| IMESS dissertation | | | | | | |
|---|---|---|---|---|---|---|
| Name: | Liubov Borisova | | | | | |
| Dissertation title: | Health Systems in Transition: Priorities, Policies and Health Outcomes | | | | | |
| **Scale: 5 - excellent, 4 - good, 3 - satisfactory, 2 - poor, 1 – very poor** | | | | | | |
| | **5** | **4** | **3** | **2** | **1** | |
| **ARGUMENT:** | | | | | | |
| Clearly defined research question | X | | | | | No clearly defined research question |
| Answers research question | X | | | | | Does not answer research question |
| Well structured | | X | | | | Badly structured |
| Shows theoretical awareness | | | X | | | Shows no theoretical awareness |
| Conceptual clarity | | X | | | | Conceptual confusion |
| Empirically appropriate & robust | | | | X | | Full of empirical errors |
| Logical and coherent | | | X | | | Illogical and incoherent |
| Analytical | | X | | | | Descriptive |
| Critical | | X | | | | Uncritical |
| Shows independent thought | X | | | | | Does not show independent thought |
| **SOURCES & USAGE:** | | | | | | |
| Evidence of reading/research | X | | | | | No evidence of reading/research |
| Effective use of sources/data | | X | | | | Ineffective use of sources/data |
| **WRITING STYLE:** | | | | | | |
| Clear | | X | | | | Obscure |
| Good punctuation | X | | | | | Poor punctuation |
| Grammatically correct | X | | | | | Grammatically incorrect |
| **PRESENTATION:** | | | | | | |
| Appropriate length | | | X | | | Too **long**/short |
| Good referencing | X | | | | | Poor/inconsistent referencing |
| Good spelling | X | | | | | Poor spelling |
| Good bibliography | X | | | | | Poor bibliography |

Comments:

The candidate showed a lot of hard work and invested a lot of time and effort into literature review and data mining.

It is obvious from the first two chapters that the candidate understands very well the current and principal concepts and theories of health economics.

Nevertheless, the candidate set on the challenging route, maybe too challenging for the scope of this dissertation. The scope of work and research questions would be challenging even for the PhD. thesis cause the data mining for classification requires much more time and thorough evaluation of the used data and indicators. For example it is not clear what the definition of public inpatient organizations is. Are they publicly owned or of public legal form? These questions are not considered or not explained in the classification and thus, they cause confusion. Moreover, if this were serious research study, the candidate would have to choose the indicators of health status more thoroughly. As the candidate explained in the dissertation, some of the chosen indicators (e.g. life expectancy at birth and SDR, ischemic heart disease), there is a time lag between health system performance and the improvement of health status. Thus, the focus should be more on those indicators that are influenced nearly by concurrent performance of health systems (e.g. SDR, infectious diseases).

It is assumed that primarily because of the lack of time, there are several inaccuracies in evaluated parameters used for cluster analysis. The quality of data and the verification of qualitative assessment that is in this work frequently used is absolutely crucial. Otherwise, the results of the study are doubtful.

There are couple inconsistencies, e.g. it is explained in chapter 3 that division of countries based on system of financing – SHI or tax-based is not so crucial but then this indicator is used in cluster analysis.

Finally, the work is very long for a dissertation.

However, the overall evaluation of the work of the candidate is very positive. The candidate showed independent and analytical thoughts, chose the challenging topic and proved the ability to perform a rigorous research.

Specific Questions for oral defence:

1. Did you analyze any interconnections and multicolinearity between indicators chosen for classification, e.g. comprehensiveness of BBP and level of out of pocket payments? How could you cope with that?
2. Why did you choose the ALOS and number of outpatient visits per capita as main health care system characteristics. Are they relevant to chosen health outcomes?
3. Why level of out of pocket spending (as a % of total health expenditures) is not used in health production function? Do you think that it could well capture the level of accessibility of health services and possible problems with equity?
4. Why did not you control for the level of health care status indicators at the beginning of transition? The evaluation could be based not on the static values but on the difference between the end and beginning level of indicators.

| Deducted for late submission: | Deducted for faulty referencing: | **Mark***: |
|---|---|---|
| Charles marker (external): A | Signed: | Date: 18th June 2009 |

***Mark: A = 70+; B = 65-69; C = 60-64; D = 55-59; E = 50-54; F = fail, less than 50, see Scheme of award – please, fill in this way: Charles/IMESS (e.g. Výborně/A)**

**Scheme of award (assessment criteria):**

| | **Charles University**** | **IMESS** |
|---|---|---|
| **Excellent** | Výborně [1] | A |
| **Very Good** | Velmi dobře [2] | B |
| **Good** | Velmi dobře [2.5] | C |
| **Satisfactory** | Dobře [3] | D |
| **Sufficient** | Dobře [3.5] | E |
| **Fail** | Neprospěl [4] | F |