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## CHAPTER 10: DISCUSSION

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The World Health Survey is an effective tool for the national health information system in the measurement of health system performance. It provides important information on both levels and distribution of health of the population, responsiveness, coverage, financing and risk factors. It strengthens the national capacity to diagnose the health challenges and draw appropriate policy conclusions. It also allows monitoring of the health-related Millennium Development Goals.

Information on a core set of behavioural risk factors which account for a large number of chronic disease, deaths and DALYs responds to the greater demand for more standard and comparable data that are needed to focus on trends in major risk factors and to monitor the success of health promotion programmes. The study shows that changes in certain health risk behaviours and lifestyles have yet to be achieved to bring substantial and rapid improvements in overall healthy life expectancy. The optimal portion of intake of fruit and vegetables considered to be health beneficial should be promoted. Anti-tobacco Campaigns should be intensified particularly among males. Given the high proportion of drinkers, promotion of safe drinking habits has to be further sustained. Unlike other surveys which ask about participation in predominantly leisure-time physical activities and thus show a moderate prevalence of physical activity, this survey included not only physical activities in relation to sports, recreation or fitness but also physical activity undertaken in the course of work or for transport including walking. Results noted are encouraging as 84% of the population participates in physical activities/exercises at levels sufficient to confer a health benefit.

The goal of responsiveness to the legitimate non-health needs of the population is an important feature in the assessment of health systems. Besides, it has been rated as important as health goal by the respondents in the survey. Responsiveness is also instrumental to the achievement of the health goal – people are more likely to seek care and to follow instructions of health providers in a more responsive system.

First of all, the survey identified which dimensions are most critical to improve. The most important domains according to the population are 'communications', 'dignity', 'basic amenities' and 'confidentiality'. Quite surprisingly 'prompt attention' was ranked 6<sup>th</sup> in the list of eight domains. The evaluation of responsiveness done for the first time using the latest tools developed by WHO on the basis of the respondents' interactions with health establishments yields a number of interesting results. It provides evidence of similarities (or indeed very slight variation) between the public and private health establishments as far as skills, equipment and drug supplies are concerned. However comparison of the various domain scores shows that the latter were relatively low in the public sector be it for ambulatory or inpatient care services. There is also some variation in the level of inpatient and outpatient responsiveness. The latter's assessment was better except for the domains prompt attention (wait time) and basic amenities (space). In the public sector, the domains for which low scores were obtained and consequently improvements are needed are 'freedom of choice', 'prompt attention', 'basic amenities' (space), 'communication' and 'autonomy' (for outpatient care) and 'freedom of choice', 'communication', 'autonomy' and 'basic amenities' (for inpatient care) although the dimension 'freedom of choice' may not be very relevant under the present system.

In the survey, two measures were used to analyse the distributional consequences of health payments. The first quantifying the impact of health system contributions on poverty is given by the difference in the percentage of households under the poverty line before and after health payments. The second is the proportion of households facing catastrophic payments from out-of-pocket health expenses. The survey shows that 2.6% of households were pushed below poverty line after effecting out-of-pocket health related expenses. Also, 9% of the households faced catastrophic health spending. By WHO standards, both levels are relatively high. For example, the rate of catastrophic spending in most developed countries is around 0.5%. It is also to be noted that the fairer the distribution of financial burden across households, the lower the proportion of households facing catastrophic payments. In the survey, it is also noted that at least 12.6% of households seeking care had to borrow money or sell personal items to pay for their care.

Protecting people from catastrophic payments has come to be widely accepted as a desirable objective of health policy. Policy makers however need to understand if there are certain characteristics of the health system or of the household that make people more vulnerable to catastrophic payments. But it can be argued that catastrophic spending can be explained by poverty, high levels of health care access and utilisation, and groups excluded from financial risk protection mechanisms.

Measures of population health is a major element of health systems performance assessment. This report describes the health profile of the population by eliciting eight core domains of health. The worst assessment was given to ‘mobility’, ‘pain and discomfort’ along with ‘sleep and energy’. Personal characteristics associated with variations in health state valuations have also been explored to detect differences or inequalities between sub-national entities. Some health disparities attributable to variations in sex, age and socio-economic status were identified. There are a number of determinants of health and meaningful actions have to be taken on the most powerful determinants. Also, data must be available on a consistent, timely and periodic basis to monitor progress and examine health disparities among population sub groups.

The WHS is a serious and remarkable initiative to provide a framework to analyse health system, inform health policies and improve performance. In future, this framework has to be integrated within the national health information system.

As a conclusive remark, it is proposed to set up a national focal point/committee to follow up on the process and findings of health system performance assessment.