

# Health Targets in Health Sector Development

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# Outline

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## Situation analysis

- Demographic changes
- Epidemiological changes
- Health system changes

## New Health Targets

Within reach of the health system

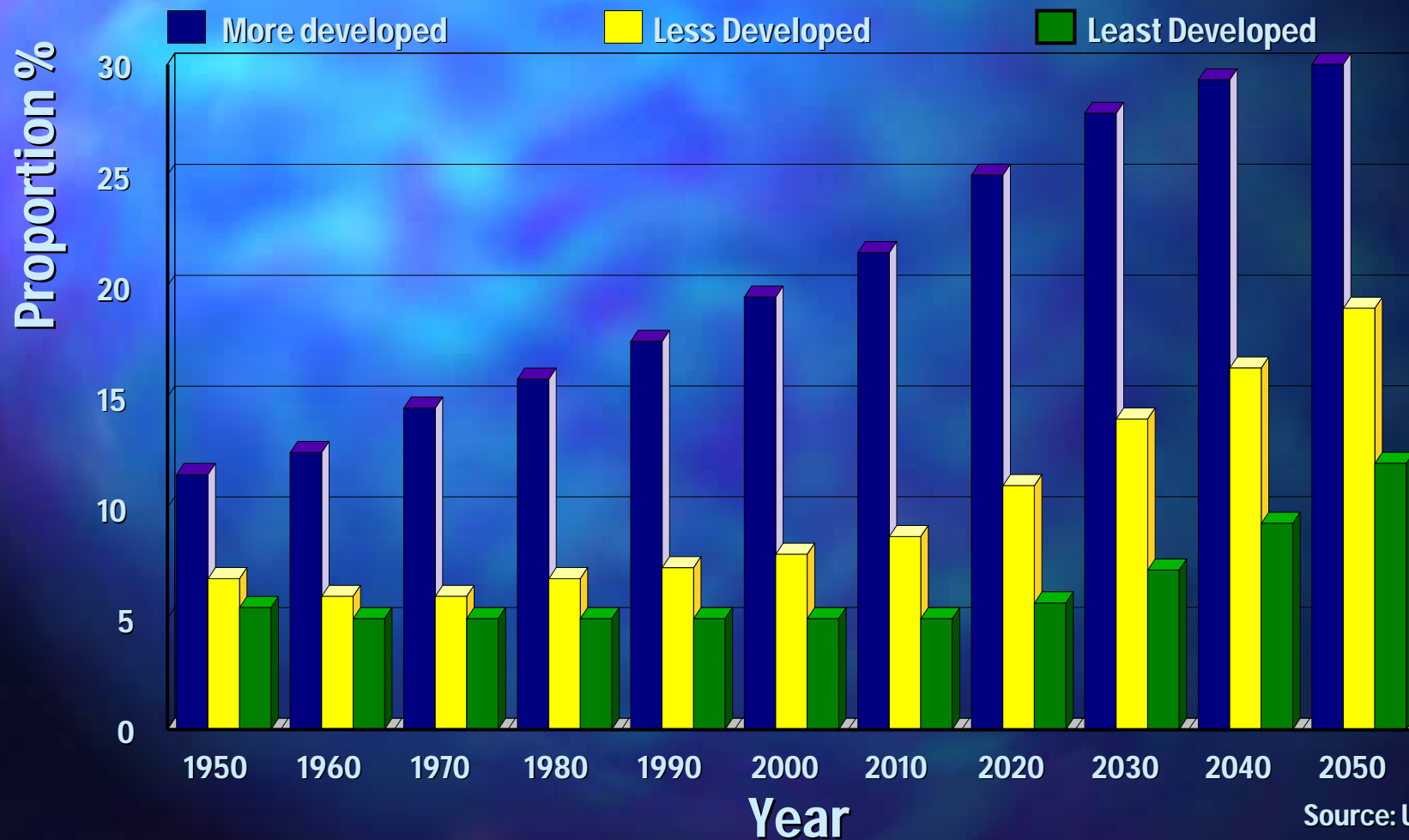
With partners

# 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

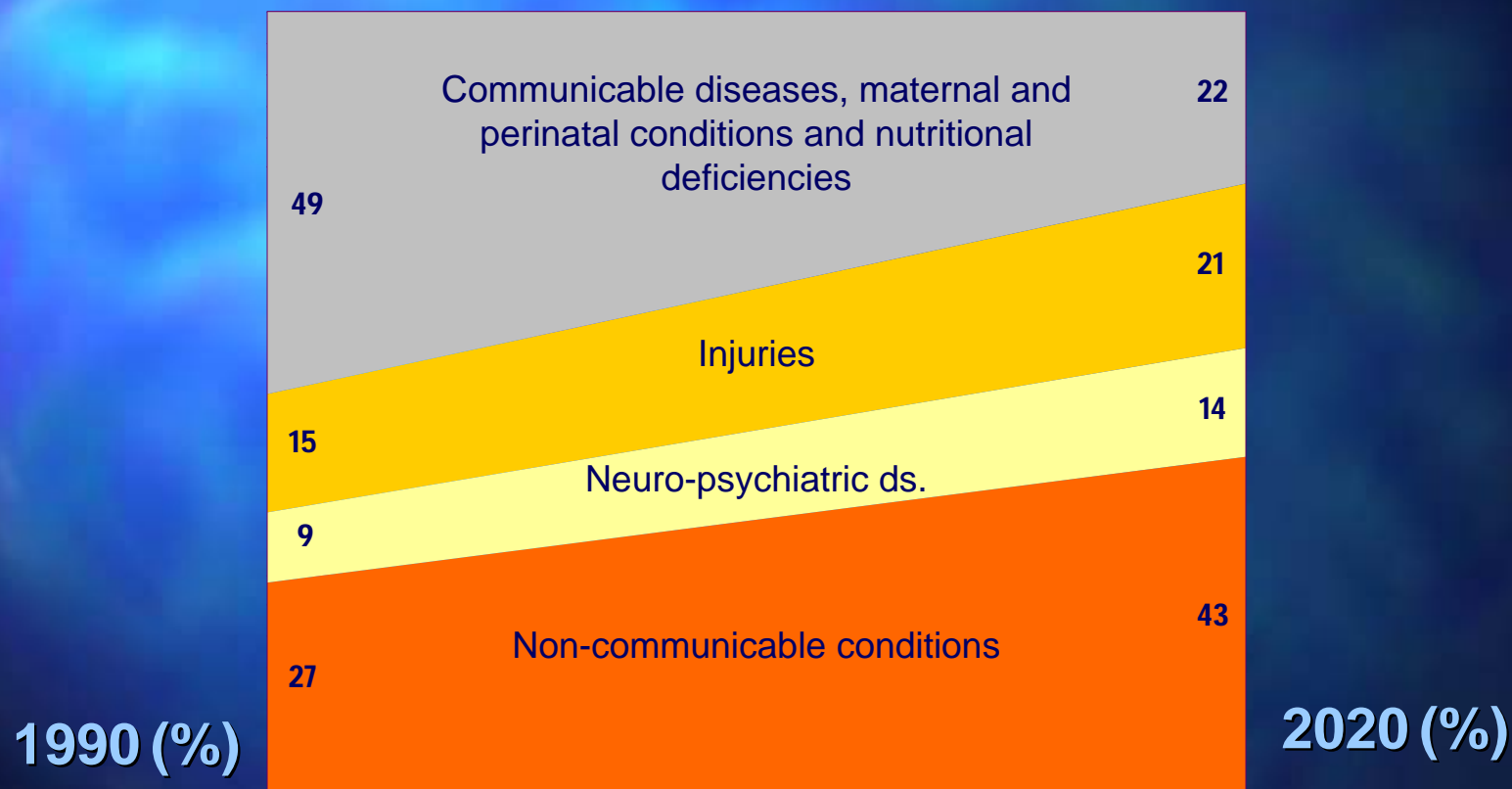
Global focus on HIV/AIDS, TB and Malaria

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

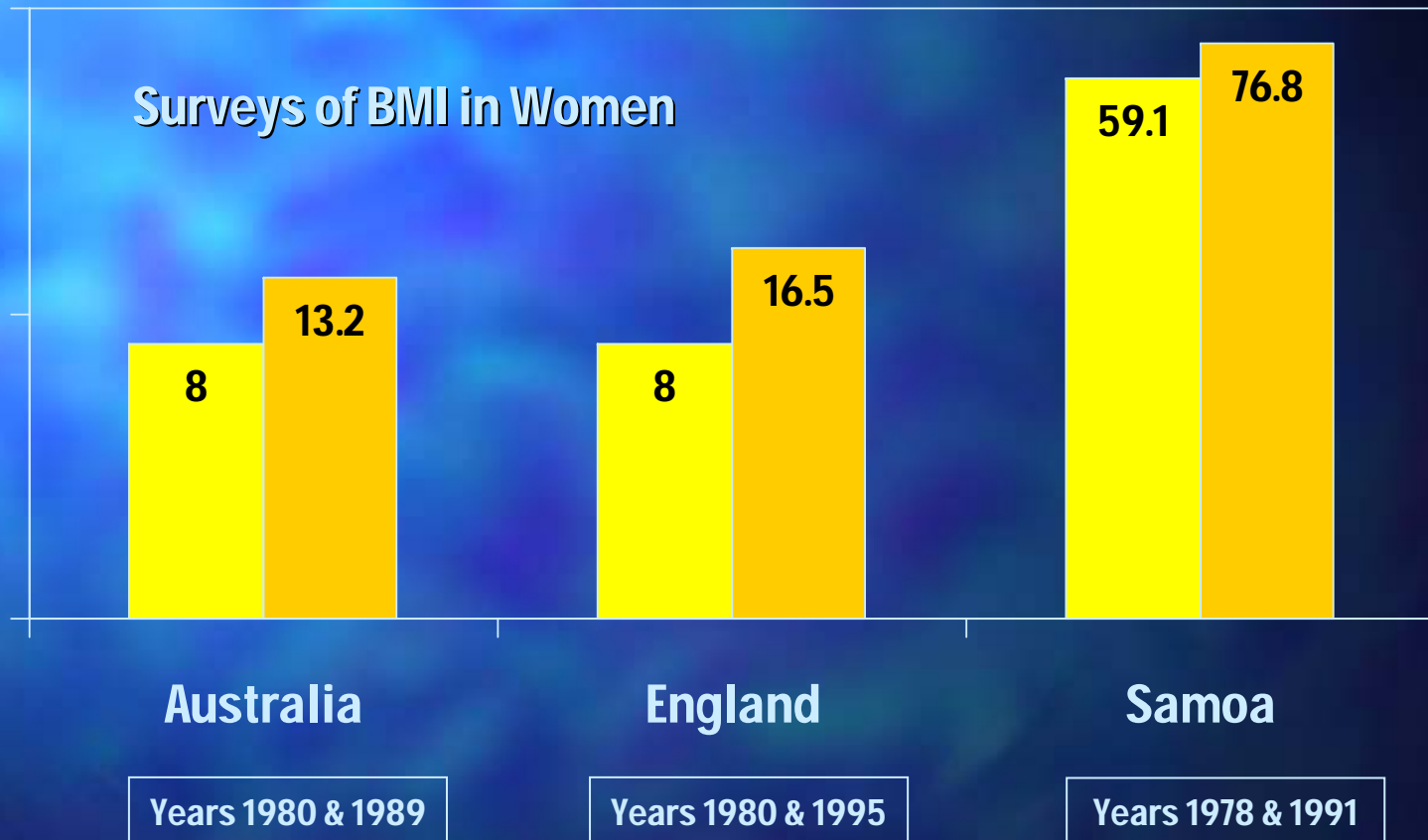
# Obesity is on the Rise

(in both developed and developing countries)

Percentage  
Prevalence in  
Obesity (%)

[Log Scale]

Surveys of BMI in Women



# Still Major Health Disparities

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



# Changes in health care

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- 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

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- 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:

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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

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- 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

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- 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

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- 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

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- 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

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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

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- 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