

The World Health Report 2000: A Case Study on The Indonesia National Health System

Laporan Kesehatan Dunia Tahun 2000: Studi Kasus Sistem Kesehatan Nasional Indonesia

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Abstract

The World Health Report (WHR) 2000, which focused on improving health system performance, has been a lot of pro and cons. This article assesses critically the WHR 2000 for Indonesia health system. It discusses the elements of WHO evaluation model, weighting the indicators used, the variables measure, and sources of data. Of 191 countries in the world, Indonesia has attained the total rank of 106, while the level of health and distribution of health was in the rank of 103 and 156, respectively. Furthermore, the rank of health financing responsiveness and fairness was in 63-64 and 73, respectively. Meanwhile, health expenditure indicator rank was in 154 with the performance of Indonesia national health system for level of health was in 90. Overall, the rank of health system performance for Indonesia was in 92. Nevertheless, there are five critics to the WHR 2000 for Indonesia, namely, issues of obtaining the right data, method to assess responsiveness, fair financing calculation, limitation of scientific value, and further discussion on political agenda and method for assessing health system performance. Despite the limitations on methods and framework used, however, the WHR 2000 has influenced countries to prioritize the health system attainment and performance. This article recommends the necessity of comprehensive health system monitoring and evaluation with sustainable policy.

Key words: Attainment, performance, national health system

Abstrak

Laporan Kesehatan Dunia (LKD) tahun 2000, yang memfokuskan pada program peningkatan kinerja sistem kesehatan, mengundang banyak pro dan kontra. Artikel ini menilai secara kritis laporan tersebut terhadap sistem kesehatan nasional Indonesia. Artikel ini membahas unsur-unsur model evaluasi WHO, pembobotan indikator yang digunakan, ukuran variabel, dan sumber data. Sebanyak 191 negara di dunia, Indonesia telah mencapai total peringkat 106, dengan tingkat kesehatan dan distribusi kesehatan masing-masing pada posisi 103 dan 156. Lebih lanjut, ketanggapan dan kea-

dilan pembiayaan kesehatan masing-masing berada pada peringkat 63-64 dan 73. Sementara itu, indikator pengeluaran kesehatan berada pada peringkat 154 dengan kinerja Sistem Kesehatan Nasional Indonesia untuk tingkat kesehatan menduduki peringkat 90. Secara keseluruhan, sistem kinerja kesehatan Indonesia berada pada peringkat 92. Namun, ada 5 kritik terhadap LKD tahun 2000 untuk Indonesia yang meliputi masalah cara memperoleh data yang benar, metode menilai ketanggapan, perhitungan pembiayaan yang wajar, keterbatasan nilai ilmiah dan diskusi lebih lanjut tentang agenda politik dan metode untuk menilai kinerja sistem kesehatan. Meskipun memiliki keterbatasan metode dan kerangka yang digunakan, LKD 2000 telah mempengaruhi banyak negara untuk memprioritaskan pencapaian dan kinerja sistem kesehatan mereka. Artikel ini menyarankan perlunya pemantauan dan evaluasi sistem kesehatan yang komprehensif dengan kebijakan yang berkelanjutan.

Kata kunci: Pencapaian, kinerja, sistem kesehatan nasional

Introduction

World Health Organization (WHO) launched The World Health Report (WHR) 2000 on 21 June 2000 entitled "Health Systems: Improving Performance". Health system defined as all efforts to aim highest health level through promotion and restoration involving individuals, communities, organisations, and available resources within countries.¹⁻² It is an urgent action to give more effort on health system attainment and performance. Health system, in natural, also compromises with economic and political action.

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Questions such as, what are the elements for its evaluation model, how is WHO weighting the indicators used, what are the variables measure and how is the data collected are first presented in this article then Indonesia as a case study. The purpose of this article is a critical assessment on the WHR 2000 results for Indonesia health system. Furthermore, issues of methodology used and data collection will be discussed. Importantly, indicators used also be analysed whether it is appropriate with Indonesia. I also discuss what suggestion for Indonesia national health system.

Attainment and Performance

The World Health Report 2000 has set a milestone for assessment of health system, especially for attainment and performance. Firstly, attainment in definition is the achievement of good health, responsiveness, and fairness in finance by using measurement of health outcomes. Second is performance which used for judging the attainment in the system, whether it has reaches its main goal with resources available.¹ There are five requirements needed; overall health status, distribution of health, level of responsiveness, distribution of responsiveness, and financial subject.¹

Health

Good health, responsiveness and fair financial are lies between social value. The first point in measuring goal in health system is a good health. It is the highest goal in a health. This makes health as a main objective in the health system. On the one hand, health is known as major target of medical care services. On the other hand, it also valued as a basic right for all people. But, it is being misunderstood by population that the health system only relies on health care services. The writers of the WHR 2000 argue the two ways correlation between health system and good health. Good health is health inequality which contains goodness and fairness. Paramount level obtained is goodness, while fairness is equal distribution in population.¹ How well the respond of the health system to fulfil the population needs also noticed as goodness. Also, the treatment of people was equally given without any ethic issues, resulted in fairness.

Responsiveness

The second objective is responsiveness. It measures the form of systems related to non-health needs and carries out population expectation.¹ Problems regarding responsiveness are often divided into two categories. The first category is respect attitude for the person or patient. This includes person dignity, confiden-

tiality, and autonomy choice on self health decision. Things such as no humiliation for patients, closed access to medical records and open information concerning the availability of treatment are included in respect person category. Another category is client orientation, which specified for prompt attention, amenities of quality given, access to social support networks, and choice of provider. Emergencies, short waiting list, cleanliness, hospital food, family supports, and the freedom to choose health care are considered to be examples of client orientation.¹ The utilization of services has been an interesting case that distinguishes individual freedom of public health program, for example immunisation. More attention should be given for poor people who experienced low quality services in comparison to what happen in rich community. Again, inequality existence in poor people should receive more action for responsiveness.

Fairness in Health Financing

The last one is fair financing in the health system. The ability of a household to encounter the health expenditure is known as fair financing for health. In general, there are two ways of paying the health cost. First is out-of-pocket that the patients should pay from their own money. The second way is prepayment which subsidises through insurance type and taxes.¹ Most poor countries experienced out-of-pocket due to lack or minimum health budget in their gross domestic product (GDP). It is consider as an unfair condition, if individuals and households have to pay for their health cost due to poverty. Ideally, health financial budget should be excluded from household needs without causing economic burden in households. There should be a share interest within the health system to ensure that individuals or households not carry a heavy payment for its health risk. Obviously, there is independent of health spending from which their income comes. This will support more for their basic needs, for example foods.¹

Sources of Data

There are five indicators of goal attainment used by World Health Organisation (WHO).³ First, average population health that measured using disability adjusted life expectancy (DALE). WHO estimated the disability-adjusted life exceed 70 years occurred in 24 countries and half of WHO member that reached 60 years. There are also 32 countries in certain condition only calculated their DALE below 40 years. Secondly is equity in health that used number of children reach age five years. It also measures for age 15 and 59 years related to probability of dying.¹

The third indicator is responsiveness that divided into two sources of data. The first source is 1791 people in

Table 1. Change of Basic Indicators in Population Estimation for Indonesia

Population Estimates	WHR 2000	Recent Data*	Year of data*
Total population	209 255	222 050	2006
Growth rate	1,5	1,34	2000-2005
Total Fertility rate	2,5	2,2	2005
Life expectancy females	69,0	73,38	Estimation for 2009
Life expectancy males	66,6	68,26	Estimation for 2009
Dependency ratio	55	50	2005
Under 5 (IMR)	53-63	46	2002
Population +60 years	7,3	7,5	2005

35 countries. Respondents give their opinions from 0 to 10 scales for responsiveness elements. Secondly, WHO conducted an internet survey for 1006 key informants that 50% of them worked for WHO and the rest from people that willing to involve in the survey.⁴ The chosen informants give evaluation of elements and the difference between each of them.¹ Using 50 respondents in 35 countries, they were asked questions about the equity of responsiveness that suspected happen in countries with less responsiveness. The last indicator is fairness in financing. WHO obtained the data is through calculation of household total amount of health care and permanent income. The permanent income is calculated by total private needs add with tax compulsory and subtract food budget.³ Performance data collected through countries resources of the health system outcomes. WHO used upper limit relative to the highest expectation in the health system and the lower limit counted for less demand of a health system.¹ DALE and average goal attainment are two measurements for performance.³

Weighting Overall Attainment

To avoid misunderstanding of the report, WHO classifies the five goals attainment into weight index that used a questionnaire of 1006 respondents from 125 countries.^{1,5} They were asked the important aspects in attainment. WHO used single overall weights for the attainment goals. For health, the total is 50% accounted for level of health and distribution of health.⁴ While the weights of responsiveness represented by 25% for the total average and equality. A quarter of total percentage specified for fairness in financial, which is 25%.^{1,3,4}

Indonesia National Health System

In this report, Indonesia is selected as a case study for the WHR 2000. A country with population of 222 millions people and consist of 33 provinces. The total

expenditure of health is 2,8% of gross domestic product (GDP).⁶ The Health Law No. 23 enacted in 1997 provides legal information about Indonesia National Health including its national health system. It also mentioned about decentralization system that local governments play an important role of the health system. The rank total of attainment is 106 of 191 countries. The level of health is in ranked 103 and for distribution of health in 156. Responsiveness is in 63-64 also fairness in health financing is in 73. For the health expenditure is positioned in 154. The performance of Indonesia health system for level of health is ranked 90. Overall health system performance is in 92. There has been a change in the Indonesia national health system attainment and performance since the last WHR 2000. First is the change of basic indicators in population as shown in the Table 1.

Indonesia is making a slow progress for less than 5 years of probability dying, but the life expectancy for both males and females is increasing.^{1,7-9} Secondly, the cause of death between sex and mortality, that mostly happen in Indonesia are infectious disease, while diarrheal disease, pneumonia and preterm birth as the three major causes of death for children.⁷

The third analysis is health attainment for level and distribution of health in Indonesia. From the WHR 2000 statistical annex, Indonesia got 59,7 for total population at birth between 1997 and 1999 [female (60,6), male (58,8)].¹ In 2005, the total population at birth increased to 69 that consider being a slight progress. Yet, it still has lower total population compare with Maldives and Srilanka (73), but the problem is measuring the total population using different population information based on data availability. Since reform era, Indonesia national health system is improving level of health, despite disparities occurrence among provinces, especially for east region of Indonesia. Decentralization has made a big difference for level of health. Disability-adjusted life expectancy (DALE) used

in the WHO report has not approach the actual level of health in Indonesia. Nevertheless, it is problematic to get a valid data related to DALE.

Indonesia result for equality child survival is lower health distribution (0,5999). On the one hand, the results did not able to estimate the distribution of child life expectancy using the mortality data available.¹ On the other hand, Indonesia still faces the main three cause of death among children under 5 years, low measles immunization coverage, disparities in immunization rates, maternal and neonatal death, poor families, and behavioral transformation.¹⁰ There has been survey related to mortality death occur in children and adults. Indonesia equality for child survival is improving. The IMR has now reached 32 per 1000 live births from 68 per 1000 live births (1989) and estimates will decline to 23 per 1000 live births.^{6,11}

Fourth, the level of responsiveness index is 5,46 and 0,961 for distribution index. From 7 elements of responsiveness, the problems faced in order are prompt attention, autonomy to choose own treatment, and amenities of adequate quality. The health sector is shifting its responsibility to district level and number of private health care facilities is increasing without underestimated the public health care facilities responsiveness.¹³ Awareness for poor people expectation within the health system is acknowledge by the government policy through free access to medical care using ASKES (social insurance).^{6,8} But still, there are cases of the rejection for poor people or waiting too long in health care services. The health scheme must overcome gaps of inequality, inefficiency, and corruption.¹²

Another objective is fairness for health contribution in the health system. The index scale is range from 0 to 1 and Indonesia health system obtained 0,942. The national health budget indicators consist of health expenditure and per capita expenditure. The Indonesia health budget is increasing from 1,7% in 2000 to 2,8% in 2003.⁷ The health budget is lower than Malaysia (4,2%) and Thailand (3,5%). Yet, under funding for health is increasing.¹²

The resources in health financing are public, private care, social insurance system, and out-of-pocket. If we compare the WHO report, for public expenditure in 1997 is 36,8% and decreased to 34% in 2003. Private expenditure increased from 63,2% to 66% and the net for out of pocket is 47,4% in 1997 and increased to 74% in 2003. Fairness in health financing is a major public debate because the burden is far greater for poor people, although the social insurance system has been done (10% of total expenditure of health). Nevertheless, improvement has been made by the government from 21 international dollars to reach 40 international dollars in 2003 for per capita public expen-

diture.

Overall attainment goals rank for Indonesia is 106 and it is lower than Malaysia and Philippines in South East Asia region. Despite the rank given, the positioned given has raised several question especially for the data obtained by WHO. It needs to be assessing with National Health System to get precise information.

Indonesia National Health System performance for disability-adjusted life expectancy (DALE) is 0,741 (ranked 90). It is improving due to mobilizing health resources but the challenge for the government is how to strengthen the capacity and utilize available resources.⁷ Overall performance for Indonesia national health system is 0,660 (ranked 92) and it is expected to upgrade attainment goals in order to reduce health inequality.

Decentralization is altering Indonesia National Health System performance. Moreover with development of infrastructure, it will increase the overall performance for Indonesia.⁶⁻⁸ Still, health gaps occur, even though government health scheme started to give free access in the health system. Besides, Indonesia is struggling with its reform on National Health System and considers being "chronically ill". But, the main problem is the implementation within the health system.¹² The role of local and central government should be defined clearly so that the health system performance will inevitably improve attainment and performance goals.^{6,12}

Discussion

The model introduced by WHO for assessing Indonesia National Health System is considered to be appropriate and applicable. On the one hand, the report has given critical information on what should be done by The National Health System in the population. On the other hand, there are several problems related to WHO assessment for Indonesia. First, though it is not easy to obtain the right data, many missing data for measuring the child survival equity (health equity) still found. It only considered number of children reach age 5 years but not using general mortality data which influenced health equity.^{3,13} Secondly is the method to assess responsiveness. WHO used 35 countries to generalize responsiveness in the health system without recognizing variety variables in Indonesia.^{3,4,13,14}

The other critics will be on fair financing calculation. For this, it did not approach Indonesia policy of fairness in health financing, despite issue of low health expenditure for public. The fourth issues are the WHR 2000 limitation of scientific value and discuss more on political agenda.^{4,13,14} It should reach to social system in Indonesia. The scientific value is how the data being

measure in relation to actual situation within Indonesia. It also consider not reflect on the resources and social inequalities owned within countries.¹⁵ The fifth critic is the method used for assessing Indonesia health system performance. WHO decided to simplify the system performance able to perform in all outcome variation.¹⁶ Furthermore, it cannot compare health system between countries because the quality of life components is ambiguous.¹⁷ The need for accountability within the health system is consider being an urgent action for ministry of health.^{12,18}

Although the World Health Report 2000 has limitations, yet, there is some compensation regarding to Indonesia National Health System reform. Firstly, it makes governments understand the weakness in the health system. Second, the assessment of the WHR 2000 contributes for evidence based for improvement of health outcomes.² The need for evaluate the health system has been recognized in the WHO report that combined performance and health outcomes.⁵ Regarding its value, Indonesia has decided to develop the WHR 2000 framework in the sub National Health System performance assessment. The assessment tries to obtain much information about provincial health system and will be use for national health system policy.¹⁹

Conclusion

Despite discussion occurred; the WHR 2000 attracted countries awareness in health system. Undoubtedly, it is prior to have an evidence base that affects The National Health System policy. Of course, the WHO report has limitations on methods and framework used, but it gives stimulate for each countries to prioritize the health system attainment and performance. This obviously increases the health outcomes within the population. Progress has been made to approach the health system assessment to what people expected especially poor countries. In conclusion, the WHR 2000 has put insight to assess Indonesia National Health System and also for provinces. I also believe that by doing assessment of the health system will give benefits for better health in Indonesia. It is important for Indonesia to have a comprehensive health system with sustainable policy.

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