

## Arguing the case for strengthening health systems

Dr Timothy Evans, Assistant Director-General for WHO's Evidence and Information for Policy cluster, in conversation with the *Bulletin*.



Pierre Viroi/WHO 2003

Dr Timothy Evans Assistant Director-General, Evidence and Information for Policy.

It's not always easy persuading governments that first they need to strengthen their health systems before they can effectively fight epidemics like HIV/AIDS, malaria and tuberculosis that are devastating their countries.

That was just one of the challenges Dr Timothy Evans took on when he became Assistant Director-General for the Evidence and Information for Policy cluster of WHO last year.

One of the first things the Canadian physician and economist did was to gather feedback on how effectively the cluster is addressing Member States' needs and how effectively his team works with WHO regions and other WHO departments.

Drawing on six years as Director of Health Equity at the Rockefeller Foundation, Dr Evans and his team have established good links with the regions and helped to put the need for stronger health systems more centrally on the global health agenda.

One year into the job, Dr Evans has given WHO's information strategy a new direction. "I think we are doing reasonably well," he told the *Bulletin*.

In this interview, Dr Evans talks about the challenges WHO faces in trying to strengthen health systems, which areas need urgent attention and why information has taken on an important significance in international public health.

**Q:** How has WHO's approach to strengthening health systems changed?

**A:** We surveyed our stakeholders in WHO departments, the regions and governments early on. This showed us where we should be headed and reflected a reaction to the direction under the previous leadership. They wanted WHO's Evidence and Information for Policy cluster to address the need for measurement, financing or human resources for health systems as opposed to writing a paper which provides a conceptual framework and rather vague policy prescription. We want to make this cluster's work even more relevant to country offices and the regions by working closely with them on a shared strategy.

**Q:** What are the main challenges involved in strengthening health systems?

**A:** At the moment we have tremendous duplication and distortion in health systems. This is our main challenge. We are focusing on understanding health sector reforms, like decentralization, and the effect of vertical or single-disease programmes because these have important implications for the functioning of health systems as a whole. Vertical programmes are doing vital work providing interventions which may save lives

or prevent illness, but in order for the health system to deliver those interventions you must address the financing, human resources and information base of a health system.

It is more efficient to create a platform or model for this, rather than each priority programme reinventing its own financing, human resources and information system. For example, WHO is developing an HIV/AIDS health systems platform to fulfil this role.

**Q:** What is the most important policy that could improve health systems substantially?

**A:** Much more should be done to address the woefully inadequate health financing in many countries. At present it is primarily the consumer who is paying out-of-pocket for care, and ill-health has become one of the major drivers of poverty. It's more complex than not having enough money to go round.

In very poor countries with high disease burdens, they are spending about a fifth of what they need to spend. How do you get to those countries to expand

expenditure five times. That's tricky and needs to be thought out.

**Q:** Has information in public health taken on a new significance in recent years and how is this reflected in WHO's work?

**A:** Global disease outbreaks, for example of SARS, have underscored the need for adequate surveillance systems. We've moved into an era of development in health based on outcomes and targets surrounding the Millennium Development Goals. More and more people want to know whether what you are doing is affecting the outcome and so you need information which can measure those outcomes to find out if you're making progress.

WHO has thousands of databases, we tend to be information rich but without a strong enough inventory of where the major gaps are. That is not simply about processing an individual data set but looking at where we are in good

shape and where we are not.

One area where we are in bad shape is in the most fundamental of

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public health responsibilities: we still can't count births and deaths in countries with the highest levels of ill health.

**Q:** How do you assess your first year? Have you achieved the goals you set yourself?

**A:** This first year has been very enjoyable, a steep learning curve. This is a wonderful institution with a huge talent pool.

So far, we have redirected the strategy of the Evidence and Information for Policy cluster. We have a new structure, we have established good links with our regional colleagues and we are coming up with a health systems strategy for the Organization. We are working much better with the departments, particularly the priority disease departments, and we are hav-

ing some impact on bringing health systems more centrally on the global health agenda, and so I think we are moving in the right direction.

It would always be nice if we could move faster, but sometimes we have to move with patience and particularly with a big institution like this it is important to bring people along with you. I think we are doing reasonably well. ■

## Macroeconomics and Health Commission findings become reality

Developing countries have embraced the recommendations of the WHO Commission on Macroeconomics and Health, an expert panel which has called on governments to increase health spending and make their health systems more efficient. Many accept that following this advice would benefit their economies and development agendas but some say they are struggling to increase health spending under the terms of debt repayment with global lending institutions.

Developing countries have taken their cue from the findings of a WHO commission that called on governments in 2001 to scale up investment in health care as an integral part of long-term economic development programmes.

More than 40 countries have taken steps to translate this and other findings of the Commission on Macroeconomics and Health into national policy and 20 of those are working closely with WHO experts on this.

The new approach is based on the Commission's philosophy: to provide more equitable access to scaled-up and more efficient basic health services in developing countries. Some countries are implementing this in conjunction with efforts to achieve the Millennium Development Goals for improving health in developing countries.

A WHO team has been advising 20 countries on how to increase their health budgets and implement other recommendations of the Commission. Ghana, India, Indonesia, Mexico and Sri Lanka have been among the most active.

Three years after the Commission on Macroeconomics and Health report was published in December 2001, these five countries have established their own national commissions and other bodies on macroeconomics and health which are in the process of drawing up their own Health Investment Plans to implement the report's findings.

Progress on increasing health budgets has been slow and it could be years before the beneficial effects on the economy are felt, according to Dr Sergio

Spinaci, Executive Secretary of the Coordination of Macroeconomics and Health Support Unit.

Spinaci said the Commission's work had resulted in a far better understanding that good health can help to increase gross domestic product (GDP) but that this was coupled with frustration in many developing countries that macroeconomic policies endorsed by global lending institutions can undermine their ability to implement the Commission's recommendations.

"It is not easy within present budgetary constraints to invest more in health, especially if you have a large

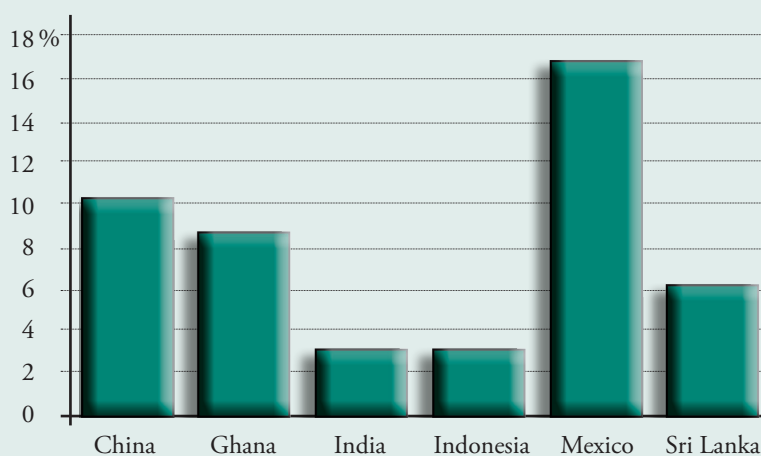
proportion of the budget invested in debt repayments and a macroeconomic policy focused on containing even minor inflation and setting rigid spending ceilings for the social sectors," Spinaci told the *Bulletin*.

Still, there are some encouraging signs. Under the leadership of its new prime minister, Manmohan Singh — one of the original Commission members — the Indian Government plans to increase its public health allocation from 0.9% of GDP to over 2% over the next five years, with particular emphasis on primary health care.

Public health experts see this pledge as especially important given that public spending currently represents only 17.8% of total health expenditure.

A technical panel is finalizing a report for India's National Commission for Macroeconomics and Health to demonstrate the impact of increased investments in the health sector on poverty reduction and to outline reforms necessary to improve health service delivery.

General government expenditure on health as percentage of total government expenditure (2001)



The proportion of the government budget allocated to health varies widely among countries pursuing Macroeconomics and Health policies, with India and Indonesia showing some of the lowest levels. A major challenge in Mexico, a middle-income country where health spending is relatively high, is to make under-performing health systems more efficient.

Source: World health report