

## EXECUTIVE SUMMARY

The Scientific Peer Review Group (SPRG) on Health Systems Performance Assessment (HSPA) was set up by the Director-General at the end of October 2001. The list of 13 members of SPRG is attached as Annex 1. Its terms of reference were:

- To review the scientific merit of methods proposed by the WHO Secretariat for the next round of HSPA, building on the suggestions made in the technical, regional and country consultations, in ongoing research and the general academic debate;
- To propose revisions, as necessary, to the methods that improve their scientific merit, and work with the WHO Secretariat to assess the feasibility and impact of any revision;
- To advise the Director-General of the scientific merit of the final methods emerging from this process.

SPRG met for the first time in December 2001, and prepared an interim report that was presented to the WHO Executive Board in January 2002. The Group had two subsequent meetings in February and April 2002. Each of the three SPRG meetings was attended in person by at least nine members, with most of the others participating via a video-conference or tele-conference link.

This is the final report of SPRG, presented to the Director-General in May 2002. The report has been prepared with input from every member, and the conclusions and recommendations in it are unanimous.

SPRG considers that the objectives of the HSPA initiative are valid, and that the provision of comparative data on health-system characteristics is a vital component of securing health-system improvements. In its deliberations SPRG has therefore sought to apply the following overarching criterion to inform its recommendations: that all future HSPA activity should be judged by the extent to which it effects an improvement in health systems performance worldwide, particularly in countries with low levels of attainment.

SPRG welcomes the opportunity it has been given to contribute to the HSPA process. WHR 2000 made an important breakthrough in seeking to provide an integrated quantitative assessment of health systems performance, and bringing the topic of health-system performance to the attention of policy makers worldwide.

SPRG considers that many of the important issues that have been raised in the public debate about HSPA are strategic policy concerns rather than scientific concerns. The strategic concerns may be matters on which WHO will need to determine a policy, but are in general beyond the remit of SPRG. The Group has therefore sought wherever possible to focus only on the scientific aspects of HSPA.

Within the limited time and resources at its disposal, SPRG has sought to review the scientific evidence from five main sources:

1. Published and unpublished documents and presentations by WHO staff.
2. The reports of the WHO regional consultations and technical workshops.
3. The reports of the WHO meetings of experts.
4. Commentaries by national governments and agencies.
5. Published literature in peer-reviewed journals and unpublished working papers by external commentators.

In addition, during the review process, the Group has been open to considering comments and criticisms received in the form of personal communications from various quarters -- researchers, academics, and professionals in the public policy area.

SPRG wishes to congratulate and thank the WHO Evidence and Information for Policy (EIP) Cluster for the breadth and quality of the materials presented. An enormous volume of material has been made available to SPRG, and members of all Departments in the Cluster were unfailingly helpful in making themselves available and responding to requests for clarification and additional material. Without this responsiveness, our job would have been impossible.

The responsiveness of the EIP staff was an immensely encouraging aspect of the SPRG process. Paradoxically, however, it did generate problems for SPRG, in the sense that the Group frequently found itself commenting on what one member referred to as a 'moving target'. WHO proposals were refined over the course of the review process, leading to the production of numerous new working papers as the review process progressed.

The general approach adopted by SPRG has been to follow the template set out by the WHO Secretariat in its Summary Document "Proposed Strategies for Health Systems Performance Assessment" (in *Background Documentation for Scientific Peer Review Group Meeting, Geneva, 7-8 December 2001*). This included 15 topic areas, which correspond to the sections set out in the main body of this report. For each topic we have sought to describe the approach

taken in WHR 2000, summarize the criticisms that WHR 2000 attracted, outline the subsequent response by WHO, and put forward our comments and recommendations.

In reviewing the material made available, SPRG also developed some overarching recommendations that apply across a wide range of HSPA activity. They can be summarized as follows.

1. The development of local capacity to provide and interpret comparative data is essential to the effectiveness and sustainability of HSPA. It is also likely to be a highly cost-effective use of HSPA resources. Attention should be given to mechanisms of developing capacity at regional and country level, through processes such as "Enhancing Health Systems Performance Initiative" (EHSPI), promoting regional networks, nurturing academic networks, implementing training courses, and encouraging active user engagement.
2. HSPA should be a dynamic, interactive process in which users and other stakeholders are actively involved at both conceptual and implementation stage. HSPA may induce beneficial responses within nations, but unless carefully designed it has the risk of being ineffective, or of inducing undesirable outcomes, such as lack of attention to long-term health system goals. Therefore, in order to achieve its goals, it is imperative that HSPA has a positive influence on Ministries of Health and other key stakeholders. WHO should consider whether it is possible systematically to evaluate the impact of HSPA on Member States.
3. WHO should use rigorous scientific methods in developing and implementing new measurement tools. WHR 2000 was criticized for inadequate engagement with, and recognition of the contributions of, experts in the field. SPRG recognizes that, like all scientific endeavours, the methods will evolve over time. The Group considers it is imperative that future methodology is developed in collaboration with relevant outside experts, and welcomes the recent consultative processes initiated by WHO. Mechanisms to secure expert engagement include expert panels, independent peer review, and secondments to and from relevant institutions. SPRG also encourages WHO to work closely with other international bodies with expertise in this area, such as OECD.
4. Numerous technical judgements have to be made at every stage of the HSPA methodology. There is a need for WHO to prepare a careful audit trail of such judgements, and to make this available for public scrutiny.

5. Notwithstanding the need for scientific rigour, the methods used should be as simple as possible, subject to being fit-for-purpose. HSPA introduces many new concepts and methodologies that are challenging for governments and other stakeholders, and any unnecessary complexity is a serious impediment to communication. The final product should be a set of scientifically sound, practical, user-friendly tools that achieve the objectives of HSPA in enhancing health-system performance.
6. The research function implicit in HSPA should be distinguished carefully from operational implementation. Methods and data sources should be robust, credible, sustainable, and cost-effective before full implementation. In the meantime, they should be presented as work-in-progress, and should be developed using the collaborative and open research process advocated above. It may be helpful for WHO to develop explicit criteria against which it can evaluate initiatives being considered for implementation within HSPA.
7. Great care should be taken with the dynamic aspects of health-system performance. Many actions, particularly in the domain of public health, may have effects on outcomes only after a considerable time lag, and the methodologies used should reflect this complication. Furthermore, policy makers are naturally concerned with national trends over time. Therefore, as methodologies and datasets change, there will arise an important need to ensure that consistent time-series of data are made available to countries.
8. There is an urgent need to improve the quality and continuity of the data on which HSPA is based. Detailed recommendations are given in relevant sections of this report. Particularly important means to this end will include nurturing the development of sustainable health-information systems within countries, development of user skills and capacity, implementation of new data collection tools, and use of cost-effective quality assurance instruments.
9. The World Health Survey (WHS) is a particularly important new development within HSPA. SPRG welcomes the introduction of WHS, acknowledging its potential to inform diverse constituencies concerned with the performance of health systems. SPRG recommends that developmental work to ensure its effectiveness and reliability must continue over time, and its detailed recommendations are given in Section XII. The Group noted that WHS should wherever possible build on existing survey platforms, be useful for local purposes, and not put an unsustainable burden on local capacity for data collection. SPRG also notes that WHS is likely to be of

greatest benefit in countries with poor information systems and low levels of health-system attainment. It therefore recommends that WHO gives priority in WHS and its implementation to the needs of such countries.

10. SPRG welcomes the WHO proposal to develop a parsimonious set of indicators related to the financing, service provision and resource generation functions (in the form of a 'dashboard' approach). The Group offers detailed recommendations in the relevant sections of this report, but considers that the development of a set of reliable, valid, cost-effective, and comparable indicators of health-system functions is an urgent requirement to enhance the usefulness of HSPA.
11. WHO should consider publishing an HSPA report card for every country, which offers a diagnostic tool in the form of a commentary on issues such as measured performance and prospects for improvement. The exact content of these should be determined in consultation with Member States, and should reflect the criterion of cost-effective use of WHO resources. SPRG suggests that the report cards could include a commentary on data quality and assumptions, on progress made since the last HSPA, and on aspects of performance that appear to merit further investigation.
12. SPRG has examined carefully the role of "league tables" of health-system performance within the HSPA process. It considers that the decision as to whether or not to publish such league tables is ultimately a policy and strategic decision for WHO rather than a technical issue. However, there were serious technical questions raised about the WHR 2000 methodology relating to the weights used in the composite index, the scaling of the component indicators, and the treatment of missing data. These criticisms have been documented in the subsequent sections of this report, which also give our detailed response to the WHO proposals for addressing these criticisms.

The following sections report the results of our detailed scrutiny of each of the 15 topic areas. They bear testimony to the extraordinary breadth and richness of the agenda unleashed by WHR 2000. Within the limited time and resources available, SPRG has found it extremely challenging to cover all the issues raised. We nevertheless hope that the treatment of the topics can serve as an adequate basis for informing progress on HSPA in the near future. We have sought to reflect the major issues raised in WHR 2000, and have made numerous detailed recommendations. The main messages from our review are now briefly noted under the 15 headings.

- I. SPRG broadly endorsed the **framework for HSPA**, but in Section I makes some detailed comments designed to clarify and refine the concept.
- II. SPRG noted the extensive work that has already gone into the development of measures of **health system inputs**, in the form of the national health accounts. Section II offers a large number of detailed observations and suggestions for improvement.
- III. SPRG welcomes the attention now placed on the **resource generation function**, but considers current WHO thinking to be at an early stage of development. Section III offers some preliminary observations, but we recommend that this topic should be developed in full consultation with relevant users and experts.
- IV. SPRG considers that the **service provision and coverage function** is particularly important for nations seeking to understand the reasons for their measured level of health-system performance. In particular, WHO has started to develop an ambitious methodology that contains promising implications for operational measurement. However, the methodology will need continued elaboration, refinement, and clarification.
- V. We agree that WHO should continue to develop operational measures relating to the **financing function**. There is a need for research that provides evidence on how the financing function affects health-system performance.
- VI. SPRG welcomes the emphasis on the **stewardship function** in WHR 2000. Although it considers that the measurement of stewardship poses serious challenges and could be a sensitive area, SPRG suggests that WHO should develop and test the proposed new tools.

- VII. Methodology for the measurement of **average level of population health** is relatively advanced. A number of technical issues have been raised concerning the estimation of Health-Adjusted Life Expectancy (HALE), and these are treated in detail in Sections VII and XIII.
- VIII. The concept and measurement of **health inequality** have generated some of the most contentious debates arising from WHR 2000. This HSPA goal poses epistemological as well as policy challenges, and introduces serious practical measurement difficulties. SPRG is not aware of any current data sources that allow international measurement of inequality in the chosen measure for 'average level of population health', HALE (rather than inequality in child survival to age 2 as used in WHR 2000). Hence, SPRG recommends that the 'pure health inequality' approach to examining 'health inequalities' should be developed further at both a methodological and statistical level, and acknowledges that measuring 'socio-economic inequalities in health' is a valuable additional approach.
- IX. The treatment of **level and distribution of responsiveness** in WHR 2000 was weak, relying on Key Informant surveys administered in only a fraction of Member States. The introduction of the World Health Survey will for the first time provide population-based information on responsiveness. However, further work is required to define the concept of responsiveness and identify its importance in different cultural settings and at different stages of development.
- X. The concept and measurement of the **fairness of financial contributions** have attracted a great deal of debate since WHR 2000 was published. Although there are some as yet unsettled technical questions, many of the concerns expressed in the debate relate to policy choices that WHO will have to make and defend.
- XI. SPRG considers that the decision on whether or not to continue to publish a **composite index** of health-system performance is ultimately a policy decision for WHO rather than a technical issue. However, there were serious technical questions raised about the WHR 2000 methodology, which are addressed in Section XI.
- XII. Data inadequacies were a chief source of concern in commentaries on WHR 2000. In response, WHO has launched a major initiative on **data quality and data collection strategies**, including the World Health Survey. As noted above, SPRG welcomes this development, but has raised serious concerns that are detailed in Section XII. SPRG

recommends that WHO makes intensive efforts to obtain household survey data in as many countries as possible, and reduces the need to estimate missing data to a minimum.

- XIII. SPRG considers that the methods proposed to achieve **cross-population comparability** are necessary and innovative. The methodology represents a major advance in comparing self-reported survey responses of different population groups (countries). The methods are still at a developmental stage, and require extensive further testing for robustness.
- XIV. SPRG acknowledges the usefulness of seeking to measure health-system **efficiency**. However, the measurement of efficiency gives rise to a large number of technical problems that have yet to be resolved, as explained in Section XIV. This work requires further development and consultation, and WHO should recognize that it is work-in-progress in any tables it produces.
- XV. SPRG considers that **enhancing policy relevance** is an essential aspect of the HSPA exercise, without which the finest technical endeavours will be irrelevant. WHO has made a number of recommendations for country support and capacity building, all of which appear to offer promise. Their implementation will require careful design and evaluation.

We feel that the independent peer review process has been illuminating and valuable to both WHO and SPRG members, and that the WHO consultation process has already enhanced the effectiveness of the HSPA initiative. We believe that adoption of our recommendations will further enhance the longer-term effectiveness of HSPA, and are pleased to note that many of our comments and suggestions during the review process have already been incorporated into the WHO methodology. More generally, we hope that the usefulness of the peer review process will encourage WHO to embrace the principle of engaging with independent outside expertise on specific HSPA topics, whenever appropriate.