

Health policies on target?

Review on health target setting in 18 European countries

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Background: In 1984 the European region of the World Health organisation (WHO) adopted 38 targets within the framework of the 'Health for All by the Year 2000' strategy. With the presentation of a renewed Health for All strategy in September 1998, it was considered an appropriate moment to review the use made of health targets in various European countries. This may be helpful in provoking new interest in the health target approach. **Methods:** A snowball approach was used in each country to gather relevant policy documents, reports and other publications on health policy. In addition, experts' opinions were collected by mailed questionnaires. Draft reviews of target setting in health policy were formulated for each country and were sent to the appropriate Ministry of Health for review before publication. **Results:** The Health for All strategy has influenced the health policy of almost all countries included in this study. Most countries have formulated some health targets, whereas other countries have formulated some general priorities, goals or objectives as a related but less specific approach. Although many countries have formally adopted the health targets set by the WHO, the degree of elaboration, the focus of the health targets and the practical implementations vary considerably between the countries investigated. **Conclusion:** Many countries have formally adopted health targets. Health targets, as a tool in health policy, are mostly used at a political level and their practical use seems to be in its infancy and can be considered as 'the promising beginning of a development'.

Keywords: European countries, evaluation study, Health for All strategy, health policy, health targets

Many countries are currently facing a challenge in terms of national health and health policy and, for this reason, the exchange of experience and insight gained in different countries would be useful. The 1984 Health for All strategy presented by the European office of the World Health Organization (WHO) included 38 targets and was a stimulus to European member states to think about setting similar priorities and ways of achieving health targets.¹ The direct contribution of health targets to the improvement of the health status of a population is hard to measure and cannot be distinguished from the effects of other societal processes. However, despite the drawbacks on health target setting, there are clear arguments which indicate that target setting helps to develop a more rational and transparent health policy.²

Generally, target setting is a step-by-step process with increasing specificity (*figure 1*). It starts with principles and values which may be markedly influenced by political opinion. Equity in health and equal access to health care facilities are two examples mentioned in the Health for All strategy. A goal is a very general description based on the principles and values of what should be achieved in the long term, for example a longer and healthier life for

the inhabitants of a country. In the international literature and in many national policy documents it is frequently used interchangeably with the term objective, although, according to United Nations usage, an objective is rather more specific than a goal and is an aim which can be partly achieved during the planning period. Objectives therefore represent a more concrete elaboration of how the goal should be attained, such as a reduction in cancer morbidity and mortality. The subsequent qualitative targets are more specific than the objectives and have a concrete deadline, for example a reduction in smoking in the next decade. In the next step quantitative targets are set to monitor progress. When adequately defined, there is a built-in evaluation mechanism with measurable indicators. This process of formulating health targets usually stimulates the development of health policy at national, regional or local level.^{3,4}

In September 1998 the European member states of the WHO adopted a renewed Health for All strategy, called *21 Targets for the 21st Century*.⁵ This is perhaps an appropriate time to review the literature on the use of health targets in 18 European countries in order to determine whether target setting is used as a tool for establishing health policy and whether the 1984 Health for All strategy was implemented and indeed used to set health targets. This study may also be helpful in provoking new interest in the health target approach. Detailed results of this study are described in our report *Health Policies on Target?*⁴

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Figure 1 Increasing specificity when developing health targets

METHODS

We investigated health target setting in Austria, the Czech Republic, Denmark, Finland, France, Germany, Hungary, Ireland, Italy, The Netherlands, Norway, Poland, Portugal, Romania, Spain, Sweden, Switzerland and the UK. Data were collected up until July 1998, by means of computer searches of the literature and by sending a questionnaire to respondents in all countries. The main information sources used were policy documents. Because these documents often have a restricted distribution (the so-called 'grey literature'), much material had to be collected by communicating with experts in each country. A snowball approach was used. We contacted Ministries of Health (both the health policy section and the documentation centre), other national health institutes, embassies, scientists and other health policy experts to explain the purposes of the project and to ask for relevant (government and non-government) policy documents, reports and other publications. We also sent experts a short questionnaire

to determine their opinion about developments in their country. The questionnaire covered the following issues.

- Is health target setting an issue of debate in your country?
- What has been the influence of WHO's Health for All initiative?
- What is the concrete use of health target setting, the status of development and what are the main actors?
- Are there related developments in health monitoring or information systems?

On the basis of the information gathered, we prepared an overview for most of the countries. For some countries collaborating institutes were asked to prepare the overviews. In the Czech Republic, Hungary, Poland and Romania public health researchers provided the overviews of the situation in their own country. For Italy, Portugal and Spain a senior public health investigator in Spain prepared all three overviews. Two Finnish researchers prepared the overview for Finland. All collaborating institutes received similar instructions on required structure and format, questions to be addressed, etc.

We then used the eight country overviews together with the documents obtained and information from the questionnaires of the remaining ten countries to prepare a draft review for each country. These draft reviews were sent to the Ministry of Health in each country for correction. The feedback we received gave us the impression that our approach for collecting relevant literature and additional information from experts had succeeded.

RESULTS

The main results of our study are summarised in *table 1*. Here we highlight three issues for each country:

- the influence of the WHO's Health for All strategy on the acceptance of the health targets idea at a national level,

Table 1 Summary of the country reviews on the use of health targets until July 1998

Country	Inspired by the WHO	Use of health targets	Information system
Austria	Yes	Yes	Existing system
Czech Republic	Initially yes	Not really	Expanded system
Denmark	Not really ^a	Not really	Expanded system
Finland	Initially yes ^a	Yes	Existing system
France	Yes	Yes	Expanded system
Germany	Yes	Yes	Expanded system
Hungary	Yes	Yes	Expansion planned ^b
Ireland	Yes	Yes	Expanded system
Italy	Yes, late	Yes	Existing system
The Netherlands	Yes	Not really	Expanded system
Norway	Initially yes	Yes	Existing system
Poland	Yes	Not really	Expansion planned ^b
Portugal	Yes, late	Not really	Expansion planned ^b
Romania	Yes	Yes	Expansion planned ^b
Spain	Yes	Yes	Expanded system
Sweden	Yes	Yes	Expanded system
Switzerland	Yes	Yes	Expanded system
UK	Yes	Yes	Expanded system

a: The Health for All strategy confirmed existing principles

b: 'Expansion planned' may vary from being aware of inadequacies in the system to concrete plans for improvement

- the practical use of health targets at a national level (in terms of goals, objectives and qualitative or quantitative targets) and
- the support provided by existing health information systems for a health target approach.

Austria

Developments had been strongly influenced by the WHO Health for All strategy. Current Austrian health policy⁶ includes a number of targets for both health care and the health insurance system (concerning quality and accessibility), as well as several qualitative targets for health protection and promotion. Health data used to develop the policy were obtained from existing information systems.

Czech Republic

The need to restructure the health care system initially overshadowed involvement in the Health for All strategy. Health targets have not been formulated, but the country has a National Programme of Health⁷ with priorities. This programme has made use of existing health data systems, but new forms of data collection (health interview survey) are currently being developed.

Denmark

The principles of the Health for All strategy were already important before the WHO presented its strategy. Formally speaking, there is no health target policy under this name, but priorities are formulated in the national Health Promotion Programme.⁸ The country is developing a more comprehensive health information system to monitor developments in population health.

Finland

The principles and values of the WHO Health for All strategy were already accepted before the WHO presented its report in 1984. Although the country was initially quite active in developing a national health policy,⁹ an economic setback dampened enthusiasm for this approach and prompted discussion of the rationing of health services.¹⁰ The country already has an extensive health information system.

France

The WHO Health for All strategy has had a clear influence in France. The 1994 document *Health in France*¹¹ laid the basis for recent health target-setting efforts, both at the national and regional levels and resulted in the organisation of a National Health Conference to establish priorities. There has been some expansion of the existing health information system, i.e. annual national health reports.

Germany

After initial interest in the Health for All strategy, discussion on the setting of health targets faded, followed by a later revival.¹² Now, some regions already have or are in the process of formulating health targets. The health

insurance sector appears to be interested in applying health targets as tools for quality assurance. Some Länder and the federal government are moving to develop better health monitoring systems.

Hungary

The debate on priorities in health policy began after the WHO Health for All initiative. A recent law, which adopted practically all of the main points of the strategy, lists priorities in health policy with the accent on health care. Qualitative and quantitative targets for population health have been set for the year 2010 and pilot projects for practical implementation have been started.¹³ The health information system will be modified to meet the new requirements.

Ireland

Influenced by the WHO Health for All strategy, Ireland has revised its key values for health policy and has started to reorient its health services towards prevention and health promotion. The present health strategy¹⁴ includes several health targets at the national level, which are to be worked out at the regional level by the recently installed regional health boards. Some initiatives have been taken to improve the existing health information structure.

Italy

Although the health target idea was not initially used, the recently published *National Health Care Plan*¹⁵ includes five national targets which are similar to those of the Health for All strategy. The focus is on the health care system rather than on population health. Health data used to develop the policy were obtained from existing information systems.

The Netherlands

The Health for All strategy has been an important stimulus for the development of current national health policy. Although the setting of quantitative health targets was rejected in 1992 by the Secretary of State for Health, the most recent policy sets three general goals.¹⁶ Monitoring of population health has been extended and improved through the introduction of 4 yearly health reports.

Norway

Although the Health for All strategy was well received, there is no clear relationship between the strategy and current policy documents. The report on population health¹⁷ includes concrete health targets, but the practical relevance of these targets is unclear. The data used to develop the policy came from existing databases on health and health care.

Poland

Since 1990 there has been a National Health Programme, which is clearly based on the WHO Health for All strategy. The 1996 version of the programme¹⁸ formulates 18 strategic goals. Policy realisation, with emphasis on

health promotion, is in an early phase. Improved regulations for health data systems have been issued and it is recognised that there is a need for a more extensive national health monitoring system.

Portugal

Given the similarities in the formulation of principles it is clear that the WHO Health for All strategy had some influence. The country's national policy¹⁹ has objectives and the acceptance of health targets lies between contemplation and development. Policy documents are based on information obtained from existing data sources.

Romania

The Health for All strategy has not strongly influenced the country's health policy,²⁰ but important targets (such as equity, communicable diseases and women's health) have been adopted, leading to more emphasis on health promotion. The health target approach is just starting to be developed. The existing health monitoring and health data collection systems need to be improved.

Spain

The Health for All principles were accepted. Since 1989, nearly all regions have approved regional health plans with approximately the same set of health targets, although practical approaches may differ.²¹ A special health data collection system was established to monitor progress in achieving the WHO health targets.

Sweden

Swedish policy documents frequently refer to the Health for All strategy.^{22,23} Health promotion and disease prevention are priority areas associated with a number of national and regional targets. The country's extensive health information system has been improved to facilitate comparisons between regions.

Switzerland

The European Health for All strategy has had a fairly strong influence on health policy in this country.²⁴ There is no national health target strategy, because the federal government does not have the authority to adopt such a strategy. Switzerland has reorganised and improved its health information system to adapt to the Health for All programme.

UK

The initiative of the WHO influenced health policy in all parts of the UK. England has implemented the most concrete follow-up to the Health for All strategy. The 1998 strategy *Our Healthier Nation*²⁵ and its predecessor *Health of the Nation*²⁶ present a limited number of quantitative health targets for England which affect the practical organisation and financing of public health and health care. A special central unit at the Department of Health has been set up to monitor progress towards meeting health targets.

These summaries show that the health policy of almost all countries included in this study has been inspired by the *Health for All by the Year 2000* strategy. Most countries have formulated some health targets and, although other countries may not have set health targets, they have all formulated some general priorities, goals or objectives as a related but less specific approach. In the countries which have formally adopted health targets, the degree of elaboration, the focus of the health targets and the practical implementation of these targets vary considerably. The core health targets in most countries are similar (equity, health promotion, etc.), but there is great variation in the number of health targets and in their focus on public health or health care and in the actors involved. The practical use of health target setting as a tool in Europe seems to be in its infancy. It can be considered as 'the promising beginning of a development'. Appropriate health information and health monitoring systems are a prerequisite for setting health targets. Almost all countries have improved their health information systems or are in the process of doing so and, consequently, will be able to respond to the health monitoring requirements of the health target approach.

DISCUSSION

When using primary and secondary sources, as we did, one must be aware of potential confounders. For example, statements about the importance of starting points for a country's health policy often depend largely upon which policy documents are included in the study. Whereas one document focuses on public health, another from the same period may emphasise health care. Documents may also express the desirable rather than the actual situation. The different extent of regionalisation in the countries may also cause confusion. Most countries have national health targets, while some have both national and regional health targets and others have only regional targets. Such disparities reflect the different forms of government in European countries. In a federal state such as Switzerland, the national government is not empowered to define national health targets. Despite these limitations, the fact that 'grey literature' policy documents made up the majority of the publications and the fact that reports on practical experience were scarce leads us to believe that, on the basis of our own findings, the information given by the experts and the feedback from the Ministries of Health, our conclusions reflect the current situation in practice.

Another point of discussion is the definition of goals, objectives and targets. The terms used in the policy documents varied between countries. The step-by-step approach for setting the health targets shown in *figure 1* was seldom adopted in the countries studied. Sometimes the wording of what was called a target was so general that, according to the hierarchy of levels in the development of health targets, it should be classified as an objective or goal. As a rule, health targets were formulated in a qualitative sense and the practical elaboration at all levels – as, for example, in England – was the exception.

The relatively small number of quantitative targets probably reflects the fact that most countries consider health targets a source of inspiration rather than a management or technical tool. This inspirational aspect is also reflected by the observation that many targets focus on rather broad areas such as equity, quality of life and health promotion. In some countries health targets were seen as technical tools for making policy decisions in order to achieve an optimal balance between effect (health gain) and allocation of available resources, for example the health insurance targets in Germany. In other countries, for example Spain, health targets are promoted as a management tool.

These various ways of applying health targets are clearly complementary and compatible. We consider that the use of health targets as a source of inspiration corresponds to the development and application of such targets at a political level, including the articulation of intentions and desired directions. Inspiration implies a focus on steps 1–3 in the target development process shown in figure 2. In this process, the policy level (the use of health targets as a managerial tool) is defined as the production of a concrete plan for realisation of the intentions and desired directions. Thus, the policy level includes developmental steps 2 (goals) to 4 (qualitative health targets) but could also cover quantitative target formulation (step 5) and the selection of indicators for monitoring progress (step 6). Use of health targets as a technical tool is assumed to correspond to the practical level and suggests concrete implementation of plans formulated at the policy level. This use of health targets includes developmental steps 4–6, and possibly step 3.⁴

This is, of course, an oversimplification. In practice, the formulation of health targets follows a cyclical course with increasing concreteness and this made it difficult to place the countries in the cells of figure 2. Even so, the diagram may help politicians, policy makers, professionals and others, whether they work from a macro, meso or micro orientation or at the European, national, regional or local level, to understand the intended use of health targets and to assess how far their development has proceeded.

CONCLUSION

We conclude that, in most of the countries studied, health policy has been inspired by the *Health for All by the Year 2000* strategy, but this does not mean that these countries have fully developed health targets in their health policy. Most countries use health targets as a political tool and only a few countries, such as the UK and Spain, have

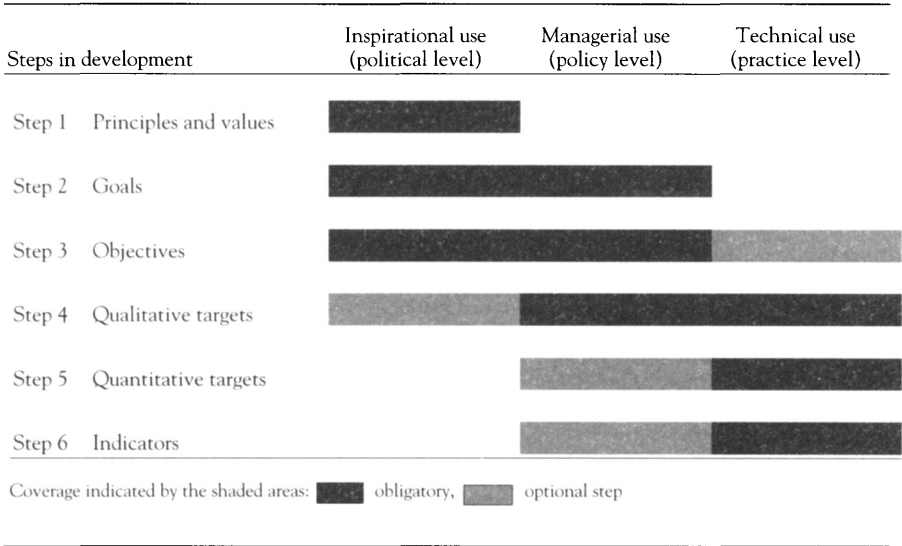


Figure 2 Three uses of health targets in different stages of development

elaborated the health target approach beyond the policy to the practical level. In most other European countries, the idea of health targets has gained political support, which is an important condition for further development. Despite this political support, health targets need to be developed at the policy and the practical levels. We also found renewed interest in this tool, which will certainly be reinforced by the new Health for All strategy of the WHO in Europe. It seems an appropriate moment to stimulate discussion and the exchange of practical experience. One should realise that the process – which started in the 1980s – takes time. An Italian proverb ‘Chi va piano va sano, Chi va sano va lontano’ (‘Who goes slowly goes steadily, who goes steadily goes far’) would seem to apply to the practical application of the health target approach, which appears to be on the right track and making steady progress.

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