

With Liberty and Justice for All?

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On June 20, 2000 the World Health Organization issued an unprecedented report on all of the world's health systems, the first report card to the world's peoples on their health care.

The World Health Report 2000 - Health Systems: Improving Performance is a milestone in the global institutionalization of performance assessment, reflecting two years of work by hundreds of physicians, economists, statisticians, demographers, and anthropologists. It does nothing less than challenge us to redefine our thinking about what a health system is, and to extend that thinking beyond the provision of public and personal health services so as to encompass other areas of public policy that influence population health.

The report breaks new ground in the very way it defines the goals and functions of health systems. The new WHO framework focuses on three key goals of health systems:

- Achieving good health in a population both by raising its overall level and by improving its distribution among the population,
- Enhancing the responsiveness of a health system to a population's needs and expectations, and
- Assuring fairness of financial contributions so that every household pays a share of the country's health bill based on their capacity to pay.

And it describes four key functions:

- Providing services,
- Generating the physical and human resources that make service delivery possible,
- Raising and pooling the resources used to pay for health care, and
- Stewardship -- setting and enforcing the rules of the game and providing strategic direction for all the different actors involved.

In designing the framework for health system performance, WHO innovates by employing a technique not previously used for health systems. It compares each country's system to what the experts estimate to be the upper limit of what can be done with the level of resources available in that country. It also measures what each country's system has accomplished in comparison with those of other countries.

The index of indicators used by WHO to measure performance is a reflection of a consensus that grew out of the results of surveys conducted on thousands of people in dozens of countries. For example, WHO found near universal agreement that out-of-pocket payment at the time of illness is an undesirable and unfair way of financing health care.

WHO's assessment system is based on five indicators:

- Overall level of population health,
- Health inequalities (or disparities) within the population,
- Overall level of health system responsiveness (a combination of patient satisfaction and how well the system acts),
- Distribution of responsiveness within the population (how well people of varying economic status find that they are served by the health system), and
- Distribution of the health system's financial burden within the population (who pays the costs).

It is important to recognize that WHO's vision of the mission and performance of the world's health systems incorporates a defining ethic, one that might be characterized as social justice through fairness. It is the paradigm of fairness that drives three of WHO's five performance indicators. Fairness, as a fundamental ethical concept, is broadly applicable throughout a society. Here, its application to health systems includes measures of equity, efficiency, accountability, and autonomy: Equity in outcomes, access, and financing; efficiency in management and allocation; accountability to the public interest through public decisionmaking, public reporting, and public empowerment; a measure of autonomy for patients and providers.

The Rankings

The United States spends more on health than any other nation. The WHO's rankings assess the results in both absolute achievement and achievement relative to expenditures.

With regard to WHO's five key indicators for goal achievement by health systems, the United States ranks as follows:

- Level of Health (DALE: Disability - Adjusted Life Expectancy): 24
- Fairness of Health (Distribution of life expectancy across populations): 32
- Responsiveness (Patient perception of the quality of health care): 1
- Fairness in Responsiveness (Equality of responsiveness across groups): 3
- Fairness in Financing (Affordability of health care across groups): 54

What may be viewed as its greatest achievement to date is WHO's development of a composite index of overall health system goal attainment. Over one thousand public health practitioners from over 100 countries were surveyed in order to construct a weighted index of the above five indicators. The weights on the five components are:

- 25% level of health,
- 25% distribution of health,
- 12.5% level of responsiveness,
- 12.5% distribution of responsiveness, and
- 25% fairness of financial contribution.

On this composite measure, the United States is ranked 15.

The WHO Report does not judge countries on how much they choose to spend on health, but

does measure their relative achievement for whatever they do spend. Two health performance measures are thus measured for their efficiency. In one ranking, overall goal attainment (as explained above) is related to expenditures for health. In this, the United States ranks 37. In the other ranking, each country's achievement in health (DALE) is related to what might have been achieved through the most efficient health system results achievable for the country's actual per capita health expenditure. In this, the United States is ranked 72.

The WHO will continue to produce reports annually which will measure the performance of the world's health systems through indices that will be continuously improved and updated.

Stewardship

The many, and provocative, implications of the WHO Report are obvious to anyone who views population health as a function of justice in a social and political context. Dr. Gro Harlem Brundtland, Director-General of the WHO, points out that "...the overall effectiveness of government seems to have a particularly strong influence on health systems performance," and that "the careful and responsible management of the well-being of the population --stewardship-- is the very essence of government."

This is the "moral" of this story, and the Report can be described either as an outcome based performance assessment of the world's health systems, or as an assessment of the extent to which the world's health systems are neglecting their responsibilities for stewardship.

And what is stewardship but good planning and intelligent regulation? The WHO's conception of stewardship involves three key functions:

- Setting, implementing, and monitoring the rules for the health system;
- Assuring a level playing field for all actors in the system (particularly purchasers, providers, and patients); and
- Defining strategic directions for the health system as a whole.

These functions of stewardship can be subdivided into six sub-functions:

- Overall system design,
- Performance assessment,
- Priority setting,
- Intersectoral advocacy,
- Regulation, and
- Consumer Protection.

"Intersectoral advocacy" refers to the promotion of policies in other social systems, e.g., education, that will advance health goals.

Governance

Stewardship is one of the principal functions of governance, and is addressed in the policy statements that AHPA has adopted (accessible at <http://www.ahpanet.org/>). While health planners have always addressed the "responsiveness" of health systems in terms of the quality of facilities and services, the dignity of individuals and their freedom of choice, promptness of attention to illness, and confidentiality of record keeping, they have sought equity in all those factors too, seeing equity as a principal goal of stewardship. Where such equity is not achieved, there is a failure in governance. Therefore, the WHO Report can also be seen as a judgment of the quality of much of what makes up governance in the countries of the world, and its two indices of the efficiency of health systems performance in particular belie our country's claim to "good government."

In the WHO's own words, these failings in equity and efficiency result in "injustice, inequality and denial of basic rights of individuals. The impact is most severe on the poor, who are driven deeper into poverty by lack of financial protection against ill-health. In trying to buy health from their own pockets, sometimes they only succeed in lining the pockets of others."

Social Justice

One of the most salutary lessons this Report teaches us is that the effectiveness of health systems is determined by the social and political determinants of population health "upstream" from health care. And we should see this Report as an important contribution toward a world consensus that ensuring the conditions in which people can be healthy is a human right. It directs us all to seek out the societal root causes for poor health, and to provide solutions through the structural improvement of society itself.

Properly, this raises some very great questions that we are all called upon to answer. Improvement in health status equality will not be achieved without improvement in social cohesion and reduction of income inequalities, for these determine, in turn, our feelings of self-worth and our levels of social anxiety, two major psychosocial determinants of population health.

As I write this, eight weeks have passed since the WHO Report was issued, and one must remark on the underreaction to it in the media. One would think that its findings must not be relevant to our country. Rather, we should add to its significance the evidence it offers of the depreciation of public life and our loss of a moral compass within it. It is telling us that we live in an increasingly dysfunctional society, one that fails to promote health achievement for all of its members because it fails to respect the lives of all of its members. It shows us a failure in our democracy that abrogates what is even more essential to human rights than health:

Nurturing a shared sense of the intrinsic value we all have as members of one Community.