



• P R E S S R E L E A S E •
WORLD HEALTH ORGANIZATION
CH-1211 Geneva 27 • Switzerland

Contact: Marshall Hoffman
(703) 820-2244

Strict embargo:

Not for publication or broadcast before 6:00 pm EDT, Tuesday, June 20, 2000

Released in Washington, D.C. and London, UK

(Christopher Murray, M.D., Ph.D., Director of WHO's Global Programme on Evidence for Health Policy, and Julio Frenk, M.D., Ph.D., Director for Evidence and Information for Policy at WHO, are available for interviews on Monday and Tuesday, June 19-20. Please call 703-820-2244 to schedule time.)

World Health Organization Assesses the World's Health Systems

The World Health Organization has carried out the first ever analysis of the world's health systems. Using five performance indicators to measure health systems in 191 member states, it finds that France provides the best overall health care followed among major countries by Italy, Spain, Oman, Austria and Japan.

The findings are published today, 21 June, in **The World Health Report 2000 – Health systems: Improving performance.**

The U. S. health system spends a higher portion of its gross domestic product than any other country but ranks 37 out of 191 countries according to its performance, the report finds. The United Kingdom, which spends just six percent of GDP on health services, ranks 18th. Several small countries – San Marino, Andorra, Malta and Singapore are rated close behind second- placed Italy.

WHO Director-General Dr. Gro Harlem Brundtland says: "The main message from this report is that the health and well- being of people around the world depend critically on the performance of the health

systems that serve them. Yet there is wide variation in performance, even among countries with similar levels of income and health expenditure. It is essential for decision-makers to understand the underlying reasons so that system performance, and hence the health of populations, can be improved."

Dr. Christopher Murray, Director of WHO's Global Programme on Evidence for Health Policy says: "Although significant progress has been achieved in past decades, virtually all countries are underutilizing the resources that are available to them. This leads to large numbers of preventable deaths and disabilities; unnecessary suffering, injustice, inequality and denial of an individual's basic rights to health."

The impact of failures in health systems is most severe on the poor everywhere, who are driven deeper into poverty by lack of financial protection against ill-health, the report says.

"The poor are treated with less respect, given less choice of service providers and offered lower-quality amenities," says Dr. Brundtland. "In trying to buy health from their own pockets, they pay and become poorer."

The **World Health Report** says the main failings of many health systems are:

- Many health ministries focus on the public sector and often disregard the frequently much larger private sector health care.
- In many countries, some if not most physicians work simultaneously for the public sector and in private practice. This means the public sector ends up subsidizing unofficial private practice.
- Many governments fail to prevent a "black market" in health, where widespread corruption, bribery, "moonlighting" and other illegal practices flourish. The black markets, which themselves are caused by malfunctioning health systems and low income of health workers, further undermine those systems.
- Many health ministries fail to enforce regulations that they themselves have created or are supposed to implement in the public interest.

Dr. Julio Frenk, Executive Director for Evidence and Information for Policy at WHO, says: "By providing a comparative guide to what works and what doesn't work, we can help countries to learn from each other and thereby improve the performance of their health systems."

Dr. Philip Musgrove, editor-in-chief of the report, says: "The WHO study finds that it isn't just how much you invest in total, or where you put facilities geographically, that matters. It's the balance among inputs that counts – for example, you have to have the right number of nurses per doctor."

Most of the lowest placed countries are in sub-Saharan Africa where life expectancies are low. HIV and AIDS are major causes of ill-health. Because of the AIDS epidemic, healthy life expectancy for babies born in 2000 in many of these nations has dropped to 40 years or less.

One key recommendation from the report is for countries to extend health insurance to as large a percentage of the population as possible. WHO says that it is better to make "pre-payments" on health care as much as possible, whether in the form of insurance, taxes or social security.

While private health expenses in industrial countries now average only some 25 percent because of universal health coverage (except in the United States, where it is 56 percent), in India, families typically pay 80 percent of their health care costs as "out-of-pocket" expenses when they receive health care.

"It is especially beneficial to make sure that as large a percentage as possible of the poorest people in each country can get insurance," says Dr. Frenk. "Insurance protects people against the catastrophic effects of poor health. What we are seeing is that in many countries, the poor pay a higher percentage of their income on health care than the rich."

"In many countries without a health insurance safety net, many families have to pay more than 100 percent of their income for health care when hit with sudden emergencies. In other words, illness forces them into debt," Dr. Frenk says.

In designing the framework for health system performance, WHO broke new methodological ground, employing a technique not previously used for health systems. It compares each country's system to what the experts estimate to be the upper limit of what can be done with the level of resources available

in that country. It also measures what each country's system has accomplished in comparison with those of other countries.

WHO's assessment system was based on five indicators: overall level of population health; health inequalities (or disparities) within the population; overall level of health system responsiveness (a combination of patient satisfaction and how well the system acts); distribution of responsiveness within the population (how well people of varying economic status find that they are served by the health system); and the distribution of the health system's financial burden within the population (who pays the costs).

"We have created a new tool to help us measure performance," says Dr. Murray. "As we develop it further and strengthen the raw data used for these measures in the years to come, we believe this will be an increasingly useful tool for governments in improving their own health systems."

Other findings in the annual WHO report include:

- In Europe, health systems in Mediterranean countries such as France, Italy and Spain are rated higher than others in the continent. Norway is the highest Scandinavian nation, at 11th.
- Colombia, Chile, Costa Rica and Cuba are rated highest among the Latin American nations – 22nd, 33rd, 36th and 39th in the world, respectively.
- Singapore is ranked 6th, the only Asian country apart from Japan in the top 50 countries.
- In the Pacific, Australia ranks 32nd overall, while New Zealand is 41st.
- In the Middle East and North Africa, many countries rank highly: Oman is in 8th place overall, Saudi Arabia is ranked 26th, United Arab Emirates 27th and Morocco, 29th.

In 1970, Oman's health care system was not performing well. The child mortality rate was high. But major government investments have proved to be successful in improving system performance. "Oman's success shows that tremendous strides can be accomplished in a relatively short period of time," says Dr. Murray.

Information in the WHO report also rates countries according to the different components of the performance index.

Responsiveness: The nations with the most responsive health systems are the United States, Switzerland, Luxembourg, Denmark, Germany, Japan, Canada, Norway, Netherlands and Sweden. The reason these are all advanced industrial nations is that a number of the elements of responsiveness depend strongly on the availability of resources. In addition, many of these countries were the first to begin addressing the responsiveness of their health systems to people's needs.

Fairness of financial contribution: When WHO measured the fairness of financial contribution to health systems, countries lined up differently. The measurement is based on the fraction of a household's capacity to spend (income minus food expenditure) that goes on health care (including tax payments, social insurance, private insurance and out of pocket payments). Colombia was the top-rated country in this category, followed by Luxembourg, Belgium, Djibouti, Denmark, Ireland, Germany, Norway, Japan and Finland.

Colombia achieved top rank because someone with a low income might pay the equivalent of one dollar per year for health care, while a high- income individual pays \$7.60.

Countries judged to have the least fair financing of health systems include Sierra Leone, Myanmar, Brazil, China, Viet Nam, Nepal, Russian Federation, Peru and Cambodia.

Brazil, a middle-income nation, ranks low in this table because its people make high out-of-pocket payments for health care. This means a substantial number of households pay a large fraction of their income (after paying for food) on health care. The same explanation applies to the fairness of financing Peru's health system. The reason why the Russian Federation ranks low is most likely related to the impact of the economic crisis in the 1990s. This has severely reduced government spending on health and led to increased out-of-pocket payment.

In North America, Canada rates as the country with the fairest mechanism for health system finance – ranked at 17-19, while the United States is at 54-55. Cuba is the highest among Latin American and Caribbean nations at 23-25.

The report indicates – clearly – the attributes of a good health system in relation to the elements of the performance measure, given below.

Overall Level of Health: A good health system, above all, contributes to good health. To assess overall population health and thus to judge how well the objective of good health is being achieved, WHO has chosen to use the measure of *disability-adjusted life expectancy* (DALE). This has the advantage of being directly comparable to life expectancy and is readily compared across populations. The report provides estimates for all countries of disability-adjusted life expectancy. DALE is estimated to equal or exceed 70 years in 24 countries, and 60 years in over half the Member States of WHO. At the other extreme are 32 countries where disability-adjusted life expectancy is estimated to be less than 40 years. Many of these are countries characterized by major epidemics of HIV/ AIDS, among other causes.

Distribution of Health in the Populations: It is not sufficient to protect or improve the average health of the population, if - at the same time - inequality worsens or remains high because the gain accrues disproportionately to those already enjoying better health. The health system also has the responsibility to try to reduce inequalities by prioritizing actions to improve the health of the worse-off, wherever these inequalities are caused by conditions amenable to intervention. The objective of good health is really twofold: the best attainable average level – goodness – and the smallest feasible differences among individuals and groups – fairness. A gain in either one of these, with no change in the other, constitutes an improvement.

Responsiveness: Responsiveness includes two major components. These are (a) respect for persons (including dignity, confidentiality and autonomy of individuals and families to decide about their own health); and (b) client orientation (including prompt attention, access to social support networks during care, quality of basic amenities and choice of provider).

Distribution of Financing: There are good and bad ways to raise the resources for a health system, but they are more or less good primarily as they affect how fairly the financial burden is shared. Fair financing, as the name suggests, is only concerned with distribution. It is not related to the total resource bill, nor to how the funds are used. The objectives of the health system do not include any particular level of total spending, either absolutely or relative to income. This is because at all levels of spending there are other possible uses for the resources devoted to health. The level of funding to allocate to the

health system is a social choice – with no correct answer. Nonetheless, the report suggests that countries spending less than around 60 dollars per person per year on health find that their populations are unable to access health services from an adequately performing health system.

In order to reflect these attributes, health systems have to carry out certain functions. They build human resources through investment and training, they deliver services, they finance all these activities. They act as the overall stewards of the resources and powers entrusted to them. In focusing on these few universal functions of health systems, the report provides evidence to assist policy-makers as they make choices to improve health system performance.

The World Health Report 2000 consists of a message from the WHO's Director-General, an overview, six chapters and statistical annexes. The chapter headings are "Why do health systems matter?" "How well do health systems perform?", "Health services: well chosen, well organized?", "What resources are needed?", "Who pays for health systems?", and "How is the public interest protected?"

The World Health Report 2000 – Health systems: Improving performance.

Published by the World Health Organization, Geneva, Switzerland

Price: 15 Swiss francs (10.50 Swiss francs in developing countries)

ISBN 92 4 156198 X

The full report is available on www.who.int/whr/

It can be purchased through bookorders@who.int

For further information on this press release, please contact:

In Geneva: Thomson Prentice, Managing Editor, World Health Report, WHO.

Telephone: (41 22) 791 4224 or 791 2371; Fax: (41 22) 791 4870; email: prenticet@who.int
or whr@who.int.

In Washington: Marshall Hoffman.

Telephone: (1) 703 820 2244; Fax: (1) 703 820 2271; email: marshall@hoffmanpr.com

For technical information, please contact Dr. Christopher Murray, Director, Global Programme on Evidence for Health Policy, WHO Geneva.

Telephone: (41 22) 791 2418 or 791 2419; Fax: (41 22) 791 4909; email: murrayc@who.int .

All WHO press released, fact sheets and features can be obtained on the WHO home page, www.who.int

OFFICES OF THE WORLD HEALTH ORGANIZATION

HEADQUARTERS:

World Health Organization
20, Avenue Appia
CH- 1211 Geneva 27
Telephone: (22) 791 21 11
Facsimile: (22) 79 31 11
Email: info@who.ch
Website: <http://www.who.int/>

WHO REGIONAL OFFICE FOR EUROPE

8, Scherfigsvej
DK-2100 Copenhagen 0
Telephone: (45) 39 17 17 17
Facsimile: (45) 39 17 18 18
Email: postmaster@who.dk
Website: <http://www.who.dk>

WHO REGIONAL OFFICE FOR AFRICA

(Temporary address)
Parirenyatwa Hospital
P. O. Box BE 773
Harare, Zimbabwe
Telephone: (263) 4 07 69 51 or 4 70 74 93
Facsimile: (263) 4 79 01 46 or 4 79 12 14
Email: regafro@whoafr.org
Website: <http://www.whoafr.org/>

WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA

World Health House
Indraprastha Estate
Mahatma Gandhi Road
New Delhi 110002, India
Telephone: (91) 11 331 7804 or 11 331 7823
Facsimile: (91) 11 332 7972
Email: postmaster@whosea.org
Website: <http://www.whosea.org>

WHO REGIONAL OFFICE FOR THE AMERICAS/ PAN AMERICAN SANITARY BUREAU

525, 23rd Street N. W.
Washington, D. C. 20037, USA
Telephone: (1) 202 974 3000
Facsimile: (1) 202 974 3663
Email: postmaster@paho.org
Website: <http://www.paho.org/>

WHO REGIONAL OFFICE FOR THE WESTERN PACIFIC

P. O. Box 2932
Manila 1099, Philippines
Telephone: (632) 528 8001
Facsimile: (632) 521 1036, 536 0279
Email: postmaster@who.org.ph
Website: <http://www.who.org.ph>

WHO REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

P.O. Box 1517
Alexandria 21511, Egypt
Telephone: (203) 482 0223, 482 0224, 483 0090
483 0096, 483 0097
Facsimile: (203) 483 8916, 482 4329
Email: emro@who.sci.eg
Website: <http://www.who.sci.eg>

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER

150, cours Alber-Thomas
F-69372 Lyon Cedex 08
Telephone: (33) 472 73 84 85
Facsimile: (33) 472 73 85 75
Email: webmaster@iarc.fr
Website: <http://www.iarc.fr>

Table10: Health System Performance in all Member States, WHO indexes, estimates for 1997

Rank	Member State	Index
1	France	0.994
2	Italy	0.991
3	San Marino	0.988
4	Andorra	0.982
5	Malta	0.978
6	Singapore	0.973
7	Spain	0.972
8	Oman	0.961
9	Austria	0.959
10	Japan	0.957
11	Norway	0.955
12	Portugal	0.945
13	Monaco	0.943
14	Greece	0.933
15	Iceland	0.932
16	Luxembourg	0.928
17	Netherlands	0.928
18	United Kingdom	0.925
19	Ireland	0.924
20	Switzerland	0.916
21	Belgium	0.915
22	Colombia	0.910
23	Sweden	0.908
24	Cyprus	0.906
25	Germany	0.902
26	Saudi Arabia	0.894
27	United Arab Emirates	0.886
28	Israel	0.884
29	Morocco	0.882
30	Canada	0.881
31	Finland	0.881
32	Australia	0.876
33	Chile	0.870
34	Denmark	0.862
35	Dominica	0.854
36	Costa Rica	0.849
37	United States of America	0.838
38	Slovenia	0.838
39	Cuba	0.834
40	Brunei Darussalam	0.829
41	New Zealand	0.827
42	Bahrain	0.824
43	Croatia	0.812
44	Qatar	0.812

45	Kuwait	0.810
46	Barbados	0.808
47	Thailand	0.807
Rank	Member State	Index
48	Czech Republic	0.805
49	Malaysia	0.802
50	Poland	0.793
51	Dominican Republic	0.789
52	Tunisia	0.785
53	Jamaica	0.782
54	Venezuela, Bolivarian Republic of	0.775
55	Albania	0.774
56	Seychelles	0.773
57	Paraguay	0.761
58	Republic of Korea	0.759
59	Senegal	0.756
60	Philippines	0.755
61	Mexico	0.755
62	Slovakia	0.754
63	Egypt	0.752
64	Kazakhstan	0.752
65	Uruguay	0.745
66	Hungary	0.743
67	Trinidad and Tobago	0.742
68	Saint Lucia	0.740
69	Belize	0.736
70	Turkey	0.734
71	Nicaragua	0.733
72	Belarus	0.723
73	Lithuania	0.722
74	Saint Vincent and the Grenadines	0.722
75	Argentina	0.722
76	Sri Lanka	0.716
77	Estonia	0.714
78	Guatemala	0.713
79	Ukraine	0.708
80	Solomon Islands	0.705
81	Algeria	0.701
82	Palau	0.700
83	Jordan	0.698
84	Mauritius	0.691
85	Grenada	0.689
86	Antigua and Barbuda	0.688
87	Libyan Arab Jamahiriya	0.683
88	Bangladesh	0.675
89	The former Yugoslav Republic of Macedonia	0.664
90	Bosnia and Herzegovina	0.664
91	Lebanon	0.664
92	Indonesia	0.660

93	Iran, Islamic Republic of	0.659
94	Bahamas	0.657
95	Panama	0.656
Rank	Member State	Index
96	Fiji	0.653
97	Benin	0.647
98	Nauru	0.647
99	Romania	0.645
100	Saint Kitts and Nevis	0.643
101	Republic of Moldova	0.639
102	Bulgaria	0.639
103	Iraq	0.637
104	Armenia	0.630
105	Latvia	0.630
106	Yugoslavia	0.629
107	Cook Islands	0.628
108	Syrian Arab Republic	0.628
109	Azerbaijan	0.626
110	Suriname	0.623
111	Ecuador	0.619
112	India	0.617
113	Cape Verde	0.617
114	Georgia	0.615
115	El Salvador	0.608
116	Tonga	0.607
117	Uzbekistan	0.599
118	Comoros	0.592
119	Samoa	0.589
120	Yemen	0.587
121	Niue	0.584
122	Pakistan	0.583
123	Micronesia, Federated States of	0.579
124	Bhutan	0.575
125	Brazil	0.573
126	Bolivia	0.571
127	Vanuatu	0.559
128	Guyana	0.554
129	Peru	0.547
130	Russian Federation	0.544
131	Honduras	0.544
132	Burkina Faso	0.543
133	Sao Tome and Principe	0.535
134	Sudan	0.524
135	Ghana	0.522
136	Tuvalu	0.518
137	Côte d'Ivoire	0.517
138	Haiti	0.517
139	Gabon	0.511
140	Kenya	0.505

141	Marshall Islands	0.504
142	Kiribati	0.495
143	Burundi	0.494
Rank	Member State	Index
144	China	0.485
145	Mongolia	0.483
146	Gambia	0.482
147	Maldives	0.477
148	Papua New Guinea	0.467
149	Uganda	0.464
150	Nepal	0.457
151	Kyrgyzstan	0.455
152	Togo	0.449
153	Turkmenistan	0.443
154	Tajikistan	0.428
155	Zimbabwe	0.427
156	United Republic of Tanzania	0.422
157	Djibouti	0.414
158	Eritrea	0.399
159	Madagascar	0.397
160	Viet Nam	0.393
161	Guinea	0.385
162	Mauritania	0.384
163	Mali	0.361
164	Cameroon	0.357
165	Lao People's Democratic Republic	0.356
166	Congo	0.354
167	Democratic People's Republic of Korea	0.353
168	Namibia	0.340
169	Botswana	0.338
170	Niger	0.337
171	Equatorial Guinea	0.337
172	Rwanda	0.327
173	Afghanistan	0.325
174	Cambodia	0.322
175	South Africa	0.319
176	Guinea-Bissau	0.314
177	Swaziland	0.305
178	Chad	0.303
179	Somalia	0.286
180	Ethiopia	0.276
181	Angola	0.275
182	Zambia	0.269
183	Lesotho	0.266
184	Mozambique	0.260
185	Malawi	0.251
186	Liberia	0.200
187	Nigeria	0.176
188	Democratic Republic of the Congo	0.171

189	Central African Republic	0.156
190	Myanmar	0.138
191	Sierra Leone	0.000