

Health Targets in Health Sector Development

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Outline

Situation analysis

- Demographic changes
- Epidemiological changes
- Health system changes

New Health Targets

Within reach of the health system

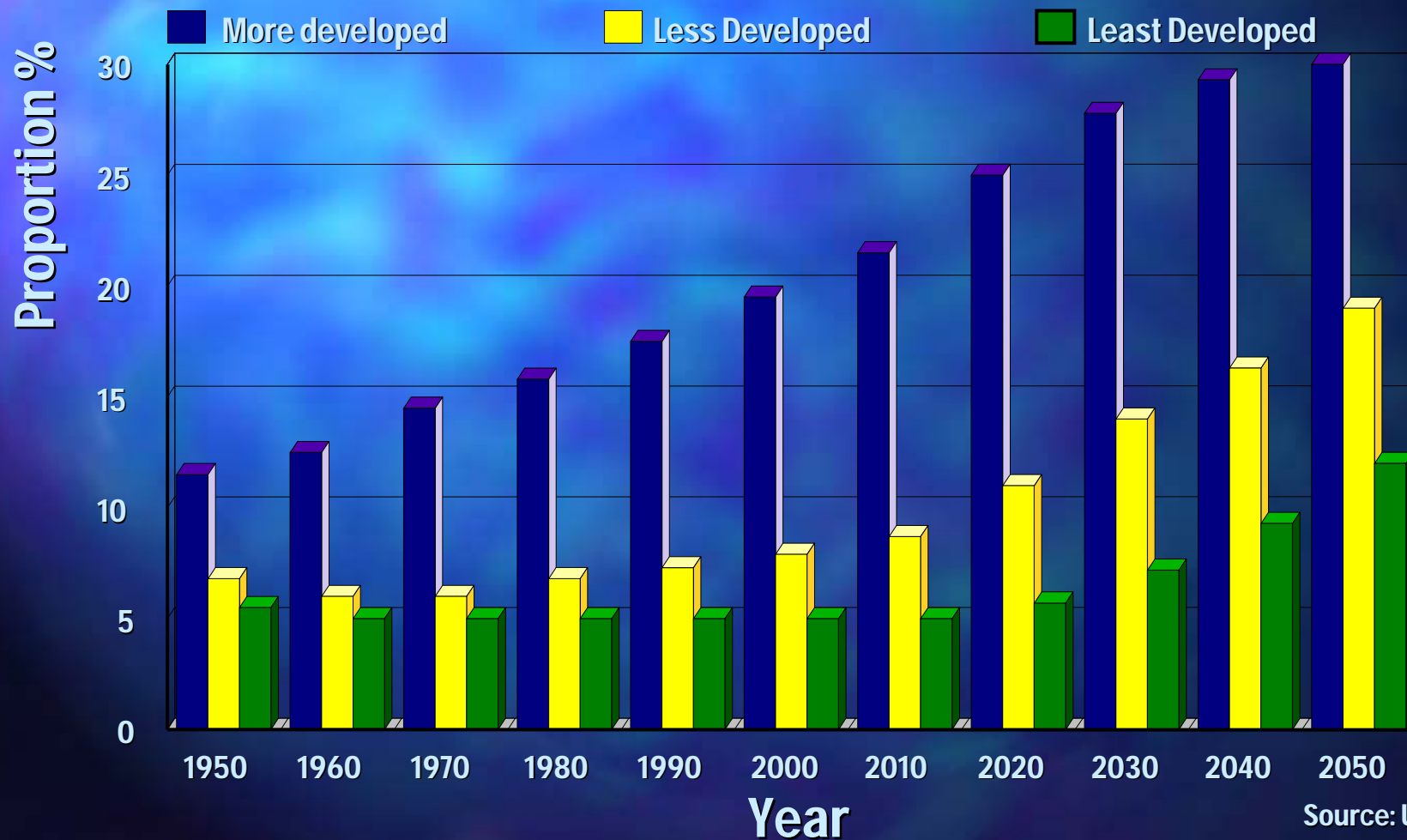
With partners

Demographic Transition

- Ageing of population, associated with declines in mortality and fertility.
- Growing global population, increased mobility, urbanization, more adults living alone, more single parents

The World's Population is Ageing

Proportion of population aged 60 and over,
by country category, 1950-2050



Epidemiologic Transitions

Changing patterns of disease:

Now double disease burden

CVDs, global leading cause of death,
more Diabetes Mellitus, more injuries,
more mental health problems

And in communicable diseases

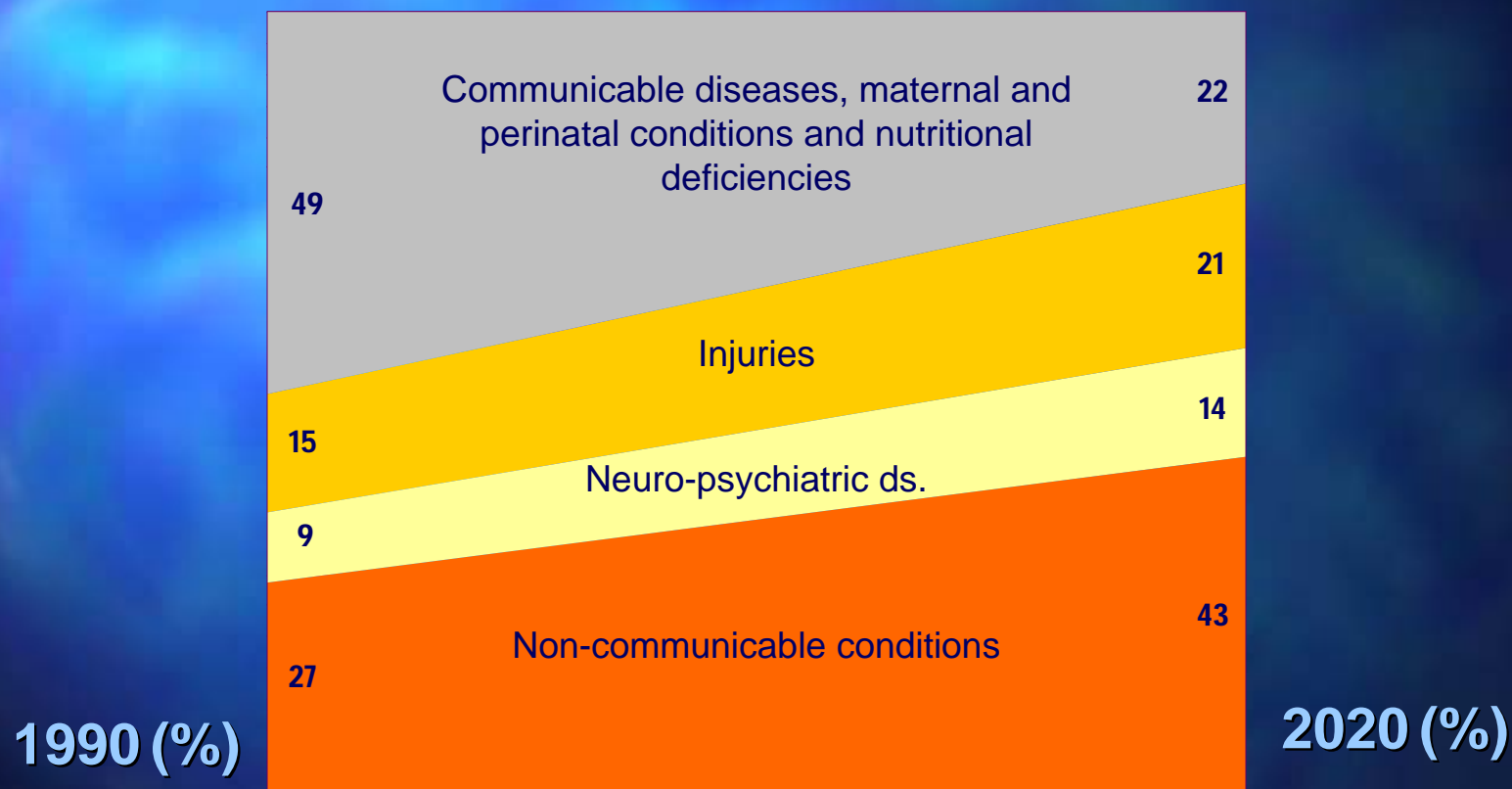
Global focus on HIV/AIDS, TB and Malaria

And millions still undernourished

Better understanding of poverty/health links in both
groups

Epidemiologic Transition (trends & projections)

DALYs, by broad cause group 1990 - 2020
in developing countries (baseline scenario)



DALY = Disability-Adjusted Life Year

Source: WHO, Evidence, Information and Policy, 2000

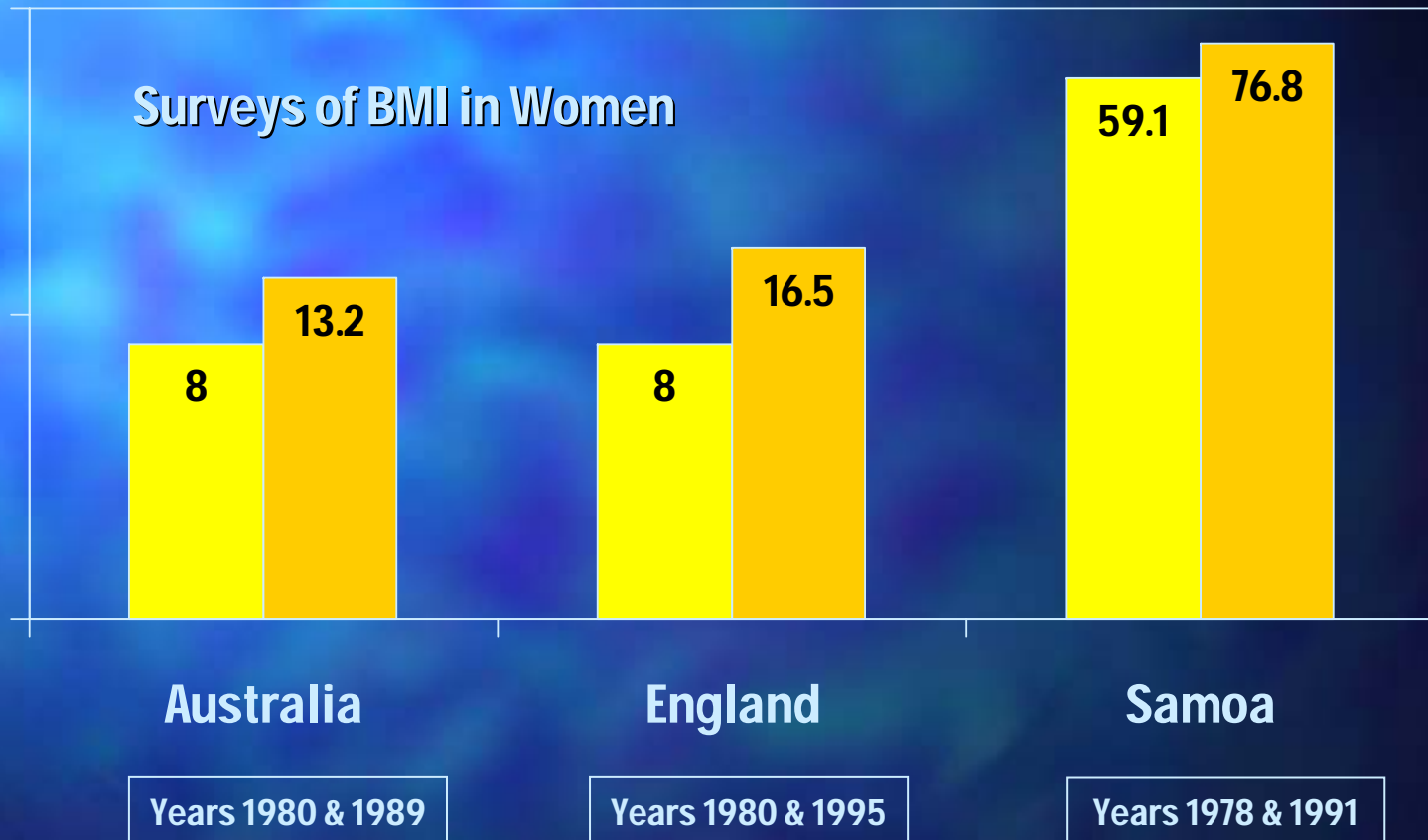
Obesity is on the Rise

(in both developed and developing countries)

Percentage
Prevalence in
Obesity (%)

[Log Scale]

Surveys of BMI in Women



Source: WHO Tech Report 894, 2000

Still Major Health Disparities

	Infant Mortality Rate	Maternal Mortality Ratio	Life Expectancy
Japan	3.4	5.9	81
New Zealand	7	5.2	76.9
Papua New Guinea	77	370	54
Lao PDR	101	650	53

Changes in health care

- Health system change is slow/unbalanced
- Globalization has mixed impact on health:
 - e.g., skilled health professionals leave developing countries for higher incomes
 - More people know about more health care they cannot afford/access

Demand generation by providers puts pressure on patients

And despite reform efforts

- Health systems remain under-funded
- Role of the state in health care still unclear
- Stewardship is weak, lacks coordination
- Lack of direction regarding essential public health functions
- Lack of direction for PHC
- Lack of regulation for use of private sector

What can we do about:

Demographic Change
Behaviour and Lifestyles
Globalization
Governance and Stewardship
Poverty and Health
Inequalities

Some are covered by the Millennium
Development Goals

What can national health systems do now?

New Health Targets

Target 1. Achieve safe and rational use of health services

Assumption: If use is safe and rational, then

- resources better used
- less inequalities
- less adverse effects
- less misuse
- better compliance
- improved health outcomes

Examples: Safe and rational use of drugs, injections, medical equipment and blood.

Example 1: Safe and rational drug use

Sub-target: Reduce anti-microbial resistance (AMR)

Resistance to first line drugs in WP Region:

TB	2- 40 % primary MDR
Malaria	10 – 80% (Choroquine)
Pneumonia	90% penicillin R to S. pneumonia
Diarrhoea	90% Shigella dysentries
Gonorrhoea	5 - 98% penicillin R

Why: inappropriate Dx, Rx, sub-standard drugs
Financing and “interference”
Hygiene and sanitation

Can these be dealt with?

Example 2: Safe Blood

Sub-target: Assure safe and rational transfusion services

- Increase voluntary blood donation
- Centralize blood banks/services
- Improve transfusion practices
(laboratory procedures, recording)
- Achieve rational and appropriate use

Target 2. Remove revenue generating mechanisms from provider payment

- Create incentives/rewards through education/research opportunities
- Allow for increased revenue from non-medically essential elements
 - **Change the nature of profit in health care**

Target 3. Finance personal health care through prepayment

- Develop mechanisms for all population sectors
 - Contributory for those who can pay in
 - Social assistance for those who cannot
- Assure comprehensive benefit package with preventive services and approach

Target 4. Finance public health care through general tax revenues

- Reduce scope...
- ...but, intensify efforts to assure public health:
 - More on health promotion
 - More on education of health workers, with academia
 - More study/analysis of variations
 - More on regulation, accreditation, all components of quality assurance

Target 5. Achieve better management of health services – public and private

- Improve the status of the management function in health care
- Develop ways to reward accountability
- Allocate resources/spend more on maintenance, information systems

Targets that require partnerships

Remember the health situation...

- Elderly living alone, single parents
- Negative aspects of urbanization
- Poor nutrition in new vulnerable groups
- The pressures of providers and of advertising in this context

Identify new partners to reach the health system targets above

Target 6: Build new partnerships between government and ...

- ... Industry – to develop safe products, drugs, with appropriate messages through advertising
- ... Labour – to develop and use bargaining power for healthy work, healthy products
- ... Civil society – to understand the value of good health, what is required to achieve safe and rational health care,
to promote behavioural change among providers and consumers, and
to assist government in providing support to vulnerable populations/individuals

Conclusion

- National systems should achieve what they can do best, first, through the safe and rational approach
- Well monitored and managed progress will feed achievement
- Achievement will:
 - generate better resource use
 - give health systems the credibility to undertake the bigger and more complex issues
 - promote improved health behaviour by the population/consumers