



Review of World Health Report 2000

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The World Health Report (WHR) 2000 focuses on health systems. It is underpinned by the belief that performance of health systems can, and should, be measured and that Governments should be held accountable for such performance. It sets out the importance of health systems, how they have evolved, defines their goals and functions and then develops a framework which is "meant to help Member States measure their own performance, understand the factors that contribute to it, improve it and respond better to the needs and expectations of the people they serve and represent". It is proposed that the methodology will be refined and improved and that the exercise will be repeated on an annual basis.

The report is innovative in that it takes a broad view of health systems measuring performance against three goals: **improving health and reducing health inequalities; enhancing responsiveness** "to the legitimate expectations of the population"; and **assuring fairness of financial contributions** and does not focus specifically on the delivery of health services which are considered only as means to these ends. Measures of efficiency with which health expenditure is translated into both improvements in health status and achievement in meeting health goals is presented in a series of league tables (the area which has attracted significant media interest). The report then identifies the four functions that a system needs to deliver health system goals: **service provision; resource generation; financing and stewardship.**

The report has a number of key messages:

- the need to look beyond just health service delivery in judging health sector performance.
- the fact that health expenditure does not necessarily result in improved health status or achievement of health goals and that different countries perform very differently, even at similar levels of health expenditure.
- the need to shift as far as possible from reliance on out of pocket expenditure as a source of health financing to prepayment approaches (whether tax or insurance based).
- that there are limits to what Governments can achieve and that priorities need to be expressed explicitly and determined in an open and transparent manner.

- the allocation between public and personal health services, investment and recurrent spending, and choice of technology needs more attention.
- policies and statements are not enough - there must be a willingness to enforce them.
- consumers also need to be better informed if they are to make sensible choices.
- that there is some degree of convergence in approaches as the more traditional hierarchical systems seek to find ways of increasing choice and making their systems more responsive to patient needs whilst those driven more by the market mechanism are trying to find ways of ensuring more equity in financing and outcomes.
- the need to critically reappraise the public private mix and seek ways of engaging more productively with the private sector.
- the importance of Government “stewardship” of the health system including the need to establish a framework which provides incentives for good performance, to draw a sensible balance between autonomy and accountability and to generate key data to inform the policy making process.

The report is a brave attempt to address very complex issues and is likely to generate considerable discussion. The approach as it stands is very crude and the results at present are scarcely credible. Significant modification will be important in future versions. The methodology is complex, extremely difficult to understand, based on challengeable assumptions and is not well described. The approach, including the objectives, needs to be discussed more broadly and owned by Member states especially if they are to be held accountable against these objectives. It is also important that the many methodological issues are resolved before significant investment is made in collecting the data necessary to develop the approach further.

The focus on responsiveness and fairness in financial contribution is welcome (and is extremely relevant in all sectors not just health) but further refinement is needed. The approach only considers a very limited number of variables as determinants of health system performance - many non-health determinants e.g. water and sanitation are not considered - an important omission. Yet even if they were included the model could never fully account for all the complexity arising from local, regional, social, historical and other factors which shape health systems and their performance. As such broad international comparisons may never be possible but by greater disaggregation and commissioning detail case studies, it may become increasingly possible to capture the full complexity of the processes and derive useful lessons particularly at the regional level.

Whilst the report reviews available evidence in the various chapter there is little about the scope and realities of achieving change, including the need to develop capacity in Governments and others. Although this contains relatively little in the way of empirical evidence and new approaches.

From Health and Population Division's perspective, the report sheds little light on how to improve the effectiveness of its own programmes. HPD tends to be interested less in how systems are performing at present and more in what *potential* there is to improve such performance through sensible investments. The greatest potential may often lie in poorly performing systems where there is a commitment to reform but such judgements need to be based on detailed analysis of the situation on the ground.

Some of the specific measures proposed - notably responsiveness, fairness of financial contribution and equity in health status could form useful indicators in measuring and monitoring performance in terms of pro poor health policies and poverty reduction. Furthermore, if the approach were to shift towards the use of individual indicators (e.g. HIV incidence) rather than composite indicators and intermediate indicators (e.g. immunisation coverage for the poorest 20%) rather than higher level composite outcome indicators (e.g. Disability Adjusted Life Expectancy (DALEs)) this could also form a useful means of tracking performance against the International Development Targets. At present there is no mention of the IDTs in the report.

A more detailed review of the WHR 2000 has been prepared by IHSD (available on request)ⁱ. The complete WHR 2000 report can be found on the World Health Organisation website on the following address: <http://www.who.int/whr/>

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ⁱ For information on this and other reports, publications and seminar summaries that are produced by the DFID Health Systems Resource Centre, please visit our website: <http://www.healthsystems.org>. Alternatively please contact the HSRC's Information Officer Rabiya Reza either by e-mail: rabiya.reza@ihsd.org or by telephone: +44 (0)20 7253 2222