

## **Editorial**

### ***The World Health Report 2000***

Nearly a year ago, in an editorial titled "Whither WHO?" we had suggested that WHO would be more effective if it were to concentrate on becoming the Conscience of Nations. Even if our views did not reach the halls of power in WHO, we are delighted with the World Health Report 2000. It is what the doctor had ordered! Rising above the political rhetoric and bureaucratic mishmash, it rates and ranks countries performance. In so doing, several conceptual and methodological innovations are made. The need for a clear distinction between the determinants and indicators of health status on one hand, and those of health systems is well established. It is rightly asserted that since health status of population is influenced by a number of powerful factors outside the jurisdiction of health systems, the performance of the health systems must not be measured only on the basis of the health status data. Instead, attention should be focused on the evaluation of the primary functions of health systems. These functions are grouped in four categories: service delivery, ensuring fairness in financial contributions, making resource creating investments and stewardship of the system. The last function involves ensuring good health, universal access to good and responsive services, and equitable distribution of benefits and burdens. The methodological innovations are in developing ways to measure how well countries have performed these functions, as well as in developing aggregate scores for overall performance.

Obviously prepared under acute time constraint, and as a result showing signs of indigestion, this report is a landmark. It will bring about a major change in how health systems are viewed, assessed and compared. This report takes the conceptual and methodological thrust initiated by the World Bank (World Development Report 1993), a long step forward. But it also raises two major issues, one conceptual and one practical.

The conceptual issue pertains to the value system ingrained in the several key definitions used, especially those of health system and its stewardship. In these definitions equitable distribution of benefits and burden are treated as given truths. Equality is a dominant value in many countries, but not in all countries. Some countries, like the U. S., give primacy to a competing value, viz. liberty. In fact, the Cold War was essentially a struggle for supremacy between these two value systems. Emphasis on equality implies a controlling role of the state. Liberty, when taken to logical conclusion, reduces the state to being a night watchman. When taken to extreme, both values generate unacceptable situations. But basing the report on a single value system is ignoring a powerful reality. This is inviting a charge of doctrinairism.

The practical issue pertains to the power of ratings and rankings in bringing about change. The title of this report, "Health Systems: Improving Performance," implies that there is an expectation that the publication of their performance scores and ranking would motivate the countries to improve their performance. This is a classical case of "necessary but not sufficient." The ranking and rating would become a motivating force for the countries only when they perceive a significant consequence from these scores: a resultant risk or reward. In many countries, public opinion is not a significant consequence, especially when public opinion can be manipulated by finding fault with the methodology used and/or presenting alibis for poor performance. Unfortunately, this report is likely to produce both of

these reactions in the countries that received low scores. But this possibility should not be the reason to get disheartened; instead, it should be the reason to take the next logical step. Since associating significant risk and rewards to the achievement scores would be rather difficult, attention should focus on removing the potentials for the alibis. This can be done by measuring the effort (as against outcome) made for improving health status, service delivery, quality, affordability, responsiveness, etc., and by calculating aggregate “effort scores.” It is more difficult to explain away poor effort than poor achievement. Indeed, generating such scores would face significant data problems, but these problems would not be any more acute than faced in calculating DALY.

The World Health Report 2000 is a major step in the right direction. All those who led this enterprise deserve high recognition for their boldness, innovation, creativity, and contributions.

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(This editorial reflects solely the personal views of the author, and not of the Journal and persons and institutions associated with it.)