WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA

ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Fourth Meeting of the Regional Health Development Advisory Council

Copenhagen, 24-26 April 1984

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ICP/EXM 001/m01/5a
4 April 1984
5370L
ORIGINAL: ENGLISH

LIST OF TARGETS

# Chapter 2: HEALTH FOR ALL IN EUROPE BY 2000

## 2.1 Promoting health capabilities

Target 1 *BY THE YEAR 2000, PEOPLE SHOULD HAVE BETTER OPPORTUNITY TO DEVELOP AND USE THEIR HEALTH POTENTIAL TO LIVE SOCIALLY AND ECONOMICALLY FULFILLING LIVES.*

### 2.1.1 Better opportunities for disabled persons

Target 2 *BY THE YEAR 2000, DISABLED PERSONS WILL HAVE THE PHYSICAL, SOCIAL AND ECONOMIC OPPORTUNITIES TO USE TO THE FULL THEIR CAPABILITIES FOR A SOCIALLY AND ECONOMICALLY PRODUCTIVE LIFE.*

## 2.2 Reducing health inequalities

Target 3 *BY THE YEAR 2000, THE ACTUAL GAP IN HEALTH STATUS BETWEEN COUNTRIES AND BETWEEN GROUPS WITHIN COUNTRIES SHOULD BE REDUCED BY AT LEAST 25%.*

## 2.3 Reducing disease and disability

Target 4 *BY THE YEAR 2000, THE AVERAGE NUMBER OF YEARS THAT PEOPLE LIVE FREE FROM MAJOR DISEASES AND DISABILITY SHOULD BE INCREASED BY AT LEAST 10%.*

### 2.3.1 Elimination of specific diseases

Target 5 *BY THE YEAR 2000, THERE SHOULD BE NO INDIGENOUS MEASLES, POLIOMYELITIS, NEONATAL TETANUS, CONGENITAL RUBELLA, DIPHTHERIA, CONGENITAL SYPHILIS OR INDIGENOUS MALARIA IN THE REGION.*

## 2.4 Reducing premature death

### 2.4.1 Life expectancy at birth

Target 6 *BY THE YEAR 2000, LIFE EXPECTANCY AT BIRTH IN THE REGION SHOULD BE AT LEAST 75 YEARS.*

*This could be achieved if, by the year 2000, no country or group within a country had a life expectancy of less than 70 years; if countries that had reached this level in 1980 had a life expectancy of more than 75 years; and if all countries reduced by at least 25% the differences in life expectancy between geographical areas, socioeconomic groups and the sexes.*

### 2.4.2 Infant mortality

Target 7 *BY THE YEAR 2000, INFANT MORTALITY IN THE REGION SHOULD BE LESS THAN 20 PER 1000 LIVE BIRTHS.*

*This could be achieved if by the year 2000, no country or group within a country had an infant mortality rate of more than 30 per 1000 live births; if countries with a rate below this level in 1980 had a rate below 15 per 1000; and if countries attempted to reduce significantly the differences between geographical areas and socioeconomic groups.*

### 2.4.3 Maternal mortality

Target 8 *BY THE YEAR 2000, MATERNAL MORTALITY IN THE REGION SHOULD BE LESS THAN 15 PER 100 000 LIVE BIRTHS.*

*This could be achieved if by the year 2000, no country or group within a country had a maternal mortality rate of more than 20 per 100 000 live births; if countries with a rate already below 20 in 1980 had a rate below 10; and if countries reduced significant differences between geographical areas and socioeconomic groups.*

### 2.4.4 Diseases of the circulatory system

Target 9 *BY THE YEAR 2000, MORTALITY IN THE REGION FROM CIRCULATORY SYSTEM IN PEOPLE UNDER 65 SHOULD BE REDUCED BY AT LEAST 20%.*

### 2.4.5 Cancer

Target 10 *BY THE YEAR 2000, MORTALITY IN THE REGION FROM CANCER IN PEOPLE UNDER 65 SHOULD BE REDUCED BY AT LEAST 15%.*

### 2.4.6 Accidents

Target 11 *BY THE YEAR 2000, DEATHS FROM ACCIDENTS IN THE REGION SHOULD BE REDUCED BY AT LEAST 25% THROUGH AN INTENSIFIED EFFORT TO REDUCE TRAFFIC, HOME AND OCCUPATIONAL ACCIDENTS.*

*This could be achieved if by the year 2000 no country had a mortality rate from road traffic accidents of more than 25 per 100 000; if countries below that level were to reduce it to less than 15; and if all countries reduced differences between the sexes, age and socioeconomic groups; if the occupational accident mortality in the region were reduced by at least 50%, and if the mortality from home accidents were significantly reduced.*

### 2.4.7 Suicide

Target 12 *BY THE YEAR 2000, RISING TRENDS IN SUICIDES OR ATTEMPTED SUICIDES IN THE REGION SHOULD BE REVERSED.*

## Chapter 3: LIFESTYLES CONDUCIVE TO HEALTH

### 3.1 Building the opportunities and capabilities for living healthy lifestyles

### 3.1.1 Healthy public policy

Target 13 *BY 1990, SOCIAL POLICY IN ALL MEMBER STATES SHOULD ENSURE THAT LEGISLATIVE, ADMINISTRATIVE AND ECONOMIC MECHANISMS PROVIDE BROAD INTERSECTORAL SUPPORT AND RESOURCES FOR THE PROMOTION OF HEALTHY LIFESTYLES AND ENSURE EFFECTIVE PARTICIPATION OF THE PEOPLE AT ALL LEVELS OF SUCH POLICY-MAKING.*

### 3.1.2 Social support systems

Target 14 *BY 1990, ALL MEMBER STATES SHOULD HAVE SPECIFIC PROGRAMMES WHICH ENHANCE THE MAJOR ROLES OF THE FAMILY AND OTHER PRIMARY SOCIAL GROUPS IN DEVELOPING AND SUPPORTING HEALTHY LIFESTYLES.*

### 3.1.3 Knowledge and motivation for healthy behaviour

Target 15 *BY 1990, EDUCATIONAL PROGRAMMES IN ALL MEMBER STATES SHOULD ENHANCE THE KNOWLEDGE, MOTIVATION AND SKILLS OF PEOPLE TO ACQUIRE AND MAINTAIN HEALTH.*

### 3.2 Promoting healthy behaviour

#### 3.2.1 Positive health behaviour

Target 16 *BY 1995, IN ALL MEMBER STATES THERE SHOULD BE SIGNIFICANT INCREASES IN POSITIVE HEALTH BEHAVIOUR SUCH AS STRESS MANAGEMENT, NON-SMOKING, BALANCED NUTRITION, PHYSICAL ACTIVITY AND FAMILY PLANNING.*

*For example, in relation to non-smoking this could be achieved if, by the year 1995, 80% of the population in all countries were non-smokers.*

#### 3.2.2 Health-damaging behaviour

Target 17 *BY 1995, IN ALL MEMBER STATES THERE SHOULD BE SIGNIFICANT DECREASES IN HEALTH-DAMAGING BEHAVIOUR SUCH AS ABUSE OF ALCOHOL AND PHARMACEUTICAL PRODUCTS, USE OF ILLICIT DRUGS AND OTHER DANGEROUS CHEMICAL SUBSTANCES, DANGEROUS DRIVING AND VIOLENT SOCIAL BEHAVIOUR.*

*This could be achieved if, for example by the year 1995 the abuse of alcohol had been reduced in all countries by at least 20%, and increases in total consumption were reversed.*

## Chapter 4: HEALTHY ENVIRONMENT

### 4.1 Environmental health policies

Target 18 *BY 1990, MEMBER STATES SHOULD HAVE SOCIAL POLICIES THAT EFFECTIVELY PROTECT THE HUMAN ENVIRONMENT FROM HEALTH HAZARDS, ENSURES COMMUNITY AWARENESS AND INVOLVEMENT IN ASSESSING AND PROTECTING THAT ENVIRONMENT, AND EFFECTIVELY SUPPORT INTERNATIONAL EFFORTS TO CURB SUCH HAZARDS AFFECTING MORE THAN ONE COUNTRY.*

#### 4.1.1 Monitoring, assessment and control of environmental risks

Target 19 *BY 1990, ALL MEMBER STATES SHOULD HAVE ADEQUATE MACHINERY FOR THE MONITORING, ASSESSMENT AND CONTROL OF ENVIRONMENTAL HAZARDS WHICH POSE A THREAT TO HUMAN HEALTH, INCLUDING POTENTIALLY TOXIC CHEMICALS, RADIATION AND BIOLOGICAL AGENTS.*

### 4.2 Control of environmental hazards

#### 4.2.1 Water pollution

Target 20 *BY 1990, ALL PEOPLE OF THE REGION SHOULD HAVE ADEQUATE SUPPLIES OF SAFE DRINKING WATER, AND BY THE YEAR 2000 POLLUTION OF RIVERS, LAKES AND SEAS SHOULD NO LONGER POSE A THREAT TO HUMAN HEALTH.*

#### 4.2.2 Air pollution

Target 21 *BY 2000, ALL PEOPLE OF THE REGION SHOULD BE EFFECTIVELY PROTECTED AGAINST RECOGNIZED HEALTH RISKS FROM AIR POLLUTION.*

#### 4.2.3 Food safety

Target 22 *BY 1995, ALL MEMBER STATES SHOULD HAVE SIGNIFICANTLY REDUCED HEALTH RISKS FROM FOOD CONTAMINATION AND IMPLEMENTED MEASURES TO PROTECT CONSUMERS FROM HARMFUL ADDITIVES.*

#### 4.2.4 Hazardous wastes

Target 23 *BY 1990, ALL MEMBER STATES SHOULD HAVE ELIMINATED MAJOR KNOWN HEALTH RISKS ASSOCIATED WITH THE DISPOSAL OF HAZARDOUS WASTES.*

### 4.3 Improving environmental conditions

#### 4.3.1 Human settlements and housing

Target 24 *BY 2000, ALL PEOPLE OF THE REGION SHOULD HAVE A BETTER OPPORTUNITY OF LIVING IN HOUSES AND SETTLEMENTS WHICH PROVIDE A HEALTHY AND SAFE ENVIRONMENT.*

4.3.2 Working environment

Target 25 *BY 2000, PEOPLE OF THE REGION SHOULD BE EFFECTIVELY PROTECTED AGAINST OCCUPATIONAL HAZARDS.*

## Chapter 5: APPROPRIATE CARE

5.1 Priorities of a health care system

5.1.1 Health care system based on primary health care

Target 26 *BY 1990, ALL MEMBER STATES, THROUGH EFFECTIVE COMMUNITY REPRESENTATION, SHOULD HAVE DEVELOPED HEALTH CARE SYSTEMS THAT ARE BASED ON PRIMARY HEALTH CARE, AND SUPPORTED BY SECONDARY AND TERTIARY CARE AS OUTLINED IN THE ALMA ATA DECLARATION.*

5.1.2 Rational and preferential distribution of resources

Target 27 *BY 1990, IN ALL MEMBER STATES, THE INFRASTRUCTURES OF THE DELIVERY SYSTEMS SHOULD BE ORGANIZED SO THAT, RESOURCES ARE DISTRIBUTED ACCORDING TO NEED, AND SERVICES ENSURE PHYSICAL AND ECONOMIC ACCESSIBILITY AND CULTURAL ACCEPTABILITY TO THE POPULATION.*

5.2 Characteristics of primary health care

5.2.1 Content of primary health care

Target 28 *BY 1990, THE PRIMARY HEALTH CARE SYSTEM OF ALL MEMBER STATES SHOULD PROVIDE A WIDE RANGE OF HEALTH-PROMOTIVE, CURATIVE, REHABILITATIVE AND SUPPORTIVE SERVICES TO MEET THE BASIC HEALTH NEEDS OF THE POPULATION AND GIVE SPECIAL ATTENTION TO HIGH RISK, VULNERABLE AND UNDERSERVED INDIVIDUALS AND GROUPS.*

5.2.2 Providers of primary health care

Target 29 *BY 1990, IN ALL MEMBER STATES, PRIMARY HEALTH CARE SYSTEMS SHOULD BE BASED ON COOPERATION AND TEAM WORK BETWEEN HEALTH CARE PERSONNEL, INDIVIDUALS, FAMILIES AND COMMUNITY GROUPS.*

5.2.4 Coordination of community resources

Target 30 *BY 1990, ALL MEMBER STATES SHOULD HAVE MECHANISMS BY WHICH THE SERVICES PROVIDED BY ALL SECTORS RELATING TO HEALTH ARE COORDINATED AT THE COMMUNITY LEVEL IN A PRIMARY HEALTH CARE SYSTEM.*

5.3 Quality of services provided

Target 31 *BY 1990, ALL MEMBER STATES SHOULD HAVE EFFECTIVE MECHANISMS FOR ENSURING QUALITY OF PATIENT CARE.*

## Chapter 6: RESEARCH PROMOTION AND DEVELOPMENT

Target 32 *BY THE YEAR 1988, ALL MEMBER STATES SHOULD HAVE AN APPROPRIATELY-FUNDED RESEARCH PLAN BASED ON EACH COUNTRY'S OWN HEALTH FOR ALL DEVELOPMENT PRIORITIES; AND WHICH WILL MAKE NATIONAL ACADEMIES OF SCIENCE HEALTH RESEARCH COUNCILS, UNIVERSITIES AND OTHER RESEARCH INSTITUTIONS ACTIVE CONTRIBUTORS TO SUCH RESEARCH.*

# Chapter 7: HEALTH DEVELOPMENT SUPPORT

## 7.1 Health policy formulation

Target 33 *BEFORE 1990, ALL MEMBER STATES SHOULD ENSURE THAT THEIR HEALTH POLICIES AND STRATEGIES ARE IN LINE WITH HEALTH FOR ALL PRINCIPLES AND THAT NATIONAL LEGISLATION AND REGULATIONS MAKE THEIR IMPLEMENTATION EFFECTIVE.*

## 7.2 Managerial process

### 7.2.1 Planning and resource allocation

Target 34 *BEFORE 1990, MEMBER STATES SHOULD HAVE A MANAGERIAL PROCESS FOR HEALTH DEVELOPMENT GEARED TO THE ATTAINMENT OF HEALTH FOR ALL, ACTIVELY INVOLVING COMMUNITIES AND ALL SECTORS RELEVANT TO HEALTH AND, ACCORDINGLY, ENSURING PREFERENTIAL ALLOCATION OF RESOURCES.*

### 7.2.2 Health information system

Target 35 *BEFORE 1990, MEMBER STATES SHOULD HAVE HEALTH INFORMATION SYSTEMS CAPABLE OF SUPPORTING MANAGERIAL PROCESSES FOR NATIONAL HEALTH DEVELOPMENT, ASSESSING PROGRESS TOWARDS HEALTH FOR ALL, DISSEMINATING RELEVANT SCIENTIFIC INFORMATION AND PROVIDING THE PUBLIC WITH THE INFORMATION THEY NEED.*

## 7.3 Human resource development

### 7.3.1 Planning, education and use of health personnel

Target 36 *BEFORE 1990, IN ALL MEMBER STATES, THE PLANNING, TRAINING AND USE OF HEALTH PERSONNEL SHOULD BE IN ACCORDANCE WITH HEALTH FOR ALL POLICIES, WITH EMPHASIS ON THE PRIMARY HEALTH CARE APPROACH.*

### 7.3.2 Education of personnel from other sectors related to health

Target 37 *BEFORE 1990, IN MEMBER STATES, EDUCATION SHOULD PROVIDE PERSONNEL IN SECTORS RELATED TO HEALTH WITH ADEQUATE INFORMATION ON NATIONAL HEALTH FOR ALL POLICIES AND PROGRAMMES AND THEIR PRACTICAL APPLICATION IN THEIR OWN SECTORS.*

## 7.4 Health technology assesment

Target 38 *BEFORE 1990, ALL MEMBER STATES SHOULD HAVE ESTABLISHED A FORMAL MECHANISM FOR THE SYSTEMATIC ASSESSMENT OF THE APPROPRIATE USE OF HEALTH TECHNOLOGIES AND OF THEIR EFFECTIVENESS, EFFICIENCY, SAFETY AND ACCEPTABILITY, AS WELL AS REFLECTING NATIONAL HEALTH POLICY AND ECONOMIC RESTRAINTS.*