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TOWARDS A HEALTHY WORLD

WITH THE CHILDREN OF TODAY AS THE ADULTS OF TOMORROW

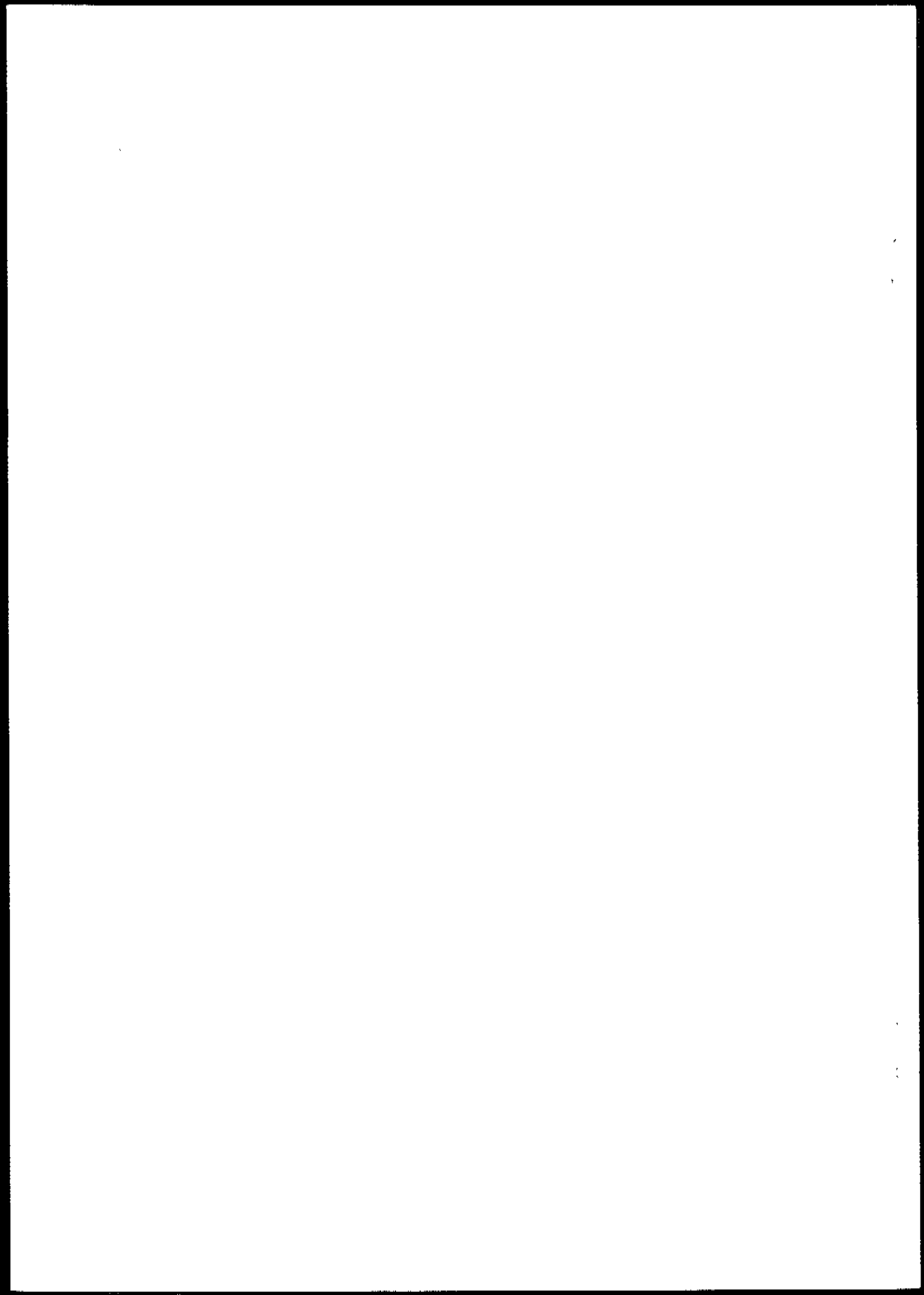
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TOWARDS A HEALTHY WORLD

WITH THE CHILDREN OF TODAY AS THE ADULTS OF TOMORROW

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To consider a healthy world one must move beyond our own health care to a concern for those who are much worse off than we are. We cannot be fully healthy with others suffering or being less than healthy. This is true morally and ethically but also economically and politically if we take the wider global environment seriously.

Beyond health care means reaching for new insights and being sensitive to the new which is coming and is already here. The young are more sensitive to this than the old, women more sensitive than men, and lay people often more sensitive than professionals. This means that all of us, older, male, professionals, constitute a new risk group.

HEALTH FOR ALL

Are we then moving towards a healthy world? At the moment the clearest expression of international determination to move towards a healthy world is the jointly accepted common social goal of health for all by the year 2000. This was unanimously accepted in 1977 by the Member States of the World Health Organization. Since then we have been working on the implementation of this strategy.

It is important to realize that the common goal of health for all by the year 2000 is in a way a first attempt at developing an international health policy. The global strategy of Health for All/2000 is accepted as a framework and a direction and it is up to every single country, or part of a country, to develop their own health for all by the year 2000 strategy and their own plan of action for its implementation. It is however significant that the countries of the world within WHO have been able to agree on this common social goal which takes us beyond national health policy.

At this stage there are still misunderstandings concerning health for all and primary health care as the main tool to the achievement of this social goal. Health for all by the year 2000 of course, does not mean no disease for anyone in the year 2000, but it rather means equal sharing of the possibilities for health both in terms of knowledge and resources, and also moving beyond emphasis on health care. Primary health care is based on common principles but the way these are developed and expressed in different countries will vary from situation to situation.

The Health for All Movement is based on social justice, the fact that health resources should be made available for all. The year 2000 was chosen in order to focus our activities and accelerate the development of health because of the urgency. Health includes promotion, prevention, care and cure as well as rehabilitation. Every programme of school health should also include these aspects.

Based on the common agreement about the social goal of health for all by the year 2000 there is now a movement in the world, a movement towards a healthier world. Among Member States of WHO, there is also an agreement on monitoring and evaluation of the implementation of the global strategy in the different countries.

The first round of global monitoring revealed both strengths and weaknesses and one may express this in terms of being in a "YES" - "BUT" situation. "YES" there have been achievements in many countries, "BUT" there are lots of problems and constraints still facing us on the road towards a healthy world. Some of these problems, as well as possibilities, are related to school health and education of young people.

One of the questions raised by the monitoring process is the degree of commitment in countries to the international health policies to which they have agreed in WHO's governing bodies. Many countries have signed national or regional health charters or similar documents

but, looking at action at this stage, there are discrepancies between commitment in words and commitment through resources and actions. When we develop an international health policy in order to move towards a healthy world we need to take the issue of compliance with common decisions very seriously, including commitment to vulnerable groups such as mothers and children of all ages.

Some essential issues in national and international health development are evident in different countries. These issues have implications for both policy formulation and implementation and many of them take us beyond health care into the homes, the schools and the work place. The most important are outlined below:

Participation and Involvement by the Community

One of the factors that distinguishes primary health care from traditional basic health services is the issue of involvement and participation by the people. This is in some ways an approach to strengthen or introduce democratic forms of Government. It is a question of empowerment and therefore the issue is found to be a threat in many societies where serious participation by people is a challenge to the established social and political order. This is sometimes true, even of teacher - parent relations.

Participation in the area of health often requires general policy changes in other areas or in the society as a whole. Is it rarely possible to start something radically new only within the health sector or in the schools if similar changes are not taking place in the rest of society? But health concerns may also spearhead development in society as a whole.

One particular issue in the area of participation concerns the role of women in health and social development. Development of primary health care and achievement of the health for all/2000 goals is not possible without full participation and involvement of girls and women in different activities and spheres of life. One of the prerequisites is education of girls and women.

Social Relevance

Development towards a healthy world makes it necessary to give serious attention to the social, religious and cultural value systems. This includes traditional understanding and practices of health and healing. There are policy consequences in this area e.g. regarding registration and authorization of different categories of health workers, the participation of lay people in health care and efforts at demedicalization through development of self-care programmes. What values are explicitly or implicitly taught in the schools?

A purely technical and mechanically rational approach to medical services and health care is not enough to really open up a process for healthy development of people and their communities. Nor is a purely technical school health service sufficient.

But in poor countries there is also a need to develop the minimal institutional care facilities and this leads to a continuous tension between institutional development in the form of larger hospitals etc. and bottom up development of primary health care in the community. The developing countries of today are in a unique position in world history. They have a burden of communicable diseases and diseases related to poverty and ignorance and at the same time also non-communicable diseases and other new hazards they have to cope with. This has not happened before in history because the industrialized nations were first able to practically eradicate communicable diseases before the problems of non communicable diseases, environment, etc, became acute.

Social values commonly accepted by people are important when priorities are decided. In many countries a demand for public transport to be economically viable is suspect because it is probably not fair or just, especially to those living in the periphery of society, geographically or economically. We can easily have more space around houses, more playgrounds, traffic free areas, better schools, more humane housing for families and the elderly, if we give it priority based on shared values. Beyond health care should take us towards more caring for each other and for human values. Care only for the dollar (grab and dare) should be replaced by caring for people (hug and share).

Many poor societies and countries have a higher caring coefficient even in the midst of poverty than you find in the rich industrialized nations. Religious belief and conviction can help people to look beyond the situation they are in and also properly mobilized be a force for change.

Based on commonly shared values and the need for hope for the future we are saying no to nuclear holocaust and atomic war. But we should also say no to chronic catastrophes in the world where fifteen thousand children are dying every day of diarrhoea alone. These are beyond the reach of health care and health promotion and beyond hope. Can we really be fully healthy while this situation goes on?

Intersectoral or multisectoral action

For many years we have been saying that health is too important to be left only to the health sector or the health professionals. Promoting health through the involvement of other sectors, e.g. education, housing, agriculture, water and sanitation etc., is essential for the development of a healthier community and a healthier world. Accepting the need for intersectoral action is however different from achieving such action in reality.

In all countries, rich or poor, it has been found to be very difficult to get serious intersectoral planning and action underway. We need training for intersectoral action as part of public administration in the different sectors. There are important policy implications in this area but also practical consequences in terms of the need of staff, time and energy to use in intersectoral planning and action.

Appropriate Technology

In all countries, rich or poor, there is a need to use resources for the development, assessment and use of technology at all levels and for all situations. We need criteria not only for using new technology but also for refraining from the use of technical possibilities that are available. Among such criteria may be the lack of resources and the need to set priorities but moral and ethical criteria are also needed. It is not only a question that we cannot yet afford such and such technologies or that certain appropriate technologies are only suitable for the poor. Decisions about the use or non-use of certain new technologies have important political, social and economic consequences.

Human Resources

Traditionally we have relied a lot on health professionals producing health for a more or less passive population. In all countries there are still elements of such attitudes forming an obstacle for a movement towards a healthy world. Professional health manpower is needed but their tasks and roles need to be defined with regard to the new situations. The new situation puts professional care and cure of diseases within the framework of health promotion, disease prevention and different forms of rehabilitation. Health manpower development should correspond to the needs and interests of the population at large and the established health systems. Sufficient consideration should be given to the relationship between the public and private sectors in health and social development. The roles of parents and different teachers is very important.

Education and Communication for Health

In the world we already have more information and technologies concerning health than we are able to use. The obstacles to better utilisation of resources are partly financial but to a large extent they are related to relationships between people and to education and communication concerning health.

The main challenge to different health professionals is to responsibly share the information they have acquired about health and disease with the general public, decision-makers, other professionals, e.g. teachers, etc. The use of news media should be combined with an emphasis on human relations and open personal communication. School health appropriately developed is an important tool for education and communication for health.

CONCLUSION

Within the family of nations working together in the World Health Organization we have started the development of an international health policy. Is there enough international solidarity for health and human well-being in order for us to move towards a healthy world? Are we ready for international health policies requiring real sharing of resources, and not only handouts from our affluence in elite countries? Are we on the other hand ready for the consequences of not sharing enough socially, economically and politically? Compared with the international climate eight or ten years ago we have a much colder atmosphere prevailing in the world today. This makes it all the more important for all of us to stand up for social values and a healthy development and to go beyond health care and medicine in all countries of the world.

The young people are more open to the need for openness and sharing because it is their future that is at stake. An important element of all aspects of education is to use this awareness among the young as a basis also for health development.

A healthy world depends on policy changes developed and accepted by healthy, mature people, able to at least combine personal, national and global self interest. If we are able to rise above such self interest and move forward in solidarity towards health for all we are really on the move towards a healthier world.