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### Health targets: navigating in health policy

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## Chapter 8

# Discussion

One aim of this thesis was to gain an insight into the practice and the potential of the health target approach. To study the usefulness of the health target approach, six research questions were formulated. Section 8.2 states the answers to these research questions. Section 8.3 includes remarks and an overall conclusion about the usefulness of health targets as a health policy tool. In the final section 8.4, the main results and conclusion of this thesis will be put into perspective against the background of Dutch health policy development. This section ends with recommendations for the Netherlands.

### Main results

The first research question was: *What are the characteristics of health targets in the international literature?* Health targets are defined as a specific, measurable, and time-bound objective that is intended to improve the health status of a population. Through it is hard to measure the direct effects of health targets on the improvement of the health status of a population, the results presented in chapter 3 show that most of the national European countries studied have implemented some health targets to structure their health policy. However, the level of elaboration, the focus of the health target and practical implementation vary considerably. It is therefore concluded that health targets as a tool in health policy, are mostly used at a political level and that their practical implementation is often limited. The second research question was: *What are the characteristics of health targets in the Dutch literature?* In the Dutch literature, health targets are defined as a specific, measurable, and time-bound objective that is intended to improve the health status of a population. The characteristics of health targets in the Dutch literature are discussed in the third chapter of this thesis. It is made clear that the setting and monitoring of health targets is one of the tasks which a government can provide leadership, guidance and strategic support for the health sector. However, drawbacks – such as political instability and the limited credibility of citizens – can often reason why governments prefer not to establish health targets. Political will and doing some things right are essential for health targets to be successful. The third research question was: *What are the characteristics of health targets in the Dutch literature?* The characteristics of health targets in the Dutch literature are discussed in the third chapter of this thesis. It is made clear that the setting and monitoring of health targets is one of the tasks which a government can provide leadership, guidance and strategic support for the health sector. However, drawbacks – such as political instability and the limited credibility of citizens – can often reason why governments prefer not to establish health targets. Political will and doing some things right are essential for health targets to be successful. The fourth research question was: *What are the characteristics of health targets in the Dutch literature?* The characteristics of health targets in the Dutch literature are discussed in the third chapter of this thesis. It is made clear that the setting and monitoring of health targets is one of the tasks which a government can provide leadership, guidance and strategic support for the health sector. However, drawbacks – such as political instability and the limited credibility of citizens – can often reason why governments prefer not to establish health targets. Political will and doing some things right are essential for health targets to be successful. The fifth research question was: *What are the characteristics of health targets in the Dutch literature?* The characteristics of health targets in the Dutch literature are discussed in the third chapter of this thesis. It is made clear that the setting and monitoring of health targets is one of the tasks which a government can provide leadership, guidance and strategic support for the health sector. However, drawbacks – such as political instability and the limited credibility of citizens – can often reason why governments prefer not to establish health targets. Political will and doing some things right are essential for health targets to be successful. The sixth research question was: *What are the characteristics of health targets in the Dutch literature?* The characteristics of health targets in the Dutch literature are discussed in the third chapter of this thesis. It is made clear that the setting and monitoring of health targets is one of the tasks which a government can provide leadership, guidance and strategic support for the health sector. However, drawbacks – such as political instability and the limited credibility of citizens – can often reason why governments prefer not to establish health targets. Political will and doing some things right are essential for health targets to be successful.



## 8.1 Introduction

The aim of this thesis was to gain an insight into the practice and the potential of the health target approach. To study the usefulness of the health target approach, six research questions were formulated. Section 8.2 states the answers to these questions. Section 8.3 includes remarks and an overall conclusion about the usefulness of health targets as a health policy tool. In the final section (8.4), the main results and conclusion of this thesis will be put into perspective against the background of Dutch health policy development. This section ends with recommendations for the Netherlands.

## 8.2 Main results

*To what extent are health targets accepted as a tool in health policy in European countries?*

Although it is hard to measure the direct effects of health targets on the improvement of the health status of a population, the results presented in chapter 2 show that most of the eighteen European countries studied have formulated some health targets to structure their health policy. However, the degree of elaboration, the focus of the health targets and practical implementation vary considerably. It is therefore concluded that health targets, as a tool in health policy, are mostly used at a political level and that their practical use seems to be in its infancy.

*What benefits, drawbacks and necessary conditions were encountered with health target setting?*

The benefits, drawbacks and conditions are discussed in the third chapter of this thesis. It is made clear that the setting and monitoring of health targets is one way in which a government can provide leadership, guidance and strategic direction for the health sector. However, drawbacks – such as political accountability and the limited malleability of society – are often reasons why governments prefer not to establish health targets. Political will and daring alone are not enough; targets must also be SMART (Specific, Measurable, Achievable, Realistic and Time-bound) to overcome most of the objections.

*How can the health target approach be used in health policy development?*

The fourth chapter reviews the health policy development cycle in relation to health target setting. Although the process of health policy development is often not very structured, this model can provide support for policy drafting. In the first step, there should be an understanding of the problem, and a clear picture of the health status of the population. On the basis of this information, a solution can be chosen in the second step of the process. This phase is not restricted to the technical side of the solution, i.e. target setting and action planning. It also has a political component in which responsibility is taken for the choices made. The greatest challenge here is to strike a balance between sufficiently acknowledging the complexity of population health and selecting an easily-comprehensible target structure which remains controllable and which can adapt to changing circumstances. However, the process of introducing targets can be as important as the targets themselves. Target setting gets people thinking and encourages compromises between rival interest groups. The target setting and action planning phase is therefore a difficult one. During the third step, government and stakeholders can implement the chosen solutions. The implementation phase will be followed by a monitoring and evaluation phase, which will in turn provide an insight into the health status of the population.

*How can supranational health policy contribute to the achievement of health targets?*

In answer to this question, the fifth chapter looked at the new global targets of WHO, since WHO was one of the leading actors promoting health target setting. The new WHO global health targets seem to have been successful in the difficult task of drawing attention to the most important health issues. However, the targets need more elaboration if they are to motivate member states to take action and to set priorities for resource allocation. WHO should encourage discussion of the targets, but it should also be careful about being too prescriptive about health systems since this could be counterproductive. The new global Health for All targets are not useful for the developed member states, because most of the issues covered relate to developing countries. The new Health for All targets of the WHO European Region<sup>1</sup> focus more on the problems of developed countries. However, the measurability, attainability and relevance of these targets are also questionable.

*How can intersectoral health policy contribute to the achievement of health targets?*

The aim of intersectoral policy is to influence the wide range of factors that determine the health of a population, many of which are beyond the remit of the Ministry of Health. The contribution of other sectors to the achievement of the health targets depends on the feasibility of the intended intersectoral health policy. Chapter six presented a quick scan for analysing the feasibility of such a policy. This quick scan distinguishes between three factors (1) the availability of evidence, (2) the degree of support, and (3) the availability of tools for implementation. In order to determine the usefulness of the proposed quick scan, two Dutch examples were studied. The quick scan made it possible to review the two policy sectors systematically in a relatively short time and to obtain sufficient information for priority setting in intersectoral health policy. The proposed quick scan can provide systematic support for setting priorities before developing intersectoral policy. We also concluded that it will probably function best in the framework of health targets where it will have the potential to generate additional health benefits.

*How can health care policy contribute to the achievement of health targets?*

To analyse how much health services contribute to the health status of the population, attention has to be paid to health outcomes, i.e. efficacy, effectiveness and cost-effectiveness of interventions. In spite of the different ways this data is used in the public health and the health care sectors, there are developments that bring both sectors closer together. Public health started with average population measures and only recently refined them for specific subpopulations. Health care on the other hand started at the individual level and went on to use research to set clinical guidelines for 'average patients'. Both sectors could learn from each other's experience, possibly in joint research. In the public health sector, there should be a greater emphasis on outcome studies of efficacy, since the interest in effectiveness studies sometimes appears to have replaced efficacy trials. In the health care sector, studies of the consequences of patient heterogeneity and the organisational circumstances could optimise health outcomes. In addition, both sectors will need to combine outcome measures with cost measures if evidence is to be used to allocate resources at a population level. Much could be gained if such measures could be developed along similar lines in public health and health care policy.

### 8.3 In summary

One may argue that the above results lean too heavily on the rational approach to policy models.<sup>2</sup> In most chapters, it is assumed that policy is structured in a series of stages which need to be gone through prior to attaining the overall objective: the improvement of the health status of the population. Practice shows that health policy development is not so rational, and constrained by many factors. Health policy development is more of an incremental approach<sup>3</sup> in which marginal adjustments are sometimes the highest attainable goals. A combination of those two approaches, the mixed-scanning approach,<sup>4</sup> seems promising because of an increasing tendency towards transparency and rationalisation in the decision-making process in health policy.<sup>5,6</sup>

However, the question will be whether health targets are useful and feasible in health policy based on a mixed-scanning approach of this kind. To answer this question, all three aspects covered in chapter 6 – (1) availability of evidence, (2) degree of support, and (3) availability of tools for implementation – should be applied to the health target approach. Firstly, with respect to the availability of evidence, it can be concluded that there are limitations here because of the difficulty of measuring the direct contribution of health targets to the improvement of the health status of the population. However, this thesis demonstrates that health targets can be a worthwhile tool for structuring and rationalising health policy. In addition, there are several databases that can provide evidence for determining priorities and for setting SMART targets. Secondly, the degree of support is improving in many countries and, furthermore, the call for accountability in general is increasing. Thirdly, many countries have enough tools for implementation. Alongside legislative power, a Ministry of Health can use nodality, treasury and organisation as instruments in trying to achieve the proposed policy.<sup>7</sup> In summary, it can be concluded that the health target approach is useful and feasible and that its success depends mostly on political will.

## 8.4 Case study: the Netherlands

An additional question that can be raised is whether these conclusions are also applicable to the Netherlands and its health policy. This thesis will end with country-specific recommendations.

In the 1980s, the Health for All strategy of WHO Europe provided an important stimulus for the Dutch government, resulting in the discussion document 'Nota 2000' (Health 2000 memorandum).<sup>8</sup> Parliamentary debate of this paper resulted in a request for a more concrete health policy document. In 1989, the 'Ontwerp kerndocument' (Draft target document)<sup>9</sup> – with several quantitative health targets – was presented, but this was never endorsed by Parliament. In subsequent years, health policy in the Netherlands focused increasingly on restructuring the health care and health insurance system. In 1987, the Dekker committee presented its report 'Bereidheid tot verandering' (Willingness to change),<sup>10</sup> which was followed in 1991 by the report of the Dunning committee called 'Keuzen in de zorg' (Choices in health care).<sup>11</sup> In 1992, the new Secretary of State for Health rejected the idea of setting quantitative health targets because of the assumed inherent political vulnerability, given the ambitious nature of the WHO Health for All targets. In the same year, the Ministry published 'Gezondheid met beleid' (Strategy for health),<sup>12</sup> a document with no quantified health targets. A separate memorandum entitled 'Preventiebeleid voor de volksgezondheid' (Prevention policy for public health)<sup>13</sup> was published on preventive policies. In 1995, 'Gezond en wel' (Healthy and sound)<sup>14</sup> presented three goals for health policy. They are: extension of healthy life expectancy; prevention of premature mortality; and improvement of the quality of life. Within the framework of these main goals, various concrete activities for tackling major health problems and measures for improvement were formulated. However, these goals were not translated into health targets in practice. An interesting point is that the paper also defined budgets for the planned activities.<sup>15</sup> Since 1999, annual budget measures also include descriptions of policy content.<sup>16,17</sup> The latest document – 'Zorgnota 2001' (Care memorandum 2001)<sup>17</sup> – includes a policy agenda and concrete health targets for exercise, tobacco, alcohol and fat consumption, safe sex and accident prevention. These targets appeared without much discussion and it is questionable whether these new health targets will be implemented in practice.

Despite the fact that the Health for All targets were not accepted as such, the Health for All strategy has produced very interesting spin-offs in the Netherlands. The research programmes for equity in health and for chronic disease, the establishment of the Netherlands School of Public Health, and the Healthy cities network at the local level are just some examples. Another spin-off is the 'Volksgezondheid toekomst verkenning' (Public health status and forecast), which appeared first in 1993<sup>18</sup> and a second time in 1997.<sup>19</sup> These documents give a clear overview of the health status of the population and provide a basis for health target setting and action planning. It should be added, however, that some of those activities were initiated before the start of the Health for All strategy, but that this strategy contributed to the implementation of these activities.<sup>15</sup>

At the local level, the 'Wet collectieve preventie volksgezondheid' (Public health (preventive measures) act) of 1989 plays an important role. After discussion in Parliament in 1994 and an evaluation study in 1995,<sup>20</sup> a Committee was established in order to evaluate and strengthen the enforcement of the Public health (preventive measures) act at the local level. As a result of the report of the Lemstra committee<sup>21</sup> several steps were taken. The basic tasks in public health services were discussed and described as concrete responsibilities.<sup>22</sup> The 'Raad voor volksgezondheid en zorg' (Council of public health and health care) was asked to advise on the relationship between public health services and health care services<sup>23</sup> and on the use of intersectoral health policy.<sup>24</sup> In addition, a 'Platform openbare gezondheidszorg' (Public health services platform) has been set up. This platform suggests a bottom-up approach to policy making in networks, with clear and attainable targets on the local level. It is suggested that these local targets and action plans should be the input for a national health policy.<sup>25</sup> The Ministry of Health has responded positively to these suggestions, promising that it will draw up a national health policy to set priorities for the national level and to provide a framework for priorities at the local level. Such a document will appear every four years, starting in 2002.<sup>17</sup>

A national framework will give the Dutch government the opportunity to develop a health policy that will include health targets.<sup>26</sup> The next Health status and forecast document, which is also planned for 2002, will indicate which topics are most important at the national level. In the meantime, a process should be initiated to generate commitment among relevant stakeholders, such as local policymakers and actors in the field.<sup>27</sup> The results of the data analysis and the

consultations with relevant stakeholders on the national and local levels and in practice will provide the content for the national framework. SMART health targets can then be formulated to stress the choices made. In addition, action plans have to be made to translate the national targets into health targets at the practice level. It is important to preserve the commitment and accountability of the relevant stakeholders. So the dialogue with them should be open at all times. Although there is a possibility that the health targets formulated in such a negotiation process will not focus on the best possible result, it will structure and strengthen the overall effort to improve the health status of the population. The process itself may be even more important than the outcome. The health target approach should not be a goal in itself. I therefore advise the Dutch government to pick up the gauntlet and to show that they are willing to use health targets to set a course in health policy.

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