación de la atención primaria de salud en las Américas: documento de posición de la OPS/OMS*. Washington, D.C., Organización Panamericana de la Salud, 2007.

[121] *The world health report 2008: primary health care – now more than ever.* Geneva, World Health Organization, 2008.

[122] World Health Organization and UNICEF. Primary Health Care: Report of the International Conference on Primary Health Care. Alma Ata, USSR, 6-12 September 1978. Geneva, World Health Organization. Available at http://whqlibdoc.who.int/publications/9241800011.pdf

[123] See: *Declaration of Alma-Ata.* Available at http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf

[124] *The world health report 2008: primary health care – now more than ever.* Geneva, World Health Organization, 2008.

[125] *DFID Workshop Handbook on Direct Budget Support and SWAps.* London, UK Department for International Development, 2002.

[126] Foster M, Leavy J. *The choice of financial aid instruments.* London, Centre for Aid and Public Expenditure, ODI (Working Paper 158), 2001.

[127] *La salud pública en las Américas: nuevos conceptos, análisis del desempeño y bases para la acción*. Publicación científica y técnica No. 589. Washington, D.C., Organización Panamericana de la Salud, 2002.

[128] *La salud pública en las Américas: nuevos conceptos, análisis del desempeño y bases para la acción*. Publicación científica y técnica No. 589. Washington, D.C., Organización Panamericana de la Salud, 2002.

[129] WHO, 2003

[130] A framework for national health policies, strategies and plans. Geneva, World Health Organization, 2010.

[131] Health Systems Observatory. Glossary for Health System. World Health Organization, Eastern Mediterranean Regional Office. http://gis.emro.who.int/HealthSystemObservatory/PDF/Instruments%20And%20Tools/Glossary.pdf

[132] Saltman RB. Regulating incentives: the past and future role of the state in health care systems. *Social Science and Medicine* 2002;54:1677-1684.

[133] International Strategy for Disaster Reduction. 2009 UNISDR terminology on disaster risk reduction. United Nations, 2009. Available at http://www.unisdr.org/eng/terminology/UNISDR-Terminology-English.pdf

[134] *Salud en las Américas. Vol. I.* Washington, D.C., Organización Panamericana de la Salud, 2007. p. 319

[135] Sondorp E et al. (2004). *Achieving the health millennium development goals In difficult partnerships.* Background document for the High-level Forum on the Health MDGs. DFID Health Systems Resource Centre.

[136] Creese A and Parker D, eds. *Cost analysis in primary health care: a training manual for programme managers.* Geneva, World Health Organization, 1994. Available at http://www.who.int/immunization_financing/data/methods/en/caphc_creese.pdf

[137] A framework for national health policies, strategies and plans. Geneva, World Health Organization, 2010.

[138] Last JM. *A dictionary of public health.* Oxford University Press, 2007.

[139] *The world health report 2000: health systems: improving performance.* Geneva, World Health Organization, 2000. Available at: http://www.who.int/whr/2000/en/whr00_en.pdf

[140] Health Impact Assessment [online glossary]. Available at http://www.who.int/hia/about/glos/en/index2.html

[141] Bettcher D, Lee K. Globalization and public health. *Journal of Epidemiology & Community Health* 2002; 56:8-17.

[142] *Understanding the sustainability of health programs and organizational change*. A paper for the Victorian Quality Council. La Trobe University, Faculty of Health Sciences, June 2007. Available at: http://www.health.vic.gov.au/qualitycouncil/downloads/sustainability_paper.pdf

[143] WHO Terminology Information System [online glossary] http://www.who.int/health-systems-performance/docs/glossary.htm

[144] Cotter in: Eatwell J, Milgate M, Newman P, eds. *Allocation, information and markets.* New York, Norton (New Palgrave series), 1989.

[145] *The world health report 2008: primary health care – now more than ever.* Geneva, World Health Organization, 2008.

[146] Starfield B. Basic concepts in population health and health care. *Journal of Epidemiology and Community Health* 2001;55:452-454. doi:10.1136/jech.55.7.452.

[147] Inglehart & Welzel 2005: See: http://www.worldvaluessurvey.org

[148] Modified from Shortell SM; Anderson DA; Gillies RR; Mitchell JB; Morgan KL. Building integrated systems: the holographic organization. *Healthcare Forum Journal* 1993; 36(2):20-6

[149] *Framework for national health policies, strategies and plans.* Technical briefing. Regional Committee for Europe Sixtieth session, Moscow, 13-16 September 2010. (EUR/RC60/TD.2) Available at: http://www.euro.who.int/__data/assets/pdf_file/0008/120995/RC60_etechdoc2.pdf