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 glamour 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 others1. 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. (SLIDE 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-
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

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

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 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
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)

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)

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)

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

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. For health practitioners in particular, patient-centredness is considered a key dimension of health care quality and a core competency. (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.”

References

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8) His Royal Highness the Prince of Wales, Address to the 49th World Health Assembly, Geneva, May 2006