＜特別レクチャー＞

Reorienting health systems in the 21st century: the WHO Perspective

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Today, health is universally acknowledged as a fundamental human right. Moreover, we live in an increasingly globalized world where advances in the biomedical, scientific and technological fields make it possible to achieve enormous progress in eliminating disease and improving health and well-being in a massive way.

With advances in diagnostic procedures, non-invasive interventions, and wonder drugs and other products, health practitioners now have unprecedented skills to diagnose, manage and treat diseases. Effective health promotion and disease prevention strategies have also improved overall population health and well-being. (SLIDE 1)

But health systems have reached an important turning point. Ironically, despite these advances, the disparities in health status across populations remain glaring. People continue to suffer poor health and many find health services wanting in many ways. There are various reasons for this. (SLIDE 2)

Disease patterns and health challenges and needs are changing. Even in the face of newly emerging and re-emerging infectious diseases, noncommunicable and chronic diseases, including mental health problems, have increased. In 1990, infectious diseases constituted the major disease burden in the world, but by 2020, NCD will be the predominant contributor to the health burden. (SLIDE 3) The world's population is ageing and health care needs and costs will become formidable, especially to struggling economies. (SLIDE 4) Globalization and urbanization will continue and result in more sedentary lifestyles, unhealthy diets, and more tobacco and alcohol use.

The determinants of health and risk factors are becoming more complex. Environmental degradation and global warming are impinging on human health. Increasing consumerism has as well contributed to unhealthy lifestyles and rising prevalence of risk factors for noncommunicable diseases. (SLIDE 5) Economic considerations will drive migration and work-related disruptions that will put family and social structures under enormous pressure. Suicide rates are becoming a grave concern, which experts trace to a highly competitive society with associated excessive stress, where the breakdown of communities and families lead to a lack of connectedness.

People's expectations are changing. Although global expenditures on health have steadily increased, reaching US$4.1 trillion in 2004, more health care has not necessarily translated into better and more satisfactory care. For example, it is quite revealing that one study found the United States spending the most on health care but registering the lowest in patient satisfaction level. (SLIDE 6) In general, improved literacy, better information technology and increased access to information have made the world's populations more demanding and discriminating, and the clamour for more responsible and accountable health care governance is mounting.

In the Asia Pacific region, the soft skills of health care providers matter as much as their technical competence: better communication, respect, emotional support, a listening ear, full disclosure and shared decision making, among others[1]. Thus, health systems and health care need to change, and clearly, statistics show that they are currently not prepared to meet the challenges of a changing health landscape. (SLIDES 7-9)

What lies behind this worrisome state of health care? There is a growing concern about health care becoming out of balance, about being overly disease-oriented, technology-driven, doctor-dominated and market-oriented. There is less attention to social context, psychosocial and cultural issues, ethics, interpersonal communication and relational skills. Be-

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The achievements of modern medicine over the last century are impressive .....

SLIDE 1

sides these weaknesses in medical education and practice, there is also room for improvement in quality systems within which health care is delivered. Gaps in health policy such as financing incentives and workforce production, distribution and regulation have resulted in weaknesses in primary care and continuity of care. Access to health care, particularly quality health care, remains an important issue. Further, low health literacy poses an important barrier to access to accurate and appropriate health information for informed choice.

Where can we begin to change the way health systems organize and deliver health care? It is notable that in health, our work requires us to deal with numbers everyday. Incidence rates, prevalence rates, mortality rates-these numbers characterize the burden of the health problems we are challenged to address. Our tools are also numbers-driven-diagnostic codes, compliance rates, immunization rates, percentage coverage of services delivered. Numbers are, in fact, the key indicators of our progress or failure, of achievement or inadequacy. But health is more than numbers. The truth is, behind each and every number, behind every statistic, are real people-individuals, families and communities whose lives are impacted significantly by disease and suboptimal health. The numbers oftentimes mask their faces and silence their stories. But if health systems are to be relevant and effective, we must be able to see behind and beyond the numbers and reach out to the people for whom these systems were created in the first place.

Why is this so? For one, we have depended largely on the biomedical model to understand disease, based on the Cartesian philosophy of dualism between mind and body. However, mounting evidence, most recently encapsulated by the Commission on Social Determinants of Health, is uncovering the inherent limitations to this approach. We now recognize that health is not exclusively a product of physiology and genetics; rather, it results from a complex interplay of physical, psychosocial, cultural and environmental factors that together define the experience of illness or wellness.

Why do we need a change
- Health challenges are changing
- Determinants of health are becoming complex
- People's expectations are changing
- Worrisome state of health care

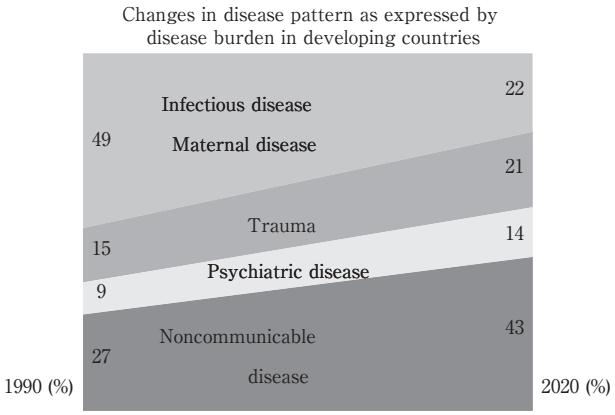
SLIDE 2

Secondly, by focusing almost exclusively on the physical aspects of health, modern medicine has gone on to search for solutions that narrow in on smaller and smaller units of the organism. This has somehow propelled the growth of specialization and subspecialization which, while contributing enormously to scientific knowledge and technological advancement, also carries a significant price: that of fragmentation of care.

We need more than an approach or an intervention. We need to re-establish the core value of health care—the health and well-being of individuals and of the entire society. Building upon health for all, conceived in 1978 at Alma Ata, we urgently need to re-align our mission and vision, our goals and objectives, our strategies and programmes, our methodologies and tools, with what is in the best interests of the people we serve. This requires us, the health community, to cross the Cartesian divide and acknowledge the inter-relatedness of the body with the mind. It demands us to use evidence and technology rationally, holistically and compassionately, within a system of care that views people not as statistics and targets of interventions but as full and equal partners in preventing disease and promoting optimal health. (SLIDE 10)

A people-centred approach to health care is not entirely new. WHO, particularly in the Western Pacific Region, believes that we can recapture the essence of health and healing that gave way to the current cacophony of market systems where technology, efficiency and profit are predominating concerns. This is also why Member States asked WHO in 2004 to produce a policy framework reflecting the significance of psychosocial factors affecting health outcomes[2] and endorsed the resulting policy framework in September 2007[3].

The policy framework is the product of a series of consultations: first, with a reference group—experts representing governments, academic institutions, professional organizations and other health care institutions; and second, with representatives of health stakeholder groups and constituencies in selected countries in the Asia Pacific region. Thus, it is a well-balanced and evidence-based framework to guide efforts at both national and regional levels. To complement this policy document, WHO has also published an advocacy document[4] for general readership and launched it in an interna-



DALY = Disability-Adjusted Life Year (Source: WHO, Evidence, Information and Policy, 2000)

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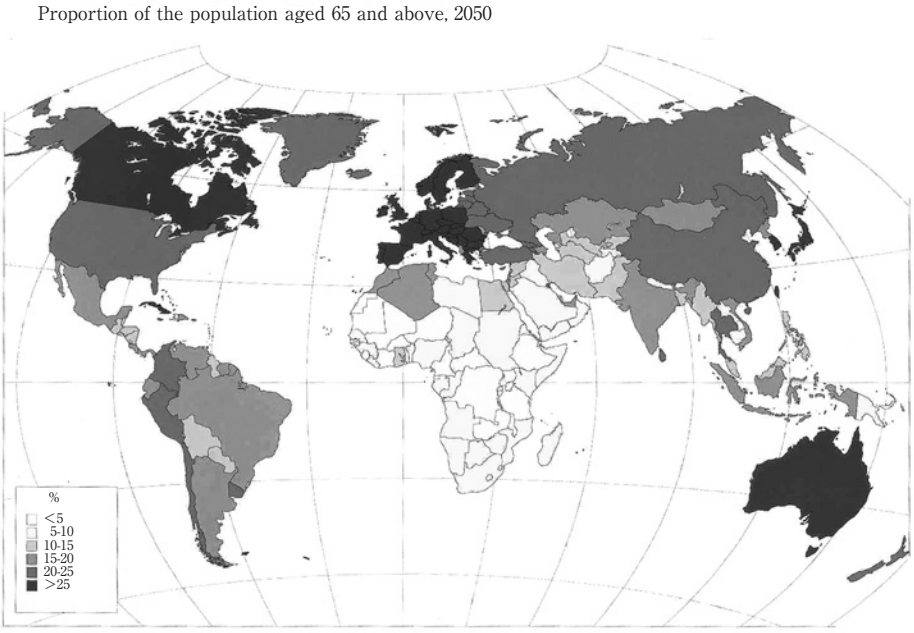

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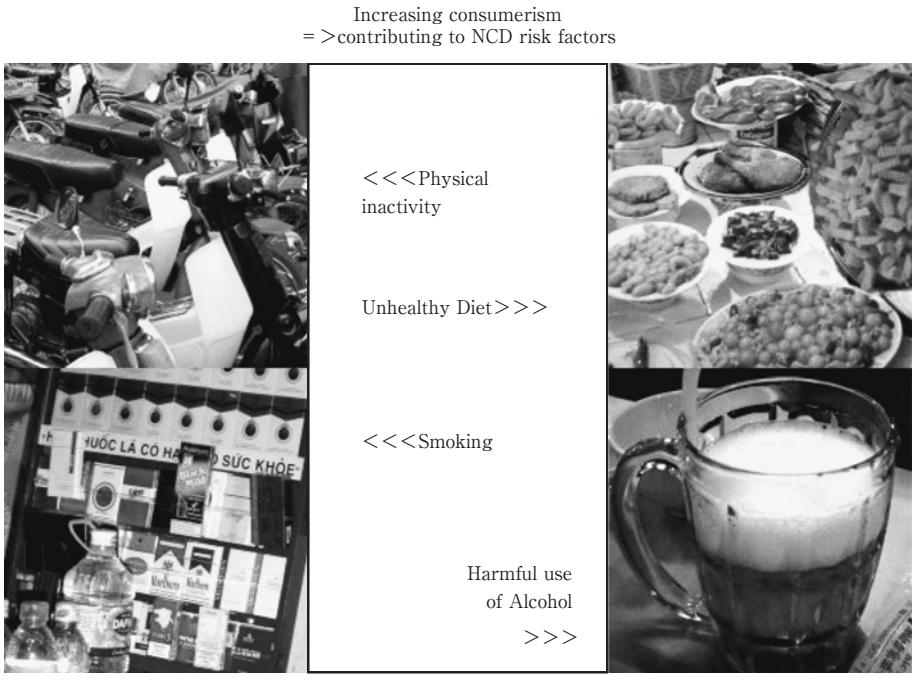
tional symposium organized by WHO in Tokyo on 25 November 2007.

The WHO vision for people-centred health care is: Individuals, families and communities are served by and are able to participate in trusted health systems that respond to their needs in humane and holistic ways. In people-centred health care, the key word is BALANCE—of mind and body, of people and systems. What we are advocating is for this 21st century health order to happen in all settings, at every opportunity—HEALTH FOR ALL, BY ALL!

There are at least three broad elements and principles behind people-centred health care. These are: firstly, a culture of care and communication where health care users are informed in decision making, have options and choices, are treated with dignity and respect for their privacy, and in a holistic manner; secondly, responsible, responsive and accountable services and institutions, providing affordable, accessible, safe, ethical, effective and evidence-based holistic care; and thirdly, supportive health care environments where in place are appropriate policies and interventions, positive care and work environments, strong primary care workforce, and mechanisms for stakeholders' involvement in health services planning, policy development and feedback for quality improvement.

The policy framework identifies four core areas, domains or levels where mutually supportive changes need to take



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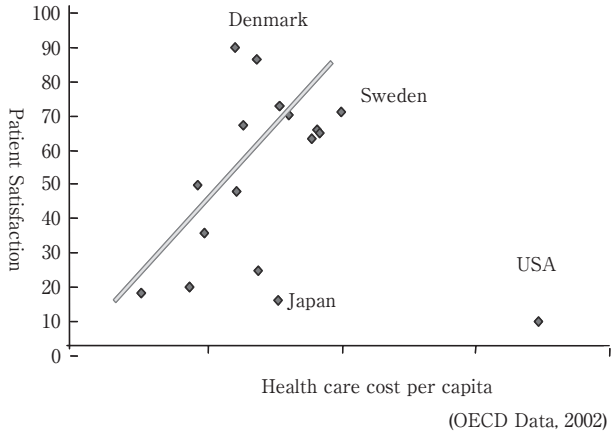

SLIDE　6

place to really make a difference in people's health care and in people's health status. (SLIDE 11) Such changes must be driven "by all" of the following: (1) informed and empowered individuals, families and communities; (2) competent and responsive health practitioners; (3) effective and benevolent health care organizations; and (4) supportive and humanitarian health care systems.

While accountability of the health system and of health care organizations must be integral to the action equation, we cannot overemphasize the role that individual stakeholders play—individual health care providers and health care seekers alike. Everyone, every member of society, has a responsibility to help make the system function better.

There are broad areas of reform that the policy framework points to for each of the four domains, which are not meant to be exhaustive and prescriptive, but could be adapted according to different contexts and situations. Domain 1 (for individuals, families and communities) includes: increasing health literacy; providing communication and negotiation skills that lead to meaningful participation in decision making; improving capacity for self-management and self-care; increasing capacity of the voluntary sector, community-based organizations and professional associations to extend mutual assistance; promoting social infrastructure that supports community participation in health services planning and facilitates greater collaboration between local governments and communities; and developing community leaders who advocate and support community involvement in health service delivery.

Domain 2 (for health practitioners) includes: increasing capacity for holistic and compassionate care; enhancing commitment to quality, safe and ethical services; and equipping for patient-centredness as a core competency. It is equally important to keep in mind that we need to consider not only the needs and roles of the health care provider, but as people, per se, and as members of a health care organization, with their own set of needs, values, expectations, preferences, and capacities with respect to their health and well-being.

Domain 3 (for health care organizations) includes: providing a conducive and comfortable environment for people receiving and providing health care; ensuring effective and effi-

Unsafe care

- Only 55% of patients diagnosed and treated adequately; up to 98,000 deaths per year due to medical errors (IOM-USA)
- 10% of hospital patients suffer adverse effects (UK)
- 12% of inpatients suffer adverse drug events or near-miss (Harvard study)
- Health care-associated infection in developing countries can exceed 25% and 10% of patients admitted to modern hospitals in the developed world acquire one or more infections (WAPS)

SLIDE 7

Unsatisfactory care

- 48% are not satisfied with current health care (IAPO, 2006)
- 54% expect no significant improvement in health care in the next 5 years
- 27% expect health care to decline
- Poor populations experience the worst levels of responsive health care (WHO, 2000)

SLIDE 8

Poor provider-patient interaction

- At least 62% of patients said that their doctor did not consider possible emotional factors coming into play.
- Up to 33% of health care providers did not discuss other medications taken before hospitalization.
- More than 1 out of 3 patients were not informed or involved regarding care and treatment choices.

(Source: Davis, et al, 2007 — based on a comparative study of Australia, Canada, Germany, New Zealand, United Kingdom and United States of America)

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Summary of issues, challenges

- Low health literacy
- Changing health needs and people's expectations
- Weaknesses in medical education and practice
- Weaknesses in quality systems
- Gaps in health policy
- Clamor for more responsible and accountable health care governance

SLIDE 10

cient coordination of care; establishing and strengthening multidisciplinary care systems; strengthening the integration of patient education, family involvement, self-management and counselling into health care; providing standards and incentives for safe, quality and ethical services; and introducing and strengthening people-centred models of care.

Domain 4 (health care systems) include: developing and strengthening primary care and the primary care workforce; putting in place financial incentives that induce positive provider behaviour and improve access and financial risk protection for the whole population; building a stronger evidence base on ways to improve health care and the health system itself to achieve better health outcomes; ensuring rational technology use; strengthening the monitoring of professional standards; instituting public accountability measures for health services organization, delivery and financing; monitoring and addressing patient and community concerns about health care quality; assisting people who have experienced adverse events in the health system; and ensuring protection of patient information. For health systems in particular, we believe that piecemeal, isolated interventions will not make much of an impact without a systems change.

Also, patient-level interventions and individual-level actions are necessary but not sufficient to sustain the desired transformation. An optimal combination of multi-level interventions would be more potent because of their synergy. Needless to say, there is one crucial, cross-cutting element in all the four domains—high-level political will that is reflected in good, solid leadership, stewardship, and governance. But, beyond that, there is a tendency to forget that as individuals and as groups of professionals, we also exercise leadership and inspire other people by our good example, by good stewardship of resources at our disposal, and by good governance of our thoughts, words and actions, by keeping our mind and body in harmony.

Taking a closer look at Domain 2, actions for health care practitioners could relate to: (1) reorienting health professional education and training; (2) reviving medical professionalism; and (3) ensuring good medical practice. The first strategy could give more emphasis to mind-body interactions, patient behaviour, physician role and behaviour, social and cultural issues in health care, and health policy and economics. The second set of actions could include modelling and mentoring and strengthening the role of professional associations and regulatory bodies through standards of practice and codes of conduct, medical audit and peer review for quality assurance and patient safety and requirements for continued accreditation. Finally, ensuring good medical practice could involve the following: making care of patients the first concern; protecting and promoting the health of patients and the public; providing a good standard of practice and care; treating patients as individuals and respecting their dignity; working in partnership with patients; being honest and open; and acting with integrity. It is enlightening to learn that there is a no-longer-hidden clue to good doctoring, as it has been shown that 75% of the information leading to a correct diagnosis comes from a detailed history, while only 10% comes from the physical examination and 5% each comes from simple routine tests, costly invasive tests, and undeter-

People-centred health care: the domains

・Individuals, families and communities	— informed and empowered
・Health practitioners	— competent and responsive
・Health care organizations	— efficient and just
・Health systems	— supportive and humanitarian

SLIDE　11

In Summary

- Health systems have reached a crucial turning point
- Health care and health systems must embrace a more holistic, people-centered approach
- The reorientation of health systems towards a people-centered approach to health care spans strategic actions in four domains
- Health care practitioners have a key role to play in this reorientation

SLIDE　12

mined factors[5]. For health practitioners in particular, patient-centredness is considered a key dimension of health care quality[6] and a core competency[7]. (SLIDE 12)

We believe that the balance and interconnectedness in the world, especially in a globalized world, should awaken us to the fact that we are each other's keepers, as interconnected in an ecosystem as the mind and body are in an individual. No self-made limits or boundaries can forever keep us insulated from other people and from the outside world. As Prince Charles stated in his address to the 59th World Health Assembly in May 2006: Centuries ago, Plato said, "The cure of the part should not be attempted without the treatment of the whole". Today...is our chance to redefine our health systems so that they provide the balance and connectedness that the 21st century so desperately needs."[8]

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