

## **XV. ENHANCING POLICY RELEVANCE**

### **1. WHR 2000**

The results of the performance assessment exercise in WHR 2000 were presented in the Statistical Annex of the Report as:  
attainment on the five intrinsic goals separately;  
attainment on the composite index;  
efficiency in terms of average health level and in terms of the composite index.

All scores were presented in rank order, with uncertainty intervals around the scores and ranks. In the overview and the first two chapters of the Report there was discussion of the potential policy uses of quantitative analysis of the health-system goals. The four chapters on functions reviewed current evidence on the relation between outcomes and provision, resource generation, stewardship, and different ways of financing. The Report did not provide country-specific interpretation of this analysis but drew general conclusions about the type of strategies which will enhance performance.

### **2. Main commentaries and criticisms**

#### ***The policy uses of ranking***

There was mixed feeling at the regional consultations about the value of publishing overall attainment and efficiency scores and the accompanying rankings. This topic is discussed elsewhere (see Sections XI and XIV). In relation to rankings, some participants in regional consultations argued that the overall attainment and efficiency estimates should not be reported country-by-country. An alternative suggestion was to group countries by level of attainment, e.g. high, medium and low. However, other participants saw the value of ranking as a means of focusing the attention of policy makers on the health system and its performance.

Rosén (2001) welcomed the “underlying idea of generating a discussion on how well health systems function in different countries by openly reporting comparative statistics”. Navarro (2001) takes a similar stance. Appleby and Street (2001) comment on how information, and ranking in particular, may be used in different ways by policy makers and the public. In the Summary Document prepared for SPRG, WHO states that: “A tentative conclusion is that rankings are not of particular interest to the technical experts required to take the steps necessary to improve performance – although comparisons of

country performance with that in a reference group of countries is useful for this purpose. However, rankings provide the means of gaining the attention of the key decision-makers who are in the position to provide more resources for health and to take the necessary actions required to demonstrate a political will to improving the performance of health systems.”

### ***Multiple goals***

The fact that the WHO framework explicitly recognizes there are multiple goals for a health system has been welcomed as being useful for policy purposes (Walt and Mills 2001; McKee 2001). Appleby and Street (2001) particularly note that it is useful in thinking about trade-offs between goals.

### ***Procedural concerns***

Other comments were of a procedural nature. For example, government officials argued that countries need to be given the opportunity to comment on the estimates before they are published, that they should be given substantial advance warning before data are released to the media, and decision makers and the media need to be given more information and assistance on how to respond to performance-assessment information. The latter concern applied particularly to the uncertainty intervals around the ranks, which were either ignored or misunderstood by the media.

### ***The need to increase confidence in and ownership of results***

The perceived policy relevance of the results was partly affected by concerns about the data and the methods used (see other Sections). In addition, it was noted that confidence and ownership of results would be enhanced by more national involvement in method development, and improved capacity to apply the complex methods and tools and to interpret the results.

### ***Summary measures of outcomes are not sufficient for policy development purposes***

The measures provide information on ‘how well’ a health system is performing, but not on ‘why’ it is performing as it is. Appleby and Street (2001) observe that if countries are to respond positively to HSPA, this involves finding variables that both explain performance and are open to policy manipulation. It is argued that additional information on determinants and on intermediate goals related to health-system functions, such as access, is essential for policy development (Almeida et al. 2001; Braveman et al. 2001; Makinen et al. 2000; Nord 2002; Van der Stuyft and Unger 2000; WHO Regional Office for the Americas 2001; WHO Regional Office for Africa 2001; WHO Regional Office for the Eastern Mediterranean 2001; WHO Regional Office for Europe 2001; WHO Regional Office for South-East Asia 2001).

Sub-national or sub-system analyses may also be needed for policy analysis and development (Wibulpolprasert and Tangcharoensathien 2001).

***The need for an explicit strategy to link assessment to policy dialogue and system development.***

Since the publication of WHR 2000, many have argued that the links between the measurement of performance and the development of policy requires strengthening.

A number of commentators have observed that availability of relevant information does not necessarily lead to its 'use' (Kvale 2000).

### **3. WHO responses and proposals**

Since the publication of WHR 2000, a number of countries have expressed interest in active collaboration with WHO to assess the performance of their own systems and to use the evidence to formulate policies to improve performance. Participants in the regional consultations also emphasized that the links between the measurement of performance and the development of policy required strengthening. To meet the country requests and suggestions of the regional consultations, the Director-General decided to group efforts under the rubric of 'Enhancing Health Systems Performance Initiative'(EHSPI). Around 30 Member States expressed interest. WHO is currently working with 20 countries from different income ranges and WHO Regions. Reasons for engaging include:

assessment of the performance of their own health systems, or sub-systems, using the WHO framework;

- assessment of their own performance using better data than was available to WHO;
- development of national skills in the required methodologies;
- seeking support from WHO for the development of health policies and systems using the available evidence;
- contributing to the development of more practical tools for translating evidence into policy, particularly related to the four functions;
- the search for greater contact with and opportunities for learning about health systems in other countries.

EHSPI has both national and global objectives. At a national level, the aims are to:

- enable policy makers to have a better understanding of their health system's performance, and to feed this information into a national policy debate;
- link evidence to actions to improve performance;
- develop greater national capacity to monitor and improve performance.

The country level work interacts with the two global objectives:

- further development of the conceptual framework and methods;
- development of a better international evidence-base for policy advice.

Strategies to meet these objectives are discussed under the following four headings.

### ***(i) Describing and understanding health-system performance***

#### **Outcomes**

Initial work has shown that working closely with countries to carry out their own baseline assessment of attainment on the intrinsic goals is extremely useful for identifying new data sources, for undertaking new data collection where required, and for refining the indicators. For example, some countries have been interested in testing what mode of survey is the most cost-effective in obtaining the desired information, so more than one modality has been tested. Others have provided feedback which has helped to modify the indicators of the intrinsic goals or the questionnaire of the World Health Survey.

#### **Inputs**

To date, most attention has focused on improving estimates of health expenditures in countries lacking national health accounts. There are several regional initiatives supporting National Health Accounts (NHA) construction, and EHSPi has facilitated their support. A *Producer's Guide to National Health Accounts for Low and Middle Income Countries*,<sup>1</sup> jointly authored by WHO, the World Bank and USAID, will soon be published in English, French and Spanish. This interaction with NHA networks seems the most appropriate way to build evidence in this respect.

#### **Functions**

A number of countries have requested help to measure the performance of the four basic functions in their country settings. To this end, the major emphasis has been on defining an indicator of service provision that is more useful for policy than geographical access. A number of countries are testing the new WHO tool to measure effective coverage.

### ***(ii) Implementation: linking evidence to policy***

A number of participant countries have held national seminars to introduce a wider range of decision makers and researchers to the performance

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<sup>1</sup> These will appear in the NHA *Producer's Guide* currently under preparation. It is co-funded by the World Bank, WHO and USAID, and is being jointly prepared by those agencies and a team from the Harvard School of Public Health.

assessment approach, and to discuss the policy implications of findings from the baseline analysis. In addition, WHO is providing direct policy support to a small number of countries, incorporating the new information being generated from these efforts.

***(iii) Sub-national performance assessment***

Some have suggested that the assessment framework could be helpful in assessing and improving the performance of sub-national units. It could then become a tool for more effective stewardship and management. There will be an international meeting in 2002 to discuss the practical and methodological challenges in adapting the framework.

***(iv) Building capacity in health-system performance assessment and analysis***

For health systems performance assessment to be sustainable at the country level, capacity for both the diagnostic and implementation phases must be built. A variety of strategies have been piloted – ranging from straightforward briefings on using the methods, to technical support to analysts in-country or at WHO, to formal training workshops. There have been international workshops in South Africa and Indonesia (in English), in China, and one for French speakers is scheduled in Africa in 2002.

***WHO proposals for increasing policy relevance***

**(i) Increasing the knowledge base on health systems**

*Helping Member States monitor health-system performance*

WHO will support the generation of better national information through the joint development of reliable, practical methods and tools, for example the World Health Survey; the CHOICE initiative (Choosing interventions that are cost-effective); tools for monitoring functions and sub-national health-system performance.

*Policy options for health-system financing and human resources*

WHO is building a more evidence-based understanding of policy options in health financing and human resources across the Organization.

**(ii) Country support and capacity-building**

*Building national skills in the generation of information*

Continuing the strategies mentioned above. There will also be more effort to develop local networks to provide country to country support.

### *Strengthening national health-information systems*

Several countries wish to link baseline assessment with efforts to improve information systems. WHO proposes to take an information needs-oriented view of information system development, and review how to combine strategies such as sentinel surveillance and periodic surveys with routine facility-based reporting systems.

### *National capacity to use evidence for policy and management*

WHO is developing a variety of strategies to build skills in policy analysis and development: national health policy reviews; the Management Effectiveness Programme; rapid health system assessments.

### **(iii) Expanding WHO inter-country networks on health systems**

There is a need for a more systematic approach to facilitating cross-country support in assessment and policy analysis. Existing global and regional networks include the Regional Observatories; the national health accounts partnerships; the Global Alliance for Health Policy and Systems Research; and professional and provider networks. Where appropriate and needed, these will be more systematically strengthened. EHSPi will evolve into a network that brings together those that generate and those that use evidence.

## **4. SPRG comments and recommendations**

SPRG noted the experience of UNICEF which presents a ranking of the performance of individual countries in its publication 'Progress of Nations'. In this publication, UNICEF reviews broad issues affecting child health and welfare but it also includes tables showing specific health achievements of individual countries in relation to their Gross National Product (GNP). From the analysis, UNICEF presents a measure called "National Performance Gap" (NPG) which is derived from the observed health indicator compared with the predicted level on the basis of the nation's GNP. This analysis has been presented for such indicators as the Under-Five Mortality Rate (U5MR), the Maternal Mortality Ratio (MMR), childhood malnutrition, etc. For example, in the case of U5MR, the national performance gap in a particular country is the difference between the actual level of U5MR and the expected level. The expected level of performance for U5MR is derived by fitting a curve to country data represented by points on a graph whose axes are GNP per capita and U5MR. The curve is fitted to match the overall shape of the country data points, using a least-squares regression method. The expected level of performance is the level predicted by the regression line for each level of GNP per capita. The NPG enables each country to assess its performance relative to its level of national income. It draws the attention of a country that is performing worse than predicted according to its GNP per capita. This gap serves to highlight problems that need special attention.

Health authorities find such ranking that is based on clearly defined objective criteria easy to understand and acceptable.

Members of SPRG observed that when moving from diagnosis to policy formulation, policy makers can be faced with an overwhelming amount of information, and ways of showing the potential effects of different policy options would be useful. It was also noted in SPRG that much discussion has focused on WHO reaching top policy makers, but there are also national responsibilities in increasing the use of evidence, by orienting technocrats with managerial responsibilities.

SPRG emphasized that WHO needs to ensure that the public understands the key messages from health systems performance assessment. It will be essential for WHO to think of how to handle public relations at the global as well as national levels for the next Report on HSPA. Access to information on health systems will also be improved through the wider dissemination of country-specific analyses both in electronic and printed form.

SPRG noted that WHO will be unable to meet all demands for direct country support on health systems.

In the Summary Document WHO states that it hopes EHSPi would provide a platform to ensure the policy relevance of HSPA, and to develop national capacities for monitoring and improving performance. The initiative could also have the external benefit of contributing to the further development of the tools and methods as well as to contributing to the evidence-base for health policy advice.

SPRG recommends that WHO continue exploring this approach as a vehicle for constructive engagement with countries on health-system performance and ways of improving it. It should also collaborate with countries in the development of practical methods and tools, and provide opportunities to strengthen national capacity in conducting analysis of the performance of national institutions and programmes within the health system. EHSPi will also be of value to other stakeholders in the health field. Whilst the primary focus should be on working with governments, WHO should ensure that other relevant stakeholders are informed and involved. A broad programme of technical assistance based upon the EHSPi experience should be considered.

In terms of increasing policy relevance, it is important that WHO develop indicators of the different health system functions. One can envisage a 'core' group of indicators that could be used in every country, which would facilitate comparisons of performance between health systems. Another more detailed set of function indicators could provide a menu from which Member States can select additional items. SPRG suggests that some basic principles be observed during the development of indicators of health-system functions. The indicators should:

- be policy relevant;
- be easy to use and to understand;
- be sensitive to changes in both directions;
- provide clues about the factors influencing level and change, especially those within the purview of the health system;
- be sustainable, i.e. affordable, reliably collected, and within the capacity of host countries to produce;
- be compatible with local culture and social systems.

## 5. References

- Almeida, C. M., P. Braveman, M. R. Gold, C. L. Szwarcwald, J. M. Ribeiro, A. Miglionico, J. S. Millar, S. Porto, N. R. Costa, V. O. Rubio, M. Segall, B. Starfield, C. Travassos, A. Ugá, J. Valente, and F. Viacava (2001): Methodological concerns and recommendations on policy consequences of the World Health Report 2000. *Lancet*, 357(9269): 1692-1697.
- Appleby, J. and A. Street (2001): Health system goals: life, death, and...football. *Journal of Health Services Research and Policy*, 6(4): 220-225.
- Braveman, P., B. Starfield, and H. J. Geiger (2001): World Health Report 2000: How it removes equity from the agenda for public health monitoring and policy. *British Medical Journal*, 323(7314): 678-681.
- Kvale, G. (2000): Inequalities in health. Feedback. *Bulletin of the World Health Organization*, 78(6): 856.
- McKee, M. (2001): Measuring the efficiency of health systems. *British Medical Journal*, 323(7308): 295-296.
- Makinen, M., H. Waters, M. Rauch, N. Almagambetova, R. Bitran, L. Gilson, D. McIntyre, S. Pannarunothai, A. L. Prieto, G. Ubilla, and S. Ram (2000): Inequalities in health care use and expenditures: empirical data from eight developing countries and countries in transition. *Bulletin of the World Health Organization*, 78(1): 55-65.
- Navarro, V. (2001): World Health Report 2000: Response to Murray and Frenk. *Lancet*, 357(9269): 1701-1702.
- Navarro, V. (2002): The World Health Report 2000: Can health care systems be compared using a single measure of performance? *American Journal of Public Health*, 92(1): 31-34.
- Nord, E. (2002): Measures of goal attainment and performance: A brief, critical consumer guide. *Health Policy*, 59(3): 183-191.
- Rosén, M. (2001): Can the WHO Health Report improve the performance of health systems? *Scandinavian Journal of Public Health*, 29(1): 76-80.
- Van der Stuyft, P. and J. P. Unger (2000): Improving the performance of health systems: The World Health Report as go-between for scientific evidence and ideological discourse. *Tropical Medicine and International Health*, 5(10): 675-677.

Walt, G. and A. Mills (2001): World Health Report 2000: Comments. *Lancet*, 357(9269): 1702-1703.

Wibulpolprasert, S. and V. Tangcharoensathien (2001): Health systems performance: What's next?. *Bulletin of the World Health Organization*, 79(6): 489.

WHO Regional Office for the Americas (2001): Regional consultation of the Americas on Health Systems Performance Assessment: Final Report. 8-5-2001, Washington, D.C.

WHO Regional Office for Africa (2001): General Report on the Regional Consultative Meeting on Health Systems Performance Assessment: Final Report. 18-5-2001, Harare, Zimbabwe.

WHO Regional Office for the Eastern Mediterranean (2001): Report on the Regional Consultation on the Conceptual Framework for Health System Performance Assessment. 9-7-2001, Ain Saadeh, Lebanon.

WHO Regional Office for Europe (2001): Report of the Regional Consultation on Health Systems Performance Assessment. 3-9-2001, Copenhagen.

WHO Regional Office for South-East Asia (2001): Report of the regional consultation and technical workshop on health systems performance assessment. 18-6-2001, New Delhi, India.