

evidence

EVIDENCE AND INFORMATION FOR POLICY
Empowering people to make better decisions

information

policy



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PREFACE

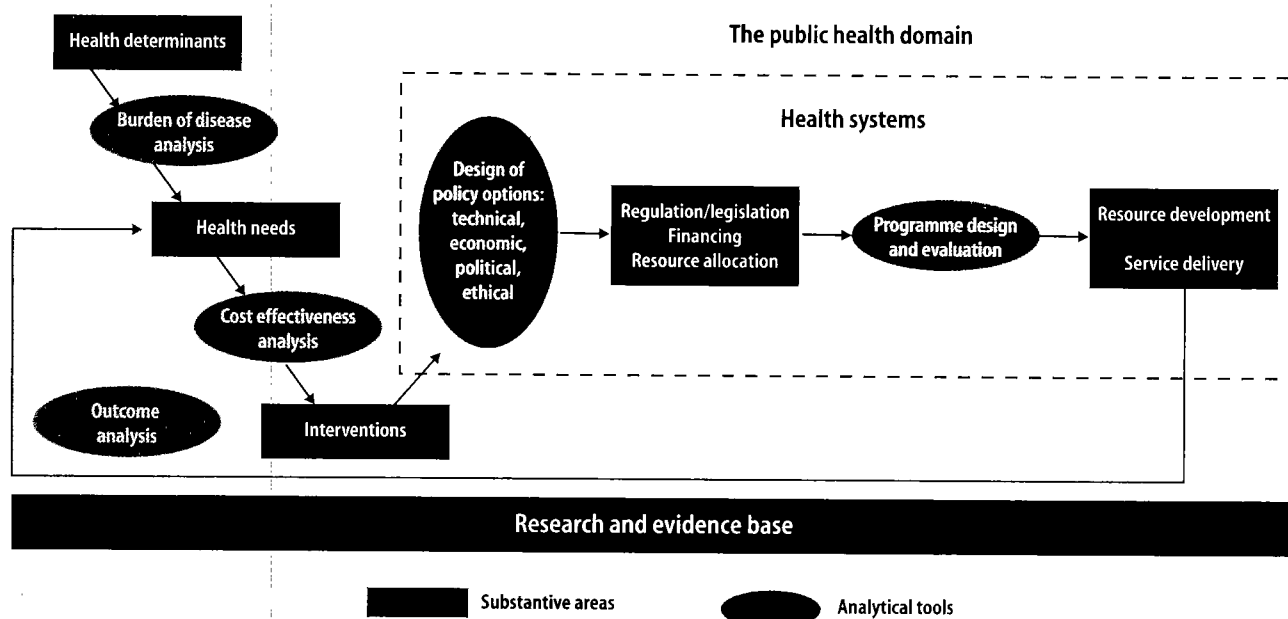
Over the last two years, much has changed at WHO. In 1998, with new leadership in place and organizational renewal on the agenda, the Evidence and Information for Policy (EIP) cluster was created. EIP's focus is both cross-cutting, providing technical support to other clusters in headquarters, and outward-looking, working with WHO's Regional Offices and Member States to advance health. This report summarizes the cluster's activity to date and looks ahead as its work expands.

WHY EIP?

With the dawn of the 21st century, those who work for health face a daunting challenge – extending the substantial health gains of the last 50 years to close the large health gaps that persist between and within countries.

Meeting that challenge will require not only physical and human resources but also information to guide policies and programmes. Among health professionals, evidence-based practice is taking hold, slowly but surely, the world over. Nevertheless, tools are still needed to answer critical questions for health systems. For example, how can services be decentralized to improve access? How can one ensure that the most cost-effective interventions are delivered by organizations with the training and skills to deliver high quality services efficiently? How can priorities be set among competing needs in health systems when resources are scarce? And how can health financing systems be designed?

Health system continuum



Advancing global health will require concerted efforts from multiple players. For WHO, EIP's cross-cluster role means building synergy among WHO's technical programmes to maximize the Organization's effectiveness in improving health. A key WHO contribution is putting information into the hands of decision-makers.

Both inside WHO, and outside, in countries and among individual practitioners, EIP is challenged to provide information and the tools to use information effectively. Yet information alone is insufficient unless it is used by decision-makers to advance the goal of improving human health. Hence, the EIP mission:

To strengthen the scientific and ethical foundations of health policies and programmes so that they respond better to the needs of populations through health systems that perform optimally in terms of equity, quality, and efficiency

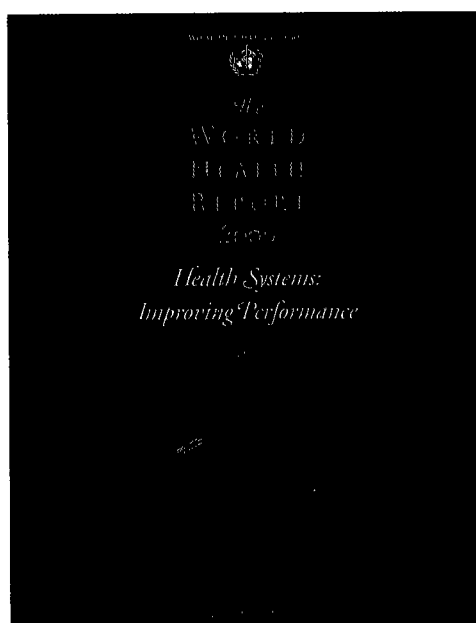
This mission is further amplified in the vision statement of the cluster:

Working closely with the Member States, the technical areas of WHO, the global scientific community and other partners, the cluster on Evidence and Information for Policy compiles, analyses, and disseminates an evidence base on the major dimensions of health and health systems, including burden of disease, effectiveness and costs of interventions, health system performance and best practices in financing, service organization and delivery. It also promotes collaborative research and develops science policy, while strengthening national capacities to contribute to and benefit from knowledge. The cluster manages health information through proactive library services, a dynamic publishing programme, innovative use of electronic media, and targeted marketing and dissemination. The staff of the cluster combines excellence in the quality of their work with relevance to decision-making.

World Health Report

The *World Health Report* began in 1995 as a form of annual report from WHO, informing readers about global health issues and WHO's response. The revamped *World Health Report* is intended both to inform and to be an effective tool for decision-makers. Each year it deals with a specific health issue or theme, and contains detailed and updated statistical annexes on health outcomes and rankings of health system performance.

These data are useful for tracking health systems performance over time and making the *World Health Report* more useful for decision-makers at all levels of health systems. While production responsibility for the *World Health Report* lies within Health Information, Management and Dissemination (IMD), the theme chosen for the year 2000, *Health Systems: Improving Performance*, gives EIP a unique opportunity both to provide content and to manage the report's production. The planned theme for 2001 is mental health.



EVIDENCE & INFORMATION: EMPOWERING DECISION-MAKERS TO IMPROVE HEALTH

Understanding the reality of people's health and countries' health systems is critical to improving health. Information describes this reality and leads to understanding which is essential to improving both system performance and health. Evidence is the result of applying validity and uncertainty criteria to this reality. Put another way, evidence involves judgement, the result of exploring whether data or information were gathered in a way likely to reflect reality (i.e. validity) and how much uncertainty surrounds particular pieces of data or information.

WHO's interest in evidence and information is multifaceted, but boils down to seeing that both information and evidence are used to empower decision-makers. Decision-makers include the obvious ones – senior policy-makers and government officials – but also extends far beyond to include health care providers, district health managers, people in NGOs and industry, and indeed all who make decisions about their own health or that of someone else.

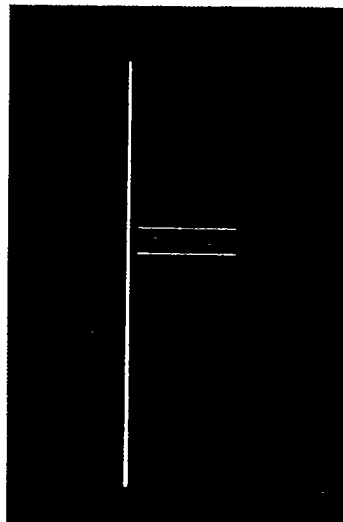
Concrete examples of how EIP products empower decision-makers abound. One of the WHO's longstanding efforts has been the International Classification of Diseases (ICD). Now in its 10th edition, this resource enables health researchers, policy-makers, and planners to classify causes of disease and death consistently. Among the many uses of the ICD, consistent classification is vital for setting priorities within each health system and for benchmarking performance across health systems.

WHO's Family of International Classifications: ICD-10 and ICIDH-2

Since its creation, WHO has played an important standard-setting role in establishing internationally accepted systems for defining various diseases. The International Classification of Disease, now in its 10th edition, is probably the best known of these normative efforts, and is widely used in classifying causes of death and hospital admission.

For health systems seeking to improve health, however, one of the most prominent needs is information about those most likely to use health services, namely the "not well, not dead". As health systems have vanquished many causes of immediate death, the resulting growth in morbidity in place of mortality creates needs to measure the functioning of people living with a condition which does not kill them but substantially affects their lives.

The International Classification of Functioning and Disability (ICIDH) sets out to do this – by measuring functional status along three dimensions: body functions and structure, activities at the individual level, and participation in society. Applied across populations, this instrument produces a picture not only of the number of persons affected by a given condition but also of the nature of its effect on their lives, thus highlighting opportunities for interventions to enhance functioning in ways not merely limited to healing the physical effects of illness.



Improving health system performance requires tools to measure that performance. EIP works to develop and promote high quality methods and to ensure consistency in how cost-effectiveness or burden-of-disease analyses are done both inside the organization and outside. Developing these tools is a key step in identifying what works in health systems. WHO produces a vast array of information and EIP's methodological work serves in part to facilitate collaboration so that contradictions are minimized and the information that WHO releases is consistent and credible.

Yet assessing information alone is not enough. For decision-makers to use information, it must be disseminated effectively so that it is available and accessible on the front lines of health systems where policy, practice and self-care decisions are made. Part of that dissemination occurs through WHO publications and the WHO web site, both managed within the EIP cluster.

Where information exists, analysis and dissemination can contribute substantially to empowering decision-makers and, thereby, improving health. However, much remains un-

known, particularly about conditions that disproportionately affect people who live in the world's poorest countries. WHO is not primarily a research organization, but it promotes research into these problems and mobilizes its staff and the global research community to undertake such work – another example of how EIP's work translates into concrete elements important to improving health.

Publishing for a Purpose

WHO is a major publisher. Its books and technical documents are read all over the world in print and electronic formats and in a variety of languages. Unlike other scientific and medical publishers, however, WHO publishes not for a profit but for a purpose. The reward comes not in income but in lives saved and health improved.

Manuals on preventing and controlling disease, recommendations on international standards and procedures, guidance on health service management, training handbooks for health workers, reports of expert groups – these are just some of the information materials issued regularly by IMD.

Apart from versions in the Organization's six official languages (Arabic, Chinese, English, French, Russian and Spanish), IMD contracts local institutions, NGOs or publishers to produce WHO materials in many other languages too.

This global output of health-related material is the chief means by which WHO delivers its message, establishing the link between WHO and those for whom WHO's activities are intended.

Electronic databases and blue trunks

WHOLIS, the WHO library's database, is the active memory of WHO's technical work. It is the single source that links the information produced by all WHO offices worldwide. WHOLIS was the first United Nations library database on the web, and WHO's library is now breaking new ground with live linking of thousands of full-text documents, making them available electronically to anyone anywhere.

While it uses the latest technology, where appropriate, to get WHO's messages across, EIP is committed to serving all audiences. In some parts of the world, even basic medical textbooks are in short supply.

In response to this situation, the library staff have developed and distributed over 400 'blue trunk libraries' throughout Africa. Housed in a distinctive blue metal trunk, these collections of practical publications from WHO and other sources are a concrete example of disseminating information that is directly relevant to decision-makers – in this case, including front line primary care providers at the district level. In addition to the physical trunk of resources, available in both English and French, the programme includes training in its use and, by engaging WHO Representatives at the country level, opportunities to network blue trunk users within countries.



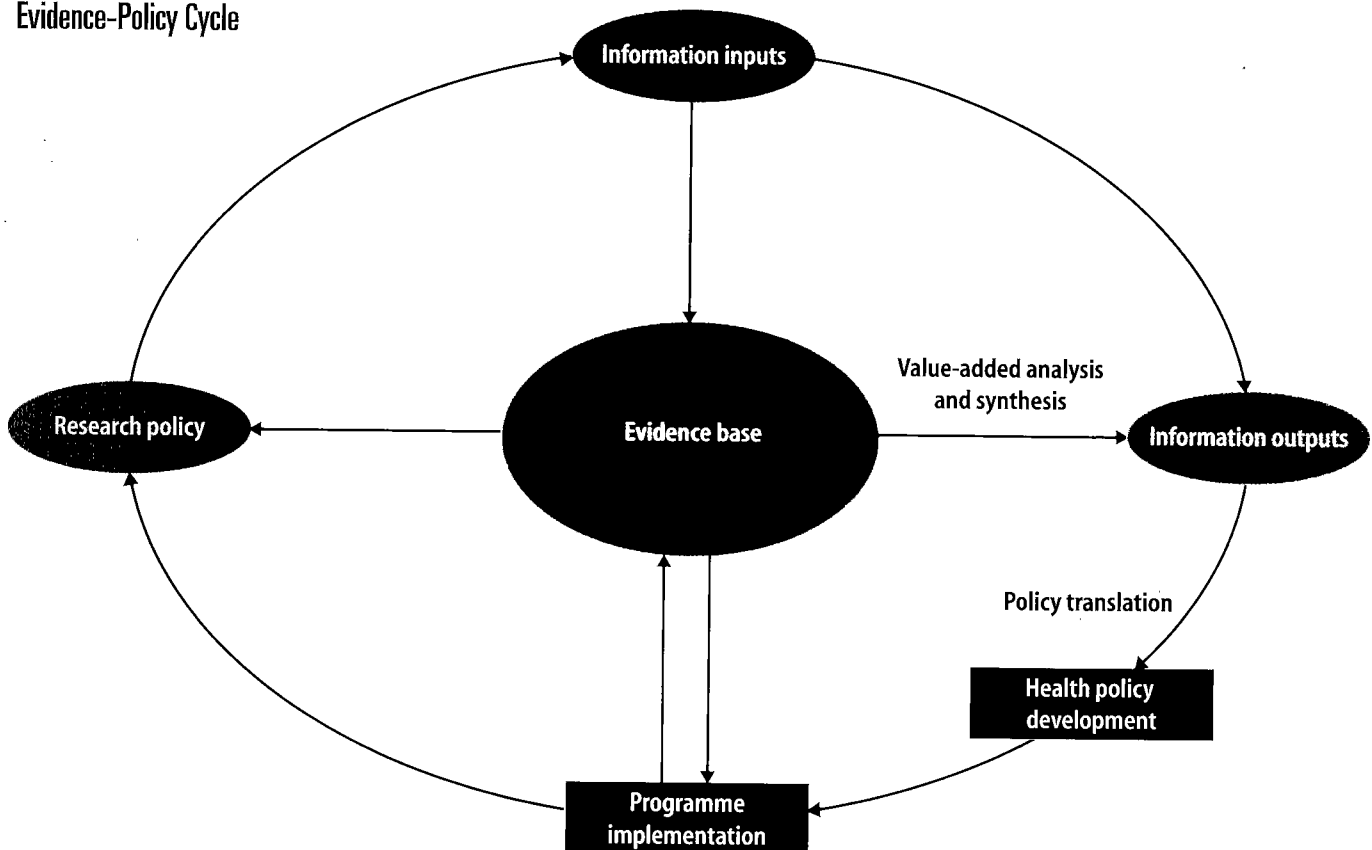
ANATOMY OF A DECISION

The examples above demonstrate that EIP's focus on evidence and information for policy extends beyond gathering data or publishing information. Few decisions, particularly at a policy level, are made solely because information relevant to the decision is available. Rather, decision-making and information are dynamically linked, as in the Evidence-Policy Cycle.

WHO has a key role to play in promoting research related to improving health. Research, coming from activity around the globe, provides information inputs to build the evidence base. The evidence base – by assessing, analysing and synthesizing information – adds value to that information and makes it more relevant to decision-makers. Relevant information, translated into health policy, programmes and behaviours, links EIP's work on the evidence base to improving health.

Yet evidence for policy and programmes is only part of the process. Building the evidence base, designing policy options, and then implementing programmes yields further experience that can update evidence and highlight priorities for further research. Through this feedback, the Evidence-Policy Cycle illustrates a broader theme that is transforming organizations the world over – that of becoming a learning or knowledge-based organization. Successful enterprises in many areas are those that are able to adapt and build on their existing knowledge to identify what they do well and where they need to improve performance.

Evidence-Policy Cycle



For health systems, many knowledge gaps remain – gaps which any one system will often find overwhelming to fill, such as how to balance private and public sector financing of health services optimally and how to manage human resources to meet evolving population needs. Evidence and information to fill these gaps is an international public good. Knowledge in these areas is deepened by drawing in multiple experiences, assessing them and then spreading the results as widely as possible. WHO is uniquely positioned to fill such information gaps as an organization with core competencies in defining relevant information for health systems and developing tools and methods to assess that information and build it into decision-making.

While essential, WHO's role in strengthening evidence and information does not alone translate directly into better health or even better decisions. For WHO to make good its institutional mission of advancing health, and for better information to lead to better decisions – and thus to improved health – the Evidence-Policy Cycle must not only be ongoing

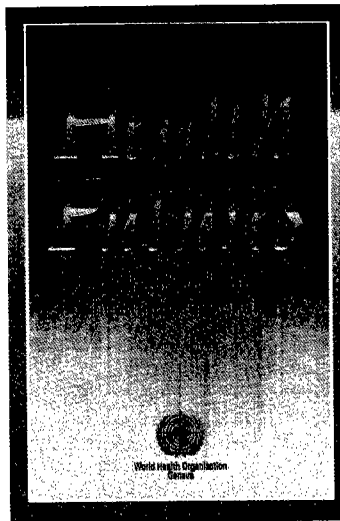
but must also be linked to expanding dissemination and developing effective receptors. Dissemination involves making information available in usable, accessible formats for decision-makers. An important part of this is capacity-strengthening for health system decision-makers to equip them to identify their information needs and then fill those needs with relevant, accurate information.

Think of evidence, dissemination, and strengthening decision-maker capacity as the three legs of a tripod holding up the lens through which the better health of the future will be glimpsed. Without sufficient attention to all three legs, a future marked by better health will remain out of focus and out of reach. To understand how these interact, let's explore how the Evidence-Policy Cycle underpins the cluster's work.

Distribution to Enhance Dissemination

WHO currently publishes roughly one new official title a week. By including WHO's publishing activity in EIP, opportunities for expanding dissemination can be captured. One of WHO's enduring commitments has been to free distribution of its publications to ensure that price is not a barrier to access to information. As a general rule of thumb, roughly 70% of first print runs of WHO publications are distributed to libraries and institutions, primarily in less developed countries, which commit to making their collections available for public use. WHO's marketing and dissemination efforts are largely self-financed by revenue from publication sales.

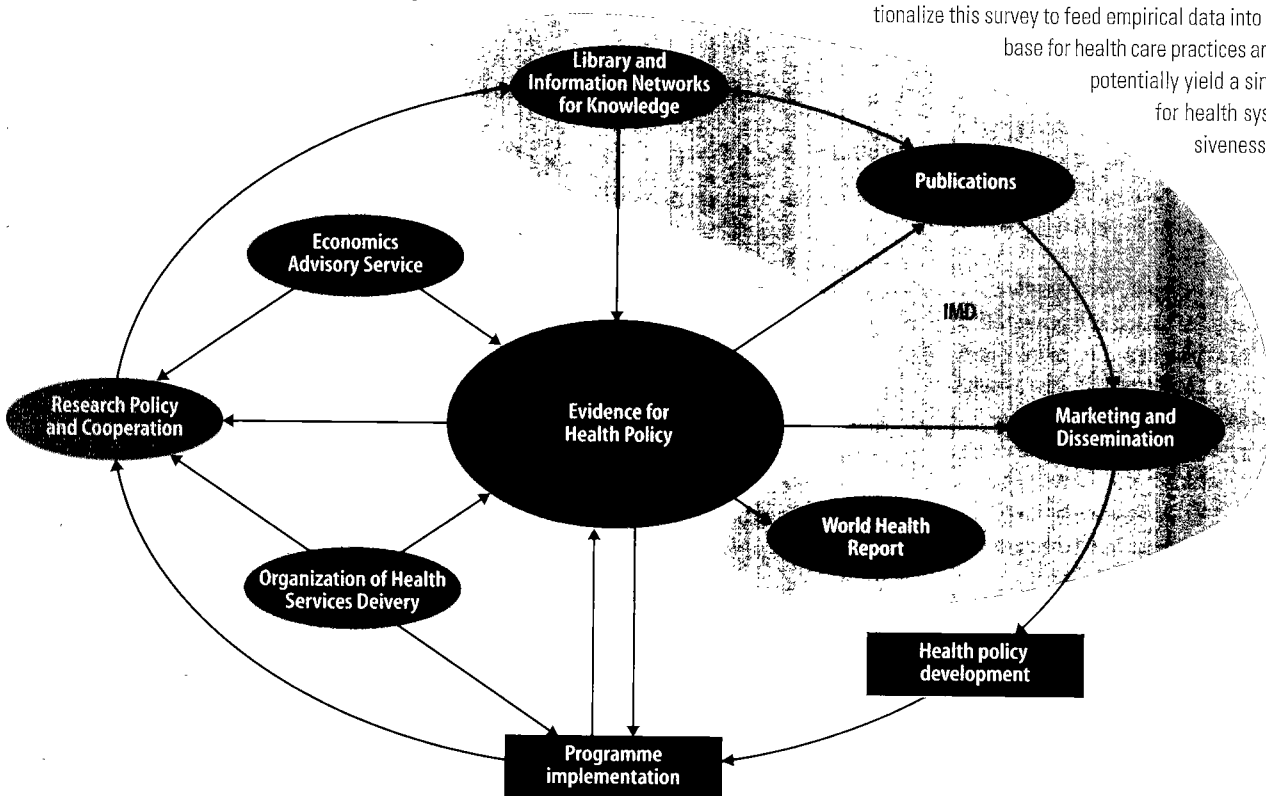
In addition to depository libraries and public reference centres that expand dissemination and increase access, the Internet offers new opportunities to expand distribution. The Internet offers the prospect of cheaper, more immediate access to WHO publications and creates additional incentive to expand the scope and number of WHO publications.



BRINGING THE EVIDENCE-POLICY CYCLE TO LIFE

The Evidence-Policy Cycle provides a framework for EIP's work. As part of its mandate to contribute not only to improvements in health but also to WHO's ongoing transformation into a learning organization, EIP has organized its work among departments set up to ensure that no part of the cycle goes unaddressed. To understand EIP's work, the figure below overlays the cluster's departments on the evidence-policy cycle. Each of the departments: the Global Programme on Evidence for Health Policy (GPE), Organization of Health Services Delivery (OSD), Research Policy and Cooperation (RPC), and Health Information Management and Dissemination (IMD), together with the Economics Advisory Service (EAS), is described below.

Evidence-policy cycle: organizational implications



Assessing Health System Performance

Measuring health system performance is essential, for even the most resource-strapped system would ideally be monitoring its performance to ensure that available resources are used to maximum effect. Part of EIP's work has involved developing tools that will enable health systems to monitor performance towards three key goals: improved health, improved responsiveness, and fairness in financing. This tool development work is accompanied by training, in conjunction with all WHO regional offices, to equip decision-makers to use these tools in their respective health systems.

The Multi-Country Survey for Health System Responsiveness has been established by EIP/GPE in response to requests from Member States and international agencies to provide a more practical framework for assessing health system performance. Research teams in several WHO regions will conduct community household surveys to gather data on health states, disability, and provision of health services. Successful pilot surveys have already been conducted in Colombia, India, Philippines and Tanzania. The first round of the survey is now planned for ten countries drawn from all the WHO regions. EIP will also be working to establish the capacity to institutionalize this survey to feed empirical data into the evidence base for health care practices and policy, and potentially yield a single measure for health system responsiveness.

Global Programme on Evidence for Health Policy (GPE)

GPE's mission is to strengthen the scientific and ethical foundations for making evidence-based policy. The department's work is carried out through four teams: Epidemiology and Burden of Disease; Effectiveness, Quality, Cost, Gender and Ethics; Financing, Regulation, Legislation and Resource Allocation; and Classification, Assessment, Surveys and Terminology.

Understanding a population's burden of disease and its distribution among different groups and causes of disease is essential to setting priorities for health system intervention. GPE's work focuses on assessing global and regional burdens of disease and providing tools, training materials and technical assistance for country-level burden-of-disease studies. This country-level work in turn will improve regional and global estimates.

Characterizing the burden of disease establishes a framework for choosing interventions to improve health. For guidance about which interventions to choose, GPE is building global

and regional information bases on the efficacy, effectiveness and costs of 500 leading interventions. Choosing interventions has important ethical dimensions and, working with Research Policy and Cooperation (RPC), GPE is charged with developing practical tools for decision-makers that will ensure ethical dimensions are embedded in decision-making.

The Big List...

For policy-makers to use evidence more effectively in their decision-making, the evidence must be relevant to their setting. For this reason, GPE is working to develop region-specific estimates of the effectiveness and costs of major interventions targeting the most important health problems. An intervention might be a single item such as a pharmaceutical product, a comprehensive multi-part programme such as a community-based smoking cessation programme, or a policy to develop clinical practice guidelines to improve quality of care.

Developing these estimates draws broadly on the technical expertise in all WHO clusters.

The methods and tools needed to gather these estimates are the focus of current work. These tools and the results will be available to decision-makers to use in the field.

Region-specific, and possibly country-specific, estimates of costs and effectiveness combined with country-level burden of disease data offer the prospect of priority-setting rooted in evidence and high quality research. This approach can identify where scarce resources can be allocated for maximum benefit and provide benchmarks for quality improvement efforts.

Ethics

Attention to ethical issues that arise in resource allocation and health care delivery has become an integral component of EIP's work. Many of EIP's initiatives, from measuring the global burden of disease to evaluating the performance of health systems, involve ethical judgements about fairness and value. Accordingly, WHO has appointed an ethicist, based in EIP, as a bioethics "focal point" for the organization and established a working group of 18 renowned philosophers and economists to prepare advisory papers on these issues.

EIP's work in bioethics also addresses other issues of concern to WHO and its Member States. To resolve issues in the increasingly controversial field of medical research in developing countries involving human subjects, WHO has joined such agencies as the National Institutes of Health (USA) and the Medical Research Council (UK) in establishing a Global Forum for Bioethics in Research. Its aim is to provide a voice for perspectives on these issues from developing countries, and to build capacity in those countries for ethical review of research protocols.

GPE completes the health systems evidence picture through new measures of health system goal attainment, population health, health inequalities, responsiveness and fair financing that comprise a framework for assessing health system performance. This work will contribute substantially to the planned introduction of a WHO policy on health financing in 2001.

Monitoring change in the health status of individuals and communities and measuring the effectiveness of interventions calls for international standards to name, classify and measure different aspects of health. GPE produces classifications of disease, functioning and disability, as well as assessment tools and strategies to apply these classifications in the field. A multicountry survey aims to monitor the health status and responsiveness of populations.

Financial Resource Flows for Health: National Health Accounts

In addition to money spent directly by governments providing health care, every country has multiple sources of spending within its health system, including out-of-pocket payments by patients, private insurance payments, social security, and in some cases donor aid and receipts from trade in health services. National health accounts seek to capture this breadth of spending and provide a valuable tool for country-level efforts to manage the health system more effectively. Coupled with descriptions of health systems, these also provide summaries of health systems useful for comparisons between countries.

There are currently over 160 country profiles available but demand for technical assistance to calculate national health accounts and build that information into decision-making runs ahead of supply. To this end, EIP is working with several partners, including the World Bank, the Organisation for Economic Cooperation and Development (OECD) and the United States Agency for International Development (USAID) to develop a joint users guide to national health accounts and how they can be incorporated into health system planning.

Gender-sensitive research

Gender describes socially constructed characteristics of women and men, while sex refers to biologically determined characteristics. Gender interacts with biological factors and other social factors like class to affect people's health, by changing vulnerability to many diseases and conditions, and their consequences.

Gender also influences the daily lives of women and men. Gender affects how women and men access and control resources to protect their health. For example, studies report

that many women are prevented from using appropriate health services by inadequate resources, lack of transport and even a husband's refusal to grant permission. Gender also affects where people carry out their daily activities, influencing disease risk. A Nigerian study reported that rates of schistosomiasis, a water-borne tropical disease, were highest among girls aged 5-15, peaking at age 15 when girls are fully involved in domestic work using water. Male rates drop after adolescence as older boys stop

playing in and around water, while for females they remain stable because the domestic work of girls and women requires ongoing water exposure.

EIP, collaborating with other WHO technical programmes, is reviewing data to improve understanding of how gender impacts on health and access to health care, developing guidelines and methods for gender impact analyses, and designing interventions that address gender-based inequalities.



WHO/MSM/A. GRUMP

Research Policy and Cooperation (RPC)

"Research is at the core of our work in WHO... WHO has an important vocation to be a focal point for the best of research..."

– Gro Harlem Brundtland

Research policy deals with research processes, applying research findings, research capacity, and decision-making regarding priorities and funding. RPC's goal is to narrow the gap and reduce inequalities between developed and developing countries in producing, accessing, and using scientific knowledge for improving the health of the poor.

This goal is to be achieved by stimulating research for, with, and by developing countries. Specific efforts focus on assessing the potential for health improvements by applying emerging scientific knowledge, mobilizing the world's research community to address health problems that predominantly affect people living in developing countries, and strengthening

research capacity in developing countries to foster policy development and implementation rooted in research findings.

The work of the department is undertaken through two teams: Promotion and coordination; and Policy Development and Application. The latter team shares responsibility with GPE for activities addressing the ethics of research.

RPC also acts as secretariat of the Advisory Committee on Health Research, an international multidisciplinary body that provides WHO with expert advice in the area of health research and serves as the link between WHO and the global research community.

The Alliance for Health Policy and Systems Research

The Alliance, part of the Global Forum on Health Research, has its secretariat housed within the EIP cluster. The Alliance has a primary focus on capacity strengthening for health policy and systems research (HPSR) through in-country research establishments and manages a programme of grants to achieve this objective. The Alliance grows from a partnership involving the Global Forum on Health Research (GFHR), the Council for Health Research for Development (COHRED), WHO and institutions in developing countries. Its tasks include developing tools for comparing country experiences and facilitating networking among the partners and country-level institutions with the objective of strengthening capacity for HPSR and stimulating knowledge generation.

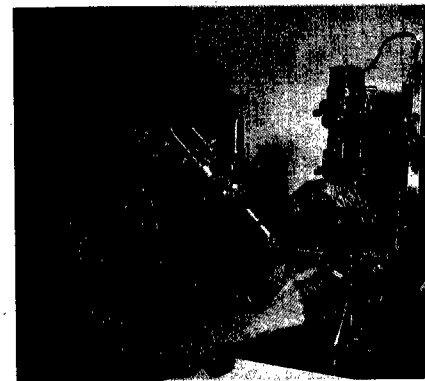
WHO Collaborating Centres

Over 1300 WHO Collaborating Centres have been established, of which approximately half are involved in research. Given this tremendous source of activity, one of the challenges for WHO has been to unleash the potential of these relationships. Practically, this means ensuring that the relationships are active and participatory, and that they contribute to knowledge development both for the WHO and its Member States and also for the centres themselves.

Capacity Strengthening for Research

Despite widespread recognition that strengthening capacity for health research is essential, particularly for health systems in less developed countries, rather less attention has been paid to how this can be done most effectively. By working with technical programmes and departments in WHO, including Tropical Disease Research in the Communicable Disease Cluster and the Human Reproduction Programme in the Family and Community Health cluster, EIP is facilitating development of novel approaches to strengthening capacity that will be participatory, actively involving researchers in the settings where the capacity strengthening will occur, and clearly linked to the needs and objectives of health systems where these people will work.

Sustainable capacity strengthening for research should be grounded in the settings where the research will be done and should influence decision-making rather than be controlled by outside forces and outside institutions. Particular attention is needed to efforts that improve the enabling environment for research and enhance research cultures within countries. Realizing this role requires a fundamental change in thinking and a move to active partnership and collaboration, rather than simply handing out training grants. The potential gains are enormous.



Health Information Management and Dissemination (IMD)

IMD's task is building the knowledge that fosters healthy development. IMD provides the information that governments and health care workers need to improve health policies and practices worldwide. The department's responsibilities include publications and web content, library services, marketing and promotion, the annual *World Health Report*, and the monthly international public health journal *Bulletin of the World Health Organization*.

IMD adds value to health information by making it accessible and appropriate to a variety of users. WHO produces dozens of books and hundreds of technical documents each year – IMD coordinates this output, providing editorial support to maintain standards, maximizing distribution in print and electronic forms, and arranging translation into multiple languages.

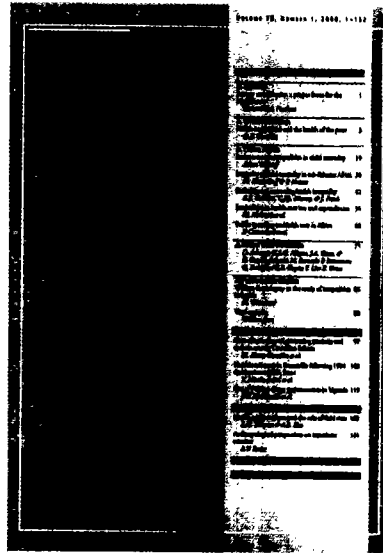
IMD also serves as the secretariat of WHO's Information Management Group, a cross-cluster body that guides policies and sets priorities in health information. The department is developing policies and procedures for WHO's web site (www.who.int), and exploring ways of using modern communications technology to expand people's access to health information worldwide.

WHO's library is a globally unique collection of health literature in formats ranging from the most basic to the most advanced. Its services support all WHO's technical activities and reach worldwide via the Internet. The library's vast database has live links to thousands of full-text WHO documents. Support to countries includes boxed "mini-libraries" of medical manuals and core health books for district level use by front line health workers.

Bulletin of the World Health Organization

Now subtitled the *International Journal of Public Health*, this scientific publication began 1999 with a new format, a new editor-in-chief and a new editorial board. It appears every month, its articles are rigorously peer-reviewed, and it is published both in print and electronically, with full text on the web (<http://www.who.int/bulletin/>). Paid subscriptions rose by 12% in 1999 and have continued to rise, helping to defray the cost of distributing the *Bulletin*

free of charge to those who need it but cannot afford it. The journal is read in all 191 of WHO's Member States. Its articles cover internationally significant research findings and issues of policy and practice. During 2000, the *Bulletin* is publishing issues on themes such as inequalities in health, immunization safety, polio eradication, and mental health, with articles by well-known authors in these fields. The *Bulletin* currently appears in English with summaries and a quarterly digest in French and Spanish. Proposals for expanding non-English publication are under active consideration.



Economics Advisory Service (EAS)

EAS provides a methodological resource to the organization. Specifically, EAS is responsible for work that will further develop WHO's growing interest in the intersectoral benefits of improved health. For example, reducing childhood morbidity may improve school performance and, thus, educational attainment and human capital formation. A society with healthy people is likely to be more economically productive and enjoy higher rates of growth. Looked at the other way round, a society with higher rates of economic growth can more easily mobilize resources for its health system than one whose economy is shrinking. A substantial part of work in this area will take place through the Commission on Macroeconomics and Health.

Organization of Health Services Delivery (OSD)

OSD provides analytical, normative and technical support to Member States so that health systems can deliver services more equitably, effectively and efficiently. OSD works closely with GPE to offer countries evidence-based strategic options and tools to assist health systems in achieving improved health outcomes.

Contracting in Health Services Delivery

As part of health sector reform, contracting out of services ranging from laundries in hospitals to large pieces of health care provision has grown explosively. One of the challenges is to identify how contracting can advance health system goals, and to identify the elements that maximize the likelihood of realizing benefits from contracting.

To this end, EIP is working with the WHO's European Regional Office and the Pan-American Health Organization to investigate contracting with a view to establishing a framework to monitor equity, quality, and effectiveness as contracting expands. The goal of this work is twofold: to develop a WHO policy on contracting and, more concretely, to provide direction and tools to health system managers responsible for such contracts so they can build contracting mechanisms to deliver services of enhanced cost-effectiveness while safeguarding equitable access and quality.

Health System Profiles

Policy-makers, both nationally and internationally, seek reliable, timely and comparable information on health systems, including their policies, institutions, resources, reforms and performance. Collaborating with country and regional offices, EIP is building a global database of systematic descriptions of health systems. Within WHO, these will also be used for four specific purposes: enabling staff and consultants to see how planned interventions will fit within health systems, identifying issues for comparative research and analysis across regions, preparing country briefs, and as an input into developing WHO country strategies.

Commission on Macroeconomics and Health

Most people would not question that improving health is an important social goal. Less clear, however, is what health means for economic development. The Commission on Macroeconomics and Health is an independent body managed from Harvard working in close liaison with EAS to build a consensus among leading world economists on a potentially far more vital issue – namely the optimal role for health investment in development policy. Broadening 'health economics' from the cost of a particular intervention to the study of its effects as an essential input to economic growth and development holds the promise of highlighting the importance of investment in health, not merely as a social programme, but as a foundation for sustainable development.

OSD's work addresses strategic topics such as the quality of personal health services, the integration of personal with public health services, as well as factors that influence effective access to health care, particularly for the poor and vulnerable. Generating and using human and physical resource inputs optimally is crucially important and OSD works to strengthen planning, development, performance and management of health facilities and the health workforce. Nursing and midwifery education and practice is a special focus within the human resources work.

OSD works closely with disease-focused and life-cycle-oriented programmes within WHO, providing inputs on integrated health services delivery to assist countries to improve health services performance. OSD works in cross-cutting areas such as mainstreaming the health system approach within WHO, building partnerships to address public health priorities, strengthening health systems and services accountability mechanisms. As part of the effort to support human resources development in Member States, OSD coordinates the Global WHO Fellowships Programme.

Human Resources for Health

Human resources is one of the most critical issues facing health systems. In many systems, providers are not well matched to the service needs of the population and are often geographically maldistributed. Even when health workers are in place, the quality of care provided may be poor, due to factors that include poor education and training and low provider motivation.

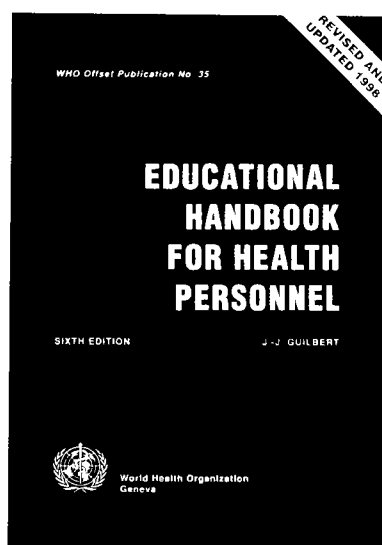
EIP is working with partners such as the World Bank, the International Labour Organisation and health professional organizations to devise practical strategies and develop tools for countries to use in improving the performance of their workforce. This process will identify gaps in research, align different pieces of work and bring together evidence and best practices that can be used by countries.

Designing Health Financing Systems

EIP recognizes that it is simply not enough to identify cost-effective interventions, for health systems the world over face ongoing needs to mobilize resources to implement these interventions. In addition, financing reforms have been a huge part of health sector reform in many health systems at all levels of wealth. One of the key objectives of these reforms has been and continues to be improving access to health care.

Management Effectiveness Project

Strengthening management capacity is one of the challenges facing all health systems from policy development to service provision. Towards this goal, EIP is working with WHO's Eastern Mediterranean Regional Office and several Member States in that region to develop a programme to improve managerial effectiveness. This programme focuses on training in applying principles of quality management through teams in the workplace. EIP's role includes drawing in other clusters from WHO headquarters to ensure that cross-cluster collaboration within WHO translates into a programme of practical use to managers in health systems.



EIP: STRATEGIC PRIORITIES FOR THE FUTURE

Looking ahead, the EIP cluster has identified four strategic priorities. EIP's cross-cutting role is embodied in these priorities, for each offers benefits both inside WHO and outside the organization.

The first priority is to develop a comprehensive, updated, globally accessible system for knowledge management and dissemination. This work will be led by IMD and will draw on WHO's vast array of technical programmes for information inputs that can be made available to the widest possible audience through both traditional media and rapidly changing

electronic media. Managing knowledge effectively is essential if information is to empower decision-makers in their efforts to improve health and to overcome the 'digital divide' in health.

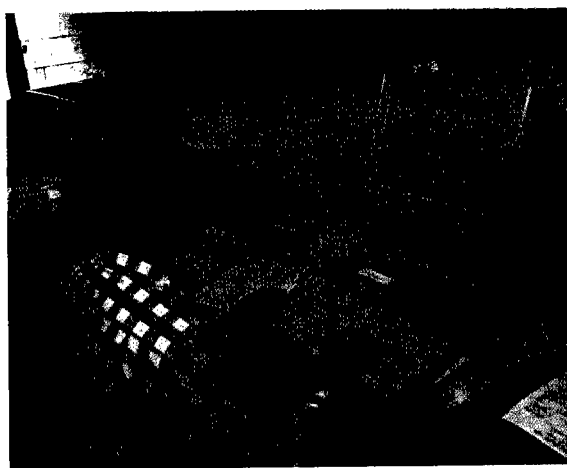
Second, despite the explosive growth of information, the map to improved health is still missing some fundamental pieces. Thus, the second priority is bridging research gaps throughout the world. This priority means addressing not only the undersupply of research into conditions affecting people in developing countries but also the geographical distribution of where research is carried out around the globe. These efforts will be led by RPC.

Epidemiological Estimates and Burden of Disease

One of WHO's core competencies is numbers – how many people die of malaria each year, the cost of treating hypertension, the degree of cognitive impairment associated with childhood anemia. Consistent, verifiable data on these and the thousands of health issues on which WHO works strengthen the organization's credibility and global leadership.

EIP now provides a focal point for work on the global burden of disease within WHO. Increasingly, Member States are requesting technical assistance and support to undertake country-level burden-of-disease measurement and over 30 countries are in various stages of undertaking these assessments. WHO support to their efforts lays the groundwork for tackling the bigger challenge of integrating burden-of-disease data into country-level programming and health system planning. This partnership also contributes towards the ongoing updating of the 1990 estimates of the global burden of disease to year 2000 estimates.

EIP also provides services to other WHO clusters. It coordinates the WHO Internal Network on Epidemiologic Estimates to build stronger links between the communication function of EIP and WHO's technical departments. This group will assist EIP to develop accurate estimates of deaths and burden of disease in collaboration with all clusters and simultaneously provide a fundamentally solid basis for programme planning within the organization and advocacy beyond its walls in the global arena.



WHO/CPM EDWARDS

A concrete example of efforts to fill gaps in knowledge is the work of the Commission on Macroeconomics and Health. Completing the work of the Commission over the period 2000-2001 is the cluster's third priority and will be led by EAS.

The fourth, but by no means last, priority joins the work of GPE and OSD, in advancing health systems design work at WHO. This priority translates into two linked areas of work. The first, led by GPE, focuses on building, validating and disseminating a sound evidence base. The second, wherein GPE and OSD's efforts will be complementary and mutually strengthening, focuses on deepening the health systems perspective in WHO's work. This reflects the direction laid out in the WHO corporate strategy and has key internal and external implications. Internally, embedding a health systems perspective is essential to improving WHO's work, for the vast majority of health interventions are delivered through health systems. Embedding a health systems perspective across the organization will create opportunities for new synergies in designing and implementing interventions. Externally, in technical assistance to countries and collaboration with WHO's partners, the health systems perspective is a unique, evidence-based contribution that WHO can bring to its work in advancing efforts that seek to improve health.

www.who.int

The WHO web site is an important source of health information for people around the world: it receives over 11 million hits each month. EIP plays a key role in coordinating the cross-cluster development of policies and procedures for the dissemination of health information through WHO's web site.

The Internet and other information and communications technologies provide a means for rapid publishing and dissemination of timely information, a facility for updating (and correcting) information instantaneously, easy storage and retrieval of archived materials, and a way to bridge geographical divides. They permit the distribution of information to a larger and more varied audience than traditional publishing mechanisms. They also provide a simple way to obtain input and feedback from the users of WHO's health information. EIP is using existing technologies, and is exploring the use of others – mobile phones, radio, and video systems – to better communicate health information with WHO's target audiences.

