



# WORLD HEALTH ORGANIZATION

**EXECUTIVE BOARD**  
**111th Session**  
**Provisional agenda item 5.4**

**EB111/6**  
**12 December 2002**

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## **Assessment of health systems' performance**

### **Report by the Secretariat**

1. WHO's approach to the assessment of the performance of health systems was introduced in *The world health report 2000*. The Executive Board, at its 107th session in January 2001, recognized the importance of health systems in improving health conditions and the quality of life and of evaluating their performance (resolution EB107.R8). It took note of the proposed establishment of both a technical consultation process and an advisory group to help to monitor WHO's support for the assessment of health systems' performance and requested the Director-General to initiate a scientific peer review of the methodology as part of the technical consultation process.
2. At its 109th session, in January 2002, the Executive Board requested (resolution EB109.R1) that the next report on the performance of countries' health systems should follow in 2003, and also that the Director-General produce a report summarizing the work undertaken in relation to resolution EB107.R8.
3. In response to resolution EB107.R8, the Director-General established a technical consultation process which resulted in seven technical consultations and a series of expert meetings on measuring population health, and regional consultations in all WHO regions.<sup>1</sup> An advisory group was established including some members from the Executive Board and the Advisory Committee on Health Research.

### **SCIENTIFIC PEER REVIEW OF THE METHODOLOGY**

4. In October 2001 a Scientific Peer Review Group was constituted, comprising 13 members under the chairmanship of Dr Sudhir Anand (University of Oxford, United Kingdom of Great Britain and Northern Ireland). The Group's interim report to the Director-General was presented to the Executive Board at its 109th session in January 2002.<sup>2</sup>
5. The executive summary of the final report of the Scientific Peer Review Group was presented to the Executive Board at its 110th session in May 2002.<sup>3</sup> The Board noted the contents of the summary and that it would receive a report at its 111th session on the issues raised by the full report.

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<sup>1</sup> Reports and summaries of the consultations are accessible at [www.who.int/health-systems-performance](http://www.who.int/health-systems-performance)

<sup>2</sup> Document EB109/6.

<sup>3</sup> Document EB110/8.

6. Documents describing the methods for performance assessment and the debates that have resulted have been made available electronically<sup>1</sup> and are being published in printed form. The report of the Scientific Peer Review Group is also available electronically.<sup>1</sup>

7. The Scientific Peer Review Group concluded that it was important and valuable to undertake regular health systems' performance assessment using comparable methods across countries as a vital component of securing health system improvements. The resulting evidence provides the basis for helping to establish which policies and strategies to improve performance work best. It also enables Member States to evaluate their performance against that of countries in similar situations and to monitor their progress over time.

8. It further concluded that, while it was important to monitor attainment on five outcome indicators (level of health, health inequalities, level of responsiveness, inequalities in responsiveness, and fairness in financial contributions), it was critical to monitor also crucial inputs to the health system, including human resources, and to formulate a set of indicators of the performance of four key functions of the health system (resource generation, financing, service provision, and stewardship).

9. The Scientific Peer Review Group made numerous technical suggestions on the improvement of indicators, measurement methods and data collection. It also highlighted important aspects of the process of performance assessment of health systems and the critical need for capacity-building. From its report and associated deliberations, several key strategic issues have emerged:

- what mechanisms should be developed to ensure continued scientific input to the development of health systems' performance assessment;
- whether data should be reported in ranked league tables;
- whether a composite measure of health, health inequalities, responsiveness, responsiveness inequalities and fairness in financial contribution should be reported;
- what strategies best improve the ability to measure and report on key dimensions of the performance of their health systems;
- how best to consult with Member States and to ensure explicit data audit trails.

## **ACTION ON STRATEGIC ISSUES**

10. **Scientific input.** In order to ensure continued scientific input and peer review of the approaches and methods for health systems' performance assessment, the Director-General is establishing five advisory groups consisting of internationally renowned experts from all WHO regions, to advise on the scientific content of the work. The groups will cover: (a) measurement of population and individual health; (b) health and health system inequalities; (c) coverage of interventions and responsiveness; (d) statistical methods relating to issues such as cross-population comparability, projections and health system efficiency; and (e) the four key functions of health systems.

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<sup>1</sup> Accessible at [www.who.int/health-systems-performance](http://www.who.int/health-systems-performance)

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11. **Rankings.** In the regional consultations and Board discussions, the question of rankings has raised considerable debate. There are several options. As in *The world health report 2000*, functions and outcomes tables could be presented for each indicator of health system inputs, with each Member State ranked from 1 to 192. Alternatively, for each indicator, separate tables could be presented by region with countries ranked within regions. Another option is to present tables alphabetically with countries assigned into several groups (e.g. from A to E) on the basis of attainment according to each indicator. After careful consideration of these options, the last approach is proposed.

12. **Composite attainment.** A composite measure of health system outcomes is an important starting point in the assessment of health system efficiency. In the regional and technical consultations, efficiency was identified as an important dimension of health systems' performance. For these reasons, it is proposed to report a composite of health system outcomes in addition to each outcome individually. The weighting would be the average of the weights derived from representative population surveys that provided answers to questions on the importance of the five outcomes.

13. **Capacity for national reporting.** National capacity for data collection and analysis needs strengthening for both the performance of health systems and for health-related Millennium Development Goal indicators. The country cooperation strategy has proved valuable for identifying needs as perceived by Member States. Capacity-building has been introduced, with, for instance, training workshops for country teams on relevant topics. WHO has also begun to work directly with country teams to adapt performance assessment tools to their settings and to analyse the results in a way that is directly relevant for policy use at the national level. This work includes surveys focusing on health, responsiveness and coverage, analysis of burden of disease and assessment of the tools for choosing interventions that are cost-effective.

14. **Consultation with Member States and explicit data audit trails.** In view of the recommendations of the consultations and the Scientific Peer Review Group, information published by WHO will adhere to the following principles. First, figures for indicators should be based on methods that produce valid, reliable and comparable results. Secondly, all figures reported by WHO should have undergone a cycle of consultation with the relevant Member State; this will ensure that the best available evidence has been used and that appropriate steps have been taken to respond to situations in which data have limitations. Thirdly, there should be an explicit data audit trail for each figure published; this would make available the primary data source, where possible, and all the analytical steps undertaken to yield a given figure. The scientific advisory group on statistical methods created by the Director-General would have an important role to play in reviewing estimation methods used in deriving figures and ensuring that the methods produce valid, reliable and comparable figures.

## **ACTION BY THE EXECUTIVE BOARD**

15. The Executive Board is invited to endorse the proposals contained in the above report.

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