WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
103rd Session
Provisional agenda item 2

EB103/3
22 January 1999

Trends and challenges in world health

Report by the Secretariat

1. For a better understanding of the trends and challenges in world health, essential goals of health systems need to be considered, such as:

- improving the health status of the population;
- reducing health inequalities;
- enhancing responsiveness to legitimate expectations;
- increasing efficiency;
- protecting people from financial loss due to health care costs;
- enhancing fairness in the finance and delivery of health care.

IMPROVING HEALTH STATUS

2. Between 1950 and 1997, life expectancy has substantially improved in all WHO regions. This stems largely from the sustained reductions in child mortality achieved in all countries, even the least developed.

3. Although vital registration systems are not complete in many developing countries, extensive survey programmes such as the Demographic and Health Surveys provide a strong empirical basis for assessing child mortality trends in all regions. Unfortunately, the empirical basis for estimating adult mortality trends in many developing countries is much weaker. The uncertainty surrounding levels and trends in adult mortality is, therefore, much greater.

4. Nevertheless, in most parts of the world, adult male and female mortality has declined substantially in the second half of the twentieth century. There are two major exceptions: rising levels of adult male mortality in eastern Europe, and substantial increases in adult male mortality due to HIV infection in sub-Saharan Africa.

5. A comprehensive assessment of health levels must move beyond measures of mortality to include nonfatal outcomes. Measures such as disability-adjusted life expectancy, a type of healthy life expectancy, provide insights into the comparative analysis of health status across WHO regions.

6. Informed debate on health policies at all levels requires information on the comparative magnitude of health problems in terms of diseases, injuries and major risk factors. Globally, the 10 leading causes of the burden of disease (disability-adjusted life years) in 1995 were lower respiratory infections, diarrhoeal diseases, conditions arising during the perinatal period, unipolar major depression, ischaemic heart disease, HIV infection, stroke, road traffic accidents, malaria and tuberculosis. The major risk factors associated with them are malnutrition, poor water and sanitation, unsafe sexual practices, tobacco use, alcohol use, and indoor air pollution.

7. This picture reveals the double burden of disease and injury that is affecting most low- and middle-income countries. On the one hand, they still suffer an epidemiological backlog of common infections, malnutrition and reproductive health problems. Without having fully solved these challenges, they are already facing the emerging problems represented by noncommunicable diseases, new infections and injury from accidents and violence.

8. The next two decades will see dramatic transformations in health patterns. By the year 2020, the leading causes of the burden of disease are likely to be ischaemic heart disease, depression and road traffic accidents. Health trends are likely to be dominated by four factors: the ageing of the world's population, the unfolding of the HIV epidemic, the epidemic of tobacco-related mortality and disability, and the expected decline in childhood mortality from infectious diseases.

9. Two other issues could profoundly alter future patterns. First, according to the Barker hypothesis, individuals born with low birth weight who survive into older age are subject to much higher rates of noncommunicable diseases. If this hypothesis holds true, the epidemic of noncommunicable diseases in regions such as South Asia will be much greater. Second, the predicted declines in mortality caused by communicable diseases may not occur, or could even be reversed, if drug resistance for major pathogens spreads, or new infectious diseases emerge.

REDUCING HEALTH INEQUALITIES

10. Health status varies enormously within countries. For example, life expectancies in different populations within the United States of America range from 56 to 96 years. This 40-year span of life expectancy in one country demonstrates the importance of monitoring more than the average health status of the population. The extent of health inequalities also varies across populations - inequality in life expectancy is smaller in Japan than in Mexico, and smaller in Mexico than in the United States. In most countries that have been analysed, there are greater inequalities in life expectancy among males than females. For many reasons, health inequalities may be increasing in relative, and possibly in absolute, terms in many countries.

ENHANCING RESPONSIVENESS TO LEGITIMATE EXPECTATIONS

11. The process through which the first two goals are achieved must respond to the legitimate expectations of the population. Above all, such process must safeguard basic principles of respect for the dignity of the human person and of participation in decision-making.

12. The concept of "responsiveness" describes the efforts by the providers in the health system to enhance the quality of their relationship with the population. The expected outcome of such efforts is captured by the more conventional concept of "satisfaction" with the health system. This is a multidimensional construct. It includes satisfaction with accessibility, costs, technical quality, interpersonal relationships and amenities. This is why measurement is complex and subject to alternative interpretations.

13. In recent years, there has been an effort to compare levels of satisfaction across countries using standardized instruments. These studies show large variations among countries and across time in any one country. Although they can provide useful insights, these results must be interpreted with caution.

14. An important challenge is to devise better ways of ascertaining and improving these critical dimensions of health system performance.

INCREASING EFFICIENCY

15. The efficiency challenge is to use available resources best to achieve society's health goals. Globally, nearly 9% of the world's economic output is devoted to the health sector. The proportion of gross domestic product invested in health varies from 2% to 5% in low-income countries, to nearly 15% in the United States. In general, as income per capita rises, so does the fraction of GDP devoted to health care. As countries become richer, the proportion of total health sector resources financed through public sources (general revenue, social insurance or other taxes) also increases.

16. How efficiently do different health systems use these resources to achieve the goals of improving health, reducing health inequalities, and enhancing responsiveness? Although it would be better to examine the relationship between healthy life expectancy and health system expenditure, cross-national data are insufficient for this purpose. Nevertheless, the relationship between life expectancy and income per capita across nations can be compared between 1965 and 1995. This relationship illustrates the three ways in which population health can improve. As countries increase their income per capita, health improves in a predictable fashion. Comparing 1965 and 1995, we can see that the same income leads to higher levels of life expectancy in 1995 than in 1965. Perhaps most importantly for countries today, there is a substantial variation in health outcome at a given level of income in 1995. Understanding the factors that contribute to this variation is essential for the design of efficient strategies to improve health in the short-run.

17. Relative efficiency of health systems can be examined by relating the level of life expectancy for a given income and educational attainment to the level of health expenditure. The key factors that explain this variation in performance can be divided into allocative efficiency and technical efficiency. Allocative efficiency means choosing the combination of health interventions that will maximally achieve health improvement goals and reduce health inequalities. Technical efficiency means how well each intervention is produced with available resources.

PROTECTING PEOPLE FROM FINANCIAL LOSS

18. A perceived key goal for health systems is to protect individuals, families and communities from financial loss incurred when purchasing expensive health interventions. According to some studies, health care costs can be a major contributor to impoverishment both in developing and developed countries. As costs escalate, providing adequate pooling of financial risks has become a major challenge for health systems.

ENHANCING FAIRNESS IN THE FINANCE AND DELIVERY OF HEALTH CARE

19. Health systems also need to be fair, in terms of both the delivery and the finance of health care. Studies in many countries have shown that the poor pay a larger fraction of their income out of pocket for health care, while public health expenditure on richer groups may often be greater than on poorer ones. Equitable finance and access are important characteristics of health systems that need monitoring and assessment.

CONCLUSION

20. Countries worldwide are searching for better ways of regulating, financing and delivering health services at a time of profound social changes that will affect both the design and the success of new health care arrangements. These changes include population ageing, urbanization, the changing status of women, new forms of political participation, new roles for the State, intense technological innovation and globalization.

21. As it carries out its own reform process, WHO is preparing itself for the twenty-first century by anticipating trends and addressing challenges.

= = =