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The World Health Report 1995-2013: A personal retrospective

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Abstract

Thomson Prentice shares his personal experiences of being part of the World Health Reports (WHR) from 1995-2013.

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Introduction

The launch of The World Health Report (WHR) 2013 in Beijing in September of this year brought the total of such reports to 16 since the World Health Organization (WHO) brought out the first edition in 1995.¹ During that time the WHR has become WHO's flagship publication and an indispensable resource for everyone engaged in global public health.

Its main purpose has been described as providing policy-makers, donor agencies, international organizations and others with the information they need to help them make appropriate health policy and funding decisions. However, the report is also accessible to a wider audience, such as universities, journalists and the public at large. It is expected that anyone, with a professional or personal interest in international health issues, will be able to read and make use of the report.²

It can also be of particular interest to medical students who are considering a career in international public health, as it provides many insights into how countries collaborate in gathering and exchanging health data, participating in disease surveillance, and working with international organizations such as WHO, other United Nations agencies, and non-governmental organizations (NGOs).

As a professional staff member of WHO at its headquarters in Geneva, Switzerland, I was closely and continuously involved in the production of every WHR from 1995-2009.

In my experience, I can say that every report has been a unique exercise, invariably complex, involving many people in WHO HQ, Regional Offices and elsewhere, and many individual contributors. The work usually spanned about 12 months. Often that seemed barely long enough for some of us, and far too long for others. Meeting deadlines was almost always a recurring nightmare for everyone concerned.

Invariably, too, the process of getting from early conceptual discussions to a high-quality print and website publication released in at least six languages (Arabic, Chinese, English, French, Russian and Spanish are WHO's official languages) was exhausting and stressful for those most closely involved.

This retrospective first of all considers the origins of the WHR and the reasons why it was established. It goes on to trace the various contexts in which successive editions were produced, and the four consecutive WHO Director-Generals, who to varying extents, made it their own manifesto. The impact of the reports over the years is also briefly assessed.

This is predominantly a personal retrospective based on my role as editor, writer and co-ordinator in each World Health Report process. Although it is a subjective account, I have tried to stay loyal to my journalistic principles of accuracy, balance and objectivity.

Although I can claim to have written parts or almost all of some of the reports, over the

years my writing role diminished as I took on the wider responsibilities of managing editor of the whole editorial and production process. The main credit for the content of many of the WHRs, therefore, should go to the leading writers (usually senior WHO specialists or their counterparts from other institutions). I have named only some of them here and apologize for any omissions.

The origins

When I joined the World Health Organization in March 1992, I had been a UK-based newspaper journalist for over 20 years, specializing during the 1980s in covering health and medicine for *The Times* in London. In particular, I covered on an almost daily basis the AIDS epidemic (HIV had not yet been identified as the causative virus) as it emerged in the UK, and, increasingly the global pandemic. I thus came to know many of WHO's senior figures and AIDS specialists, and this led me eventually to move to WHO as a writer and media communications officer.

Because of AIDS, WHO's international profile was higher at this time than it had been for many years. The charismatic leader of the WHO campaign, Dr Jonathan Mann, was a tireless advocate for action, traveling the world to make keynote speeches at international health meetings and standing in constant demand for media interviews.³

By contrast, the incumbent Director-General, Dr Hiroshi Nakajima, of Japan, was a rather dull technocrat who had gradually risen through the WHO ranks and was elected to succeed Dr Halfden Mahler in 1988. Mahler, a Dane, was an almost legendary figure, the torch-bearer for

primary health care and the "health for all" concept, perceived as little less than a hero by many WHO staff and widely praised and respected in the international community.⁴

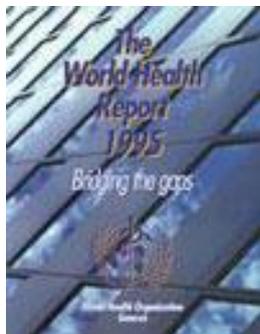
Mahler was therefore a hard act for Nakajima to follow. He was a poor communicator, ill-at-ease in the public eye, and was seen as lacking authority, leadership or vision. Partly as a consequence, WHO's status declined during the late 1980s and early 1990s. The organization appeared to be adrift, with no clear direction.

Although WHO still earned high respect for its work on HIV/AIDS, even that area was coming under a cloud. Conflicts over policy, direction and funding grew between Nakajima and Mann. In 1991, Mann resigned, with considerable bitterness, and the image of WHO was further tarnished.

Another blow came with the publication in 1993 of the World Bank's *World Development Report*. The first World Bank report devoted entirely to health, it identified major problems in international health systems.⁵ To many of WHO's Member States, senior staff and others, it was a direct challenge: the World Bank was stealing WHO turf. The World Health Assembly then passed a resolution instructing Dr Nakajima to produce a response in the form of a new publication on the state of the world's health as soon as possible.

A special project team was formed and worked feverishly throughout 1994 to compile a mass of international health data and information. The results, however, were shapeless, with no clear theme or narrative. An experienced writer was required, and

with my journalistic background, I was seconded to the project. During the winter of 1994-1995, I and a small editorial team set about the task.



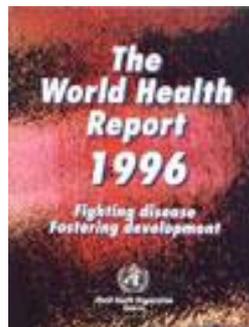
Consequently, in May 1995, “*Bridging the Gaps*” was published at the World Health Assembly. The World Health Report was born.

I was given unusual freedom in writing it. Approaching it as a journalist, I went for what seemed to me the strongest angle: poverty. So the introductory paragraph read: “The world’s most ruthless killer and the greatest cause of suffering on earth is listed in the latest edition of WHO’s International Classification of Diseases, an A-Z of all ailments known to medical science, under the code Z59.5. It stands for extreme poverty.”

I also ghosted the Message from the Director-General. It concluded: “The World Health Report is about many things, but most of all it is about people, particularly those whose plight is most desperate, and whose needs are greatest. Their fate, like the report itself, is in your hands. I urge you not to set it lightly aside.”

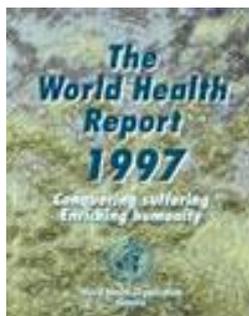
Nor was it. It gained international media coverage, was well-received in the global public health community, and went only some way towards restoring WHO’s image.

But it was a start, and I found I had created a niche for myself.



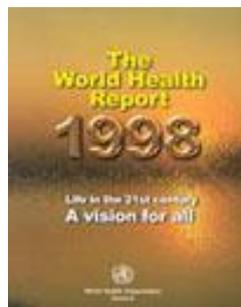
The next two reports were devoted to communicable diseases and noncommunicable diseases respectively (“*Fighting disease, fostering development*” and “*Conquering suffering, enriching humanity*”).

The themes were chosen by the Director-General’s office, and in each case an Assistant Director-General was put in charge of the project (an American ADG, Dr Ralph Henderson for 1996, and Dr Nikolai Napalkov, his Russian counterpart for 1997 – a reflection, perhaps of internal WHO politics).



I had overall responsibility for writing the two reports from technical contributions. Both were intent on being topical –the 1996 report highlighted the emergence of new diseases and failures in controlling older ones; in 1997 the focus was on the emergence of non-communicable, “lifestyle” diseases in regions where they had previously little impact. It was an account of

the global epidemiological transition which is so widely-recognized today.

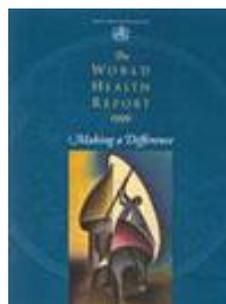


WHR 1998 was entitled “*Life in the 21st century: a vision for all*” and it marked WHO’s 50th anniversary. It contained a review of health trends in the previous 50 years. However, it was deliberately forward-looking and offered “a cautiously optimistic vision of the future up to the year 2025. It gives us hope that longer life can be a prize worth winning”.

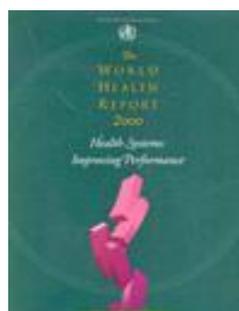
This report was Dr Nakajima’s swan-song. In 1997, he announced he would not stand for re-election. He was replaced by the formidable Dr Gro Harlem Brundtland, who had been Prime Minister of Norway for two subsequent terms in the 1980s and 1990s. Her election as Director-General was acclaimed: she already had a big international reputation. The United Nations had invited her to establish the World Commission on Environment and Development (often referred to as the Brundtland Commission) which published its report “*Our Common Future*” in 1987, and led to the “Earth Summit” on environment and development in Rio de Janeiro, Brazil, in 1992.⁶

Her arrival at WHO was greeted by a throng of cheering staff and a new sense of vigour and enthusiasm infused the organization’s Geneva headquarters. She brought to WHO

a fistful of new policies which linked human and economic development; she launched a new anti-malaria campaign; and began a determined attack on tobacco which led to the Framework Convention on Tobacco Control – the first international treaty negotiated under WHO auspices – which entered into force in February 2005.⁷



Brundtland’s first World Health Report, “*Making a difference*”, published in 1999, was to a large extent her manifesto for action as Director-General. Dean T. Jamison, Andrew Creese and I were the main writers, supported by a large group of contributors and advisers. The overall tone was at once more academic, more scientific, and more economics-related. The report was literally designed and written to be quite different from the preceding WHRs.



However, her next report was altogether different again – for different reasons. The World Health Report 2000: “*Health systems: improving performance*” remains today by far the

best-known – and most controversial - of all WHRs.

For the first time, WHO was ranking countries according to an evaluation of the performance of their health systems. The evaluation was the brain-child of two of Brundtland's most senior new advisers: Dr Julio Frenk (later to become Minister of Health in Mexico) and Dr Christopher Murray (founder of the Global Burden of Disease project in 1990). The main writers were Philip Musgrove, Andrew Creese, Alex Preker, Christian Baeza, Anders Anell and myself.

WHR 2000 is a textbook classic on health systems development, and one of the most cited and discussed of all WHO publications. It is an expert reference work. But the report is probably best remembered for those controversial rankings of all 191 WHO Member States – which in terms of overall health system performance put France at the top, with Japan in tenth place, the UK 18th, Germany 25th, and the USA a lowly 37th, squeezed embarrassingly between Costa Rica and Slovenia.

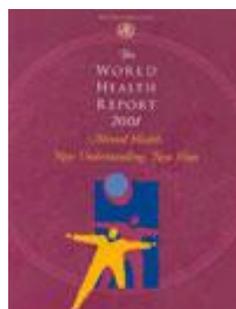
The findings were not elaborated in the text of the report and can only be found by close study of the 50 pages of annex tables. But, there was no disguising their impact. There were fiery debates, protests and condemnations among Member States at the next World Health Assembly, and fusillades of criticism of the report's methodology among public health experts, politicians and pundits.

It remains debatable how much Dr Brundtland anticipated the furore. In her introduction to the report she had said: "For WHO, the World health Report 2000 is a milestone in a long-term process. The

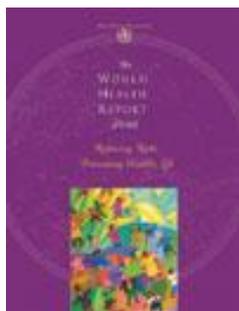
measurement of health systems performance will be a regular feature of all World Health Reports from now on – using improved and updated information and methods as they are developed."

But, she was wrong. The rankings were never updated or published again. They may well have served a useful competitive purpose by stinging some individual countries into improving their health system in subsequent years. But they were too politically incorrect to be given a second chance.

In fact, Brundtland herself, did not have a second chance as Director-General. Popular as she was among many staff, she did not stand for re-election at the end of her first term – to widespread surprise and some dismay.

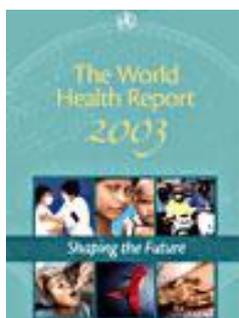


But she was responsible for WHR 2001 *Mental health: new understanding, new hope*. It argued that mental health was crucial to the overall well-being of individuals, societies and countries. It advocated policies to counter stigma and discrimination and to promote effective prevention and treatment. Most of the writing team was drawn from the WHO Department of Mental Health and Substance Abuse, led by its director, Dr Benedetto Saraceno.

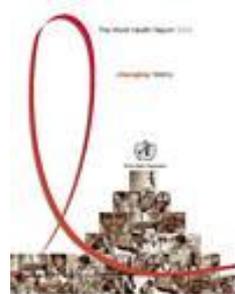


Dr Brundtland also brought out WHR 2002, *Reducing risks, promoting healthy life*, under the overall editorial direction of Christopher Murray and Alan Lopez. It measured the amount of disease, disability and death attributable to ten leading risks to health, ranging from underweight and high blood pressure to tobacco and alcohol consumption. The two principal authors were Anthony Rodgers and Patrick Vaughan: I wrote the foreword and first chapter.

By 2003, Dr Brundtland was gone. Quite why she did not seek a second term was not made clear. But her departure caused a reversion to a more traditional form of leadership. Dr Brundtland's successor, after a close election fight, was Dr Jong-wook Lee, a South Korean physician who had worked at WHO for 23 years at country, regional and headquarter levels. Dr Lee had a fine technical reputation stemming from his work, primarily in vaccines. However, he was not a good communicator and had none of Brundtland's personal style or charisma.

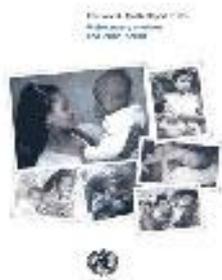


His first WHR "*Shaping the future*" in 2003, was again something of a policy manifesto that focused on the health-related Millennium Development Goals, HIV/AIDS, polio eradication, and integrated care in health systems. The three principal authors were Robert Beaglehole and Alec Irwin and myself.

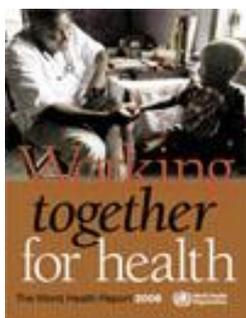


The WHR 2004 "*Changing history*" was devoted to HIV/AIDS and called for a comprehensive strategy that linked prevention, treatment, care and long-term support. It reflected WHO's commitment along with UNAIDS and the World Bank to an extremely ambitious public health project – providing three million people in developing countries with antiretroviral therapy by 2005 (known as the "Three by Five initiative"). The driving force behind this report was the Korean-American Jim Yong Kim, now Dr Lee's special adviser, and again the principal authors were Robert Beaglehole, Alec Irwin and myself.

The report did much to reconnect WHO more emphatically with HIV/AIDS than had been the case in some previous years. The "three by five" goal was not achieved until 2007, but WHO felt the initiative advanced the treatment strategy in Africa further and faster than would otherwise have been possible. By 2012, some seven million Africans with HIV had been treated. (In 2012, Dr Jim Yong Kim was elected President of the World Bank).



The WHR 2005 was dedicated to maternal, newborn and child health, under the title “*Make every mother and child count*”. It contained an expert analysis of obstacles to progress in reducing maternal and infant mortality, and a series of recommendations to overcome them. It emphasized the need for universal access to care and the corresponding need for further investments in health systems and human resources for health. Its guiding light was Dr Wim Van Lerberghe, a senior WHO expert in the area, as editor-in-chief, with a strong technical team. My role as managing editor involved less writing but more responsibility for the drafting, editing and production process.



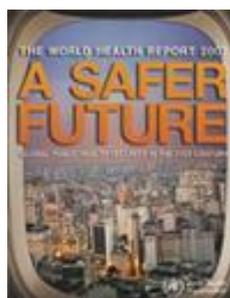
This was also the case with WHR 2006, *Working together for health*, which highlighted the global health workforce crisis affecting some 60 countries, with an estimated shortage of 4.3 million doctors, midwives, nurses and support workers. It set out proposals to tackle the crisis over the following ten years. It was produced under the overall direction of Dr Tim Evans, Assistant Director-General, Evidence and Information and Policy, who was one of the

main authors. Others included Lincoln Chen, David Evans and Ritu Sadana. (As ADG, Tim Evans had a similar executive responsibility for the delivery of WHRs 2003, 2005 and 2008. He is now Director for Health, Nutrition and Population at the World Bank).

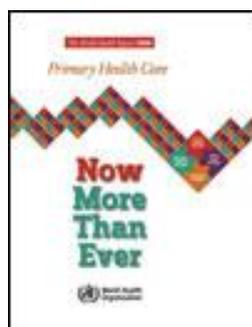
Nobody could have foreseen that this was to be Dr Lee’s last World Health Report. In May 2006, he was struck down by a sudden blood clot in the brain, and despite surgery, he died in hospital in Geneva a few days later, aged 60.

This personal and family tragedy also brought turmoil to WHO. There were no set contingency plans to deal with the sudden death of a Director-General in office. A new, abbreviated election process was hurried through, and barely six months later, the leading candidate, Dr Margaret Chan, for nine years head of the Department of Health in Hong Kong, was nominated by the WHO Executive Board in November 2006 and endorsed in a special meeting of the World Health Assembly the following day.

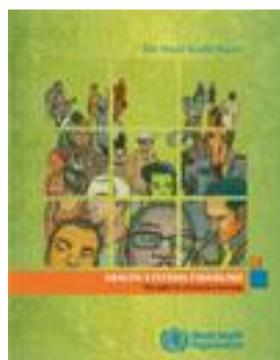
Margaret Chan came to WHO with a strong reputation after 25 years with the Hong Kong government. Among the health crises she dealt with were the avian influenza outbreak of 1997 and the severe acute respiratory syndrome (SARS) outbreak in 2003, which ultimately led to 299 deaths in several countries.⁸



Her experiences helped shape *WHR 2007: A safer future: global public health security in the 21st century*. It was quickly produced within a few months of Dr Chan's arrival and under her direction, with Dr David Heymann, Assistant-Director-General for Communicable Diseases as editor-in-chief, and Lina Tucker Reinders and myself as the main writers. The report coincided with the revised International Health Regulations which came into force in that year.



After this, Dr Chan's attention switched to a high-profile rallying call for a renewal of primary health care (PHC), resulting in *WHR 2008: Now more than ever*, which identified four interlocking sets of PHC reforms embodying the principles of universal access, equity and social justice. The report had Dr Win Van Lerberghe again as editor-in-chief and main author, along with Kumanan Rasanathan and Abdelhay Mechbal. I led the editorial production team. This was my last WHR, as I retired from WHO in mid-2009. By then Dr Chan had decided that the WHR should be produced every alternate year.



The next edition, therefore, was *WHR 2010: Health systems financing – the path to universal coverage*. Its main driver was Dr David Evans, Director of WHO's Global Programme on Evidence for Health Policy, who shared the main writing responsibilities with Riku Elovainio and Gary Humphreys. It mapped out what countries can do to modify their financing systems so they can move more quickly towards universal coverage, and built on new research and lessons learned from country experience. It provided an action agenda for countries at all stages of development and proposed ways that the international community can better support efforts in low income countries to achieve universal coverage and improve health outcomes. Many countries and other WHO partners found this report very informative and influential and it has been in great demand as a resource for policy-makers.



The latest WHR, launched in September 2013, continues the emphasis on universal health coverage, arguing that as countries move towards UHC, research can help provide answers to the many common challenges related to it. The report identifies the benefits of increased investment in health research by low- and middle-income countries. It uses case studies from around the world, and proposes ways to further strengthen this type of research. The leading

writers are Christopher Dye, Ties Boerma, and David Evans. At the time of writing this article, it is too early to gauge the report's impact.

Conclusion

Overall, I believe the WHR across the years since 1995 has developed into a formidable reference library in its own right. It has covered virtually every important aspect of public health and global public health policy, sparking debate on all of them.

It has reflected the political and personality shifts and changes in WHO under four very different Directors-General (two of whom have since died).

It has been produced with the help of many of the world's best scientific, medical and policy-making experts, some of whom now hold prominent international posts elsewhere.

At its worst, producing a WHR was hugely stressful, plagued by internal disputes, wearisome committee meetings and endless drafts, setbacks, and bureaucratic obstacles. And the greatest enemy of all: the clock.

But, at its best it was wonderfully creative, exciting and rewarding. I learned hugely from each annual running of the gauntlet.

The editorial camaraderie was often very special as writers, editors, proof-readers, indexers and administrative staff gritted their teeth yet again – and delivered. These were

the best moments, and the ones that come most readily to mind to me today – from a safe distance.

Thomson Prentice was born in Shotts, Lanarkshire in 1947. He worked as a reporter on the Daily Mail in Glasgow, Belfast, Manchester and London from 1968-1979, on the Scottish Sunday Standard in Glasgow in 1980-1982, and The Times in London from 1983-1992. He was with the World Health Organization from 1992-2009. He is now a freelance writer and editor for WHO and other international organizations. He lives in France.

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