

評價 및 統制

Health Planning

(WPRO / WHO資料)



韓國保健開發研究院

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評 價 및 統 制

A . 一般概念

○ . 評価는 , 計劃의 結果와 그 結果에 影響을 준 因子를 適時에 測定하는 計劃過程 一部이다 .

○ . 評価의 目的은

1) 무엇을 成就했는가

2) 그 成就를 이루는데 있어 效率의 方法에 影響을 준 因子를 明示確認

3) 地域社會의 保健 狀態와 關聯할 全成果의 Overall impact 들을 究明하는데 있다 .

○ . 評価는 基本的으로 現況分析의 過程을 따른다 .

○ . 計劃作成은 먼저 主目的을 設定하고 , 이 主目的을 達成하는데 關聯되는 細部目的과 目標을 設定한다 .

○ . 評価는

첫째 . 計劃하는 變化나 새로운 開發과 資源確保를 그 明細와 實 .

施行時期와 關聯하여 review 한다 .

둘째 . 前項의 變化나 , 開發 , 資源確保에 影響을 준 바를 細部目的과 關聯하여 成就한 바와 比較하여 明白히 한다 .

세째 . 事業目標追求에 있어서의 具體的業績은 그業績이 目標와 合致되는가를 確認하고 또한 그業績이 地域社會에 影響

을 끼칠수 있을 것인가 綿密히 檢討되어야 한다 .

- . 評仙는 目的達成을 위해 運用上의 問題點에 對應하기 위하여 成果의 測定을 자주하므로서 이룬다 . 이러한 것을 運用統制라고도 하는데 administrator 에 의해서 여러 監督方法을 通해 , 每日 , 週別 , 月別 , 半期別로 이루어 진다 .
- . 現地職員은 그들의 活動報告를 定해진 間過에 따라 次上位監督者에게 提出한다 . 이 報告는 特定指示에 따르는 樣式에 따라 適切한 上位機關에 까지 提出된다 .
혹 , 豫期치 않던 事態나 큰 問題點이 發生하며는 定期報告以外에 即時報告해야하며 , 이는 適節上位體系에서 即時考慮하여 action이 要求되는 事項을 말한다 .
- . 運用監督體系間에 있어서 中央으로부터 末端에 이르기 까지 情報疎通을 體系化하기 위하여 , 計劃性은 保健特報體系를 開發해야 하며 , 이 保健情報體系는 遼流를 通해서 모든 報告內容을 理解할 수 있고 , 事業에 대한 建議 , 指示等を 하는데 必要한 中繼體의 役割을 担当한다 .
- . 評仙는 計劃의 成果를 測定하므로서 計劃의 修正이나 再作成에 參與하며 成果의 測定은 普通 , 每年 , 또는 事業中間 및 事業終了에 實施한다 .
- . 評仙를 施行하는데 資源의展開와 成果 또는 地域社会나 國家의 impact를 얻는데는 time lag이 있다는 것을 認定해야 한다 .

- .計劃部署는 Health administrator 에게 評価를 위한 適切한 指針을 주므로써 支援을 해야 하며 提出되는 評価報告書를 檢討하고 全体評価의 基礎資料로서 作成한다 .

B. 節 次

1. 節次에 關한 一般的 考慮事項

가. 目的과 期待結果

事業計劃에 依한 事業을 實施할 것인가 與否를 決定하기 위하여, 設定한 目的과 目標 (Target) 와 關聯한 事業의 impact 를 分析하고 計劃의 修正 또는 變更의 必要性을 明白히 한다.

이 段階에 있어서는 : 事業過程에 記述, 問題點의 把握과 適切한 勸獎, 目的達成에 對한 記述, 또 혹 必要하면 計劃의 改善을 爲하여 새로운 戰略模型을 만든다.

나. 所要情報

事業計劃

施行計劃

既存計劃

現地事業報告書

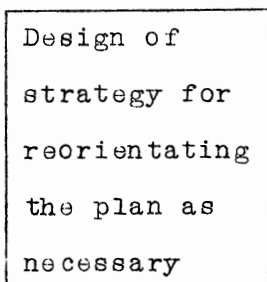
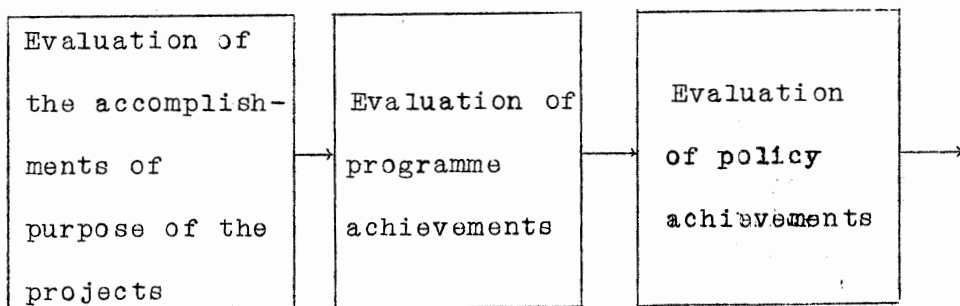
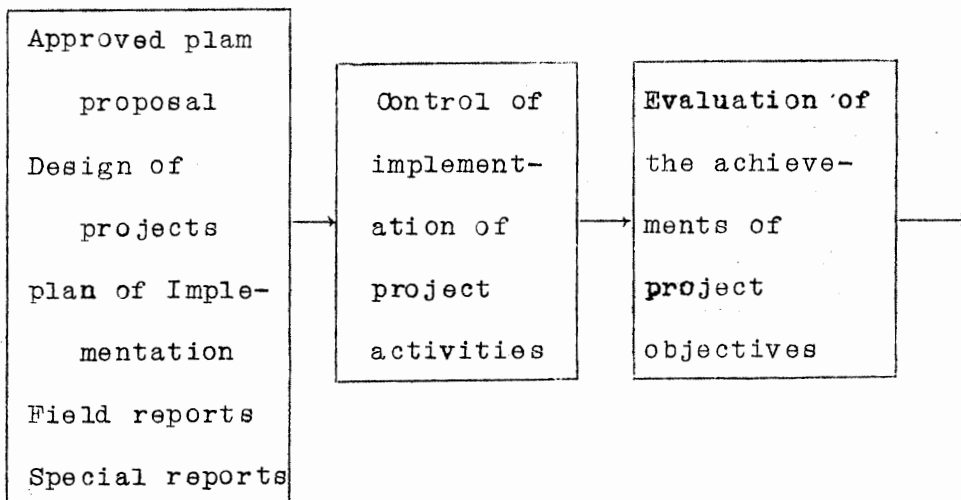
特殊研究報告

다. 要 員 (Staff)

Health administrator

Health planing Unit Staff

라. 評價 및 統制흐름表



2 . 評 価 の 細 部 事 項

- o . Schedule for plan evaluation / control
- o . Control of implementation of project activities
- o . Evaluation of project achievements
- . Evaluation of achievements of project objective
- . Evaluation of accomplishment of project purpose
- o . Evaluation of programme achievement
- o . Evaluation of policy achievement

前節의 一般概念과 調和있는 評價를 위하여 細部事項은 2個分野로 大別된다 . 即

- o . 事業施行의 統制
- o . 事業計劃 , 施行計劃 및 政策의 成就度の 評價 , 를 다룰 것이며 , 評價節次는 다음의 4가지로 区分되고 이들은 統合的이고 持統的인 過程으로서 考察되어야 한다 .

2 . 1 . 計劃에 대한 評價 및 統制計劃

事業計劃書에는 目的達成을 위한 具體的인 時間計劃이 詳述되고 있다 . 事業의 施行計劃 및 政策 (戰略) 評價의 施行計劃作成을 위한 指針은 다음과 같다 .

programme administrator 各 program 의 다음事項을 明白히 施行한다 .

- o . project는 期待変化 또는 發展을 期할 수 있도록 作

成되었는가

- . 特定問題点 및 阻害要因을 除去 하도록 企圖되었는가
- . project 終了日은 適切な가
- . project 終了와 阻害要因 및 問題点除去 와의 期待間隙 (time lag)
- . 위 情報를 基礎로 한 實際評價計劃

2 . 2 . 事業活動施行의 統制

事業計劃書에 列挙되어있는 活動이 다음 段階의 主題이며 , 統制는 事業施行뿐만아니라 더욱重要的한 것이 timing 와 活動에 依한 產出의 基準을 明白히 하는 일이다 .

가 . 所要情報

- . 活動計劃
- . 資源計劃
- . 財政計劃
- . 探索 勸告体系 - monitoring system

나 . 節次

- . 活動 , 資源 , 財政施行計劃을 check하며 豫期치 못한 事項에 의한 遲延을 防止하기 위하여 是正對策의 必要與否를 決定한다 .
- . 是正對策이 必要하면 action에는 다음이 包含된다 .
 - 是正對策의 種類의 指示
 - 取해야 할 行政節次의 指示

- 介入해야 할 行政水準, 機關 및 사람의 確認
- 勸獎對策을 實施하기 위한 戰略承認의 獲得
- 是正對策의 施行을 위한 action
- 期待遲延을 防止하는 對策의 效果分析
- 是正對策의 schedule 의 調整
 - . 무슨 activities 나 event가 주어진 schedule을
遲延 시킬 것인가
 - . 이遲延이 어떤 다른 schedule에 影響을 줄것인가에
대한 適切な 調整
- 次上位監督者에게 對策의 失敗로서 생기는 새로운 狀態와
調整事項의 報告

2.3. project achievement의 評價

project termination에 따라

- o . objectives 에 achieve 했는지 與否
- o . project 을 始作할 當時의 阻害要因이 除外되었는지
與否의 分析을 한다 .

가 . 所要情報

- o . project implementation 中 除去하고자한 阻害要因
의 目錄
- o . project objectives (例 . 建築 , 要員訓練 , 情報體系
의 design 等)

- . 当初의 project schedule
- . 前項의 修正된 schedule
- . 分析을 위한 阻害要因除去의 適切な 情報

나 . 節次

- . Evaluation of the achievement of project
Objectives 節次로서는 다음이 必要하다 .
 - implemented projects 의 細部目的의 達成 与否의 確認
 - achievements가 基準을 滿足시켰는가 与否의 確認
 - achievements가 所定時日內에 達成되었는가 与否의 確認
 - 앞으로의 分析을 위한 所見要約의 準備
- . Evaluation of accomplishment of projects
Purpose
 - 다음 事項에 留意한다 . 即 , 때로는 個個 project effort에 대한 阻害要因이 持續되는 경우가 있고 , 다른 경우는 阻害要因의 除去에는 한 個以上の project를 함께 評價한다 . 또한편 때로는 achievement of project purpose에 project의 統制 機能을 넘어가는 因子때문에 非正常的으로 長時間이 所要되는 경우가 있다 .

- achievement of project purpose의 評價에는 다음
節次가 包含되어야 한다.

- . project에 의해서 除去되어야 할 阻害要因의 目錄
의 修正
- . project objectives evaluation의 所見의 修正
- . project를 위해 경험한 timelag의 修正
- . 觀察되어진 問題領域의 分析과 除去된 阻害要因除去
与否에 關한 判定
- . 후 問題點이 除去되지 않았으면 그 原因의 確認
 - 非正常的으로 긴 Time lag : 所期의 結果를 얻기
위한 所要時間의 推定
 - 期待變化 및 進展의 具體化(併合)의 失敗
 - 變化 및 進展에 대한 時間計劃具體化의 失敗
- . 所見 및 結論의 要的準備
- . 후 必要하면 다음 action의 指針

2 . 4 . 事業実績評價

사업計劃樹立의 基本原則은 保健医療制度에 있어서 必要的
變革과 開發을 通하여 確認된 問題點들의 除去에 留意 있
음을 喚起시켜야 할것이다 .

本 指針書內에 있어서 下記와 같은 사업부문들이 明示되어 있다 .

細部目的

사업활동의 選択

目標의 設定

全般的인 組織

施行豫算 (支出)

投資 및 開發豫算

그것은 事業評價가 이루어지는 上記部門의 骨자가 되는 것이다 .

사업의 細部目的과 活動이란 確認된 문제점들은 除去 또는 減小시킴을 意味하는 것이며 , 따라서 保健政策의 어떤 特定한 목표를 達成하는 방법을 示唆한다 . 目標設定은 確認된 問題들의 制約을 除去하는 能力을 內包하고 있다 . 보다 더 明確한 方法에 있어서 그 目標은 특정計劃期間內에 얼마나 많은것이 成就 될것이나 하는것을 指摘함으로써 努力의 範圍가 決定된다 .

運用과 開發支出은 그와같은 努力의 크기를 金額으로 定한다 . 앞에서 言及한바와 같이 前記의 관계 자료에 根拠하여 問題点들이 指摘된 地域의 分析과 問題点制約이 除去되었는지 또는 어느 程度까지 解決되고 있는가의 평가가

進行되고 있는가의 接近과 措置이다.

○ . 必要한 資料

- 承認된 豫算과 事業施行에 관련된 資料

- 사업실시 段階에 있어서 承認된 전반적조직과 자료

- 사업 활동 目次 및 實質的인 관계 자료

- 목표일람표 . 사업 성취율을 測定하는 관계 자료

- 사업운영에 대한 各 領域의 평가 예정일

- 평가 조사단의 構成

- 사업 목표설정 . 성취범위에 대한 要的報告

- 성취는 보건 수준과 상황의 要的報告

- 모든 要的報告의 修正과 分析을 위한 다음 事項의 決定

(가) 事業成就의 水準 (阻害要因)

(나) 事業成就 不足의 原因의 分析

(다) 事業成就 過程에서 修正의 種類 (變更領域 및 性格)

수정사항을 다음 2 種類로 分類할 수 있다 .

(Ⅰ) 脆弱領域에 對한 是正對策 (資源의 補充 , 進行方法의 變更等等)

(Ⅱ) 戰略의 再計劃 (新技術의 導入)

提起된 對策 / 戰略의履行

2 . 5 . 政策成就에 對한 評價

○ . 必要한 資料

- 主要保健目標 , 一覽表
- 事業成就에 對한 記述 (說明)

○ . 節次

- 이미 成就되었거나 期待에 어긋나거나 지나쳤던 計劃
目標의 범위의 측정
- 새로운 개발과 사실상의 성취 그리고 그들의 一部
또는 全體의 유지 , 재확인 또는 삭제 (消除) 의 필요
성을 결정함에 있어서 目標의 妥當性의 分析
- 새로운 목표와 절차의 공식화의 필요성의 결정
- 만약 그러한 목표들이 삭제 또는 재결정되거나 혹은
새로 구체화되는 경우 계획 공식화 절차에 따라서 事
業을 새로 공식화 하는 절차

2 . 6 . 其他考慮事項

評價過程은 狀況分析의 過程과 類이하므로 後者에 適用되
는 方法과 手段들은 평가 과정에서도 適用이 될것이다 .

WORLD HEALTH ORGANIZATION TECHNICAL REPORT SERIES

No. 472

Statistical Indicators
for the Planning and Evaluation
of Public Health Programmes

Korea Health Development Institute

THE NATURE OF HEALTH PLANNING

At least five steps are generally recognized as constituting the planning process:

- (a) Situational analysis or the description, definition and statement of the problem, its characteristics and dimensions in relation to population and time; information based on statistical and other data is an essential ingredient of such an analysis.
- (b) The formulation of alternative tactical approaches to the handling and solution of the problem. The emphasis here is on the formulation of alternative solutions or plans and the working out of their implications in terms of cost, potential effectiveness and the decision-making process.
- (c) Decision analysis or the selection of a plan, based on discussions of the alternatives and the balancing of political, cultural, social and economic considerations against estimates of the biological, psychological and social consequences.
- (d) Discussion and implementation of the plan selected. These two functions are combined under the same heading since the procedures and actions to be carried out depend for their success on the acceptance of the plan by both providers and consumers of services.
- (e) Evaluation of the results achieved by the services in relation to the problems, situations or populations concerned. Evaluation is essentially concerned with the measurement of the results achieved or benefits obtained in relation to the effort expended.

PROBLEMS OF EVALUATION

Measurement of the effectiveness and efficiency of health services is an essential part of evaluation. Complex problems are involved and additional research is needed.

The Committee discussed and defined certain terms used in evaluation as follows:

- (a) Efficacy: the benefit or utility to the individual of the service, treatment regimen, drug, preventive or control measure advocated or applied.
- (b) Effectiveness: the effect of the activity and the end-results, outcomes or benefits for the population achieved in relation to the stated objectives.

(c) Process: the procedures, methods or arrangements by which the effort was expended and the effect achieved.

(d) Structure: the human resources, knowledge, technology, organization, facilities, equipment, and finances that assist or constrain the expenditure of effort and the achievement of effects or end-results.

(e) Efficiency: the effects or end-results achieved in relation to the effort expended in terms of money, resources, and time.

* PROCESS

Process analysis includes the consideration (on the basis of suitable measurements, where possible) of questions such as the following:

(i) Is a hierarchy of objectives specified? Must these objectives be achieved in accordance with a specified timetable? Are the objectives and components of the services interrelated and mutually consistent?

(ii) Are the criteria for measuring the "success" of the services explicitly stated? Are there provisions for measuring the degree of "success" or for distinguishing between "success" and "failure"?

(iii) Are the organizational arrangements for providing the services the best possible or available? Are any alternative arrangements desirable or possible?

(iv) Are the work procedures amenable to analysis and study? Do they have clearly defined aims and are these aims achieved? Could they be achieved by other means?

STATISTICS FOR HEALTH PLANNING AND EVALUATION

Indices of health

In any event, in the absence of more adequate basic data on the health status and on the levels of disability, functional impairment and activity limitation of individuals and populations, it is difficult to see how useful indices can be constructed. Thus the ideal index of health has yet to be developed, although it can be stated that such an index should satisfy the following requirements:

(a) Availability. It should be possible to obtain the data required without special complex investigations.

(b) Completeness of coverage. The index should be derived from data covering the population of an entire country or that part of it to which the index is supposed to refer.

(c) Quality. The national data should not vary with time and place in such a way as to have any substantial effect on the index.

(d) Universality. The index should, as far as possible, be the expression of a group of factors that determine and affect the level of health.

(e) Calculation. The index should be calculated in as simple a manner as possible and the calculation should not be costly in terms of the resources required.

(f) Acceptance. The index should be widely accepted and used and no doubts should exist in respect of the methods employed for developing the index or for interpreting it.

(g) Reproducibility. When the index is used by different specialists under different conditions at different times the results should be identical.

(h) Specificity. The index should reflect changes only in those phenomena of which it is the expression.

(i) Sensitivity. The index should be sensitive to changes in the phenomena concerned. Allowance should be made for the effect of inflation on the index.

(j) Validity. The index should be a true expression of the factors of which it is supposed to be a measure. Some form of independent or external evidence for this should be provided.

HEALTH INFORMATION SYSTEMS FOR HEALTH PLANNING

The development of statistical systems that make possible the identification and measurement of perceived and professionally defined need and the evaluation of the effectiveness of health services in relation to these needs is not a simple matter. To link these with measures of efficiency and of medical care processes, and all of them with social and environmental indicators, complicates the task further.

Requirements to be satisfied by health information systems

Certain requirements to be satisfied by health information systems may be identified.

The system should be population-based

This implies the necessity of identifying persons positively, preferably by means of some form of unique numbering system, and of identifying place of residence or domicile. If the place of residence is known and the persons concerned are identified, various fractions of the basic data can be analysed in terms of different political and administrative units or catchment areas. The numbers of persons in the population who receive services can be related to the numbers of persons who need services and to the benefits they receive. Counts of persons in relation to selected attributes and events are more useful in the planning of health services than are counts of the activities of institutions or professionals. Record linkage at the local, regional and national levels is a desirable step towards the achievement of these goals, but its practical application is some years away in most countries and is, of course, dependent upon the availability of some means of identifying persons positively. It seems probable that, with the necessary safeguards to ensure that privacy and confidentiality are preserved, record-linkage systems will eventually become commonplace.

The system should avoid the unnecessary agglomeration of data.

When data on persons, events or activities are summarized at the institutional or local level prior to being passed to the regional or national level, much of value may be lost. The basic data should be retained in their original form in which they are available for any form of analysis, either as a whole or in the form of a systematic sample, to meet the managerial and planning needs at any administrative level.

Although computers have undoubtedly revolutionized the processing of information, mechanical data processing can be readily applied to many information systems if premature or unnecessary agglomeration of data is avoided.

The system should be problem-orientated.

This implies that it should be able to detect and assess the significance of new or unexpected developments or of changes in the situation. Flexibility, rapidity of response and freedom from unnecessary redundancy are important. Repetitious recording of trivial activities unrelated to patients' needs or to the end-results of care is wasteful. Rigid adherence to outmoded record forms or data-processing routines is

avoided. Unnecessary duplication and transcription of data are not only wasteful but contribute to error. There is probably no health statistics unit in existence that would not benefit from critical scrutiny with respect to the statistics it produces and the uses to which they are put, particularly in so far as they are used for health planning.

The purpose of health information systems is to assist in the management of the services needed by the population, not to produce data for their own sake or accumulate records for unspecified purposes. Measures of patients' subjective and objective needs and the means of evaluating services should both be built into all health information systems. This implies that each system should be capable of producing estimates of the level of functional impairment and of the duration of impairment, as reported by patients. Uniformity and consistency within the statistical systems themselves are also important so that time-series and trends may be identified and used as a guide to the making of projections for the future.

The system should employ functional and operational terms.

For example, the data should be related primarily to persons, functional status and events rather than to institutions, activities and processes. The former are what concern patients and populations, the latter are of principal interest to those responsible for providing care. Operational terms, such as episodes of illness, treatment regimens, health teams and groups of laboratory tests, are apt to be more useful than isolated items of information that are of little utility when considered alone. Much work needs to be done in establishing adequate classification schemes for the many components of health services.

The point just discussed may be illustrated by some of the questions that a health information system may be called upon to answer:

- (a) How much disease and disability is treated outside hospitals, in relation to diagnosis or to problem and care requested ?
- (b) What proportion of diseases or symptoms appear for the first time and then reappear within some definite period ?
- (c) What is the mean number (and the variation in the number) of doctor/patient contacts during each episode of illness by diagnosis, age, sex and socio-economic class ?
- (d) What treatments are given, what is the variation in the duration of treatments and what are the outcomes ?
- (e) What are the rates of referral to specialists and to hospitals ?

(f) How do groups of patients with high and low morbidity and disability indices vary with respect to doctor consultation rates ?

(g) How do the drugs prescribed vary by service, type of patient, episode of illness and doctor?

The system should express information briefly and imaginatively.

Tables and charts that will be useful to both planners and administrators should be used. While retaining his objectivity, the statistician should attempt to draw the attention of the planner or administrator to the information he is providing and stimulate his interest in it. For example, the presentation of data in the form of population estimates or as percentages of the population in his own administrative unit, may be more useful to the planner or administrator than their presentation as standardized rates. To a considerable extent, statistical data of the type being discussed should be freely available to all responsible officials and investigators who wish to analyse them.

The system should make provision for the feedback of data.

An adequate feedback of data not only to the administrators and planners but also to the clinicians and local administrators who produce them, is essential since difficulties are likely to be encountered in maintaining both the quality and the response rate if those who provide information are unable to see that it serves any useful purpose.