

Chapter 7

Conclusion and outlook for the future

This section provides a summary of the assessment, an overall assessment highlighting main progress in various areas and the strategic issues to be faced, a future vision as a reflection of a preferable future, and proposed policies and strategies of health development.

7.1 Summary of assessment

This summary is the basis for the conclusion and includes the highlights of various regional reports (129) and technical programme contributions (17).

Health status

Globally, during the past 20 years there were large improvements in life expectancy and child mortality and considerable progress in various disease elimination or eradication efforts.

Life expectancy at birth has increased from 58.9 years in the group of developing countries and economies in transition combined during 1975-1980 to 63.6 years during 1990-1995, and from 73.6 years to 77.0 years in the developed market economies over the same period. During the period 1990-1995, life expectancy at birth for the world was 64.3 years. Average life expectancy has increased by 3 years during the 10-year period from 1980-1985 to 1990-1995. During the period 1990-1995 life expectancy at birth in the developed market economies was 13.5 years more than that of the other countries. This gap in life expectancy is becoming smaller.

During the period 1990-1995, the global IMR was 61.8 deaths per 1 000 live births. This is a 21% drop from 1980-85. Continuously declining from a level of 156 per 1 000 in 1950-1955, IMR had fallen below 100 by 1970, and to 78 per 1 000 live births by 1980-1985. In 1990-1995 for the developing countries (including economies in transition), IMR stands at 66.4 deaths per 1 000 live births, nine times greater than that of the developed market economies. Unless investments are increased, acute lower respiratory infection, diarrhoea, measles, malaria and malnutrition will remain the major killers of children in developing countries in the year 2020.

Approximately 51 million persons die each year (annual average 1990-1995), corresponding to a world crude death rate (CDR) of 9.3 deaths per 1 000 population. The world CDR had more than halved since 1950-1955, but the annual number of deaths is nearly the same, because world population has more than doubled. In 1996, of a total of 52 million deaths, around 17 million were due to infectious diseases and 24 million to chronic diseases (especially cancer, circulatory diseases and diabetes).

Several new diseases have emerged as human pathogens during the period of HFA strategy. These include AIDS, Ebola virus, *E. Coli* 0157:H7, Lyme disease, cryptosporidium and cyclospora. The outlook is that, in developed and developing countries alike, infectious diseases cannot be considered as conquered or dwindling issues, and that constant vigilance will be necessary, with improved disease surveillance and response.

In the **African Region** the evaluation period was marked by successes in the control

of a number of endemic diseases; still, maternal mortality is alarmingly high in most countries of the Region and HIV and TB stand out among endemic diseases inadequately controlled. In the **Region of the Americas**, the improvements in general morbidity, mortality and in life expectancy were not attributable exclusively to the implementation of PHC and HFA but chiefly to the political will of many governments to move forward in this area. In the **European Region**, there is slight progress towards increasing life expectancy but a resurgence of various infectious diseases such as tuberculosis, polio and diphtheria has been observed in some countries. In the **Eastern Mediterranean Region**, the overall health situation improved. However, because of the epidemiological transition, the double burden of communicable and non-communicable diseases will put a strain on health resources. In the **South-East Asia Region**, remarkable successes have been achieved in the eradication or elimination of specific communicable diseases; still these diseases continue to dominate the disease spectrum in the Region, and non-communicable diseases are becoming increasingly dominant in some countries, malnutrition remains, however, one of the greatest challenges. In the **Western Pacific Region**, less economically developed countries have shown excellent progress in some areas but many are still at an early stage of the transition, where the major concerns are communicable diseases and maternal and child morbidity and mortality. In the developed countries of the Region some non-communicable diseases and accidents could be reduced through lifestyle changes.

Health management

The rapidly escalating cost of all health services will require countries to concentrate on the most cost-effective mechanisms to ensure the health of their population, with increasing emphasis on prevention and primary care and decreasing emphasis on secondary and tertiary care. All countries have realized that intersectoral cooperation is important to achieve health for all, however, in many countries problems still exist.

In the **Region of the Americas**, the development of national strategies has not included the participation of other sectors and actors. The organization of national systems has not been based on primary health care and management of the services has frequently been plagued by bottlenecks in the collection, analysis, and utilization of information for the definition of priorities, plans, and policies. The importance of equity has been preserved in discussions, but it has not translated into improvements in the distribution of resources. Democratic governments were strengthened and opportunities opened up for citizens to participate in the national endeavour.

In the **Eastern Mediterranean Region**, equity has not been achieved because of lack of solidarity and cooperation among many countries. In the **European Region**, about half of the countries formulated or embarked on the process of formulation of national health policies based on HFA principles. In the **South-East Asia Region**, health policies were reviewed, various types of reforms in the health sector initiated and health strategies redefined. Political commitment has been redirected at promoting health care in an equitable manner. Priority is accorded to ensuring universal accessibility to health services. Much still needs to be done to make decentralization a reality. In less developed countries of the **Western Pacific Region**, basic primary health care policies are focused on the district as the centre of the health system, with strong vertical programmes for priority communicable diseases, along with child health and family planning programmes. In developed countries of this region, emphasis is placed on outcome measures, quality of care and financial efficiency.

Health services

The interventions included in the Integrated Management of Childhood Illness strategy are expected to reduce child mortality rates in developing countries. Primary health care was strengthened in many regions, but compared to curative aspects of care, health promotion and disease prevention received insufficient attention. In the **Africa Region** there is a need for renewed efforts to provide universal access to safe drinking-water and improve environmental health and integrated health care for mothers and children. The EPI programme has been one of the most successful disease control programmes in the **South-East Asia Region**. Immunization services have been well integrated into the basic health services and reach more than 80% of the target population.

The availability of essential drugs and vaccines has improved in all countries, and yet, over one-third of the world's population still lacks regular access to essential drugs and in many of poorest countries of Africa and Asia this percentage exceeds 50%; inequalities within countries are increasing in both developed and developing countries.

Health resources

In many countries human resources management is weak, especially regarding clear work objectives, roles, lines of communication and career path development. In virtually all countries, the private sector has grown, both absolutely and relative to the public sector, in both size and importance, so that health planning for coverage with basic services must now include private as well as public health personnel and facilities, and should determine optimal private/public mix allocations.

In the **Region of the Americas**, the shortage of resources has forced countries to adopt economic adjustment and fiscal austerity programmes leading to steady deterioration of the health system infrastructure. In the **South-East Asia Region**, countries have made strenuous efforts to increase the accessibility of health services through improving and expanding the health infrastructure. The lack of adequate, well-trained human resources for health is a major constraint identified in almost all countries of the region.

Health services of the future will increasingly be provided by multi-disciplinary teams which will require changes in current concepts about the mandates of the established health professions. Public demand for improved quality of health services and more adequate physical infrastructure is likely to continue to grow due to the ever higher levels of public education and communication about health issues.

Financing patterns will need to be customized for the particular socioeconomic and sociocultural context of each country to obtain the best uses of its available manpower for effective, equitable PHC services; also, the costs of the workforce, in various configurations, need to be analysed in planning for and managing health personnel.

The global picture of health financing since 1978 is varied. For the most part DME have steadily increased available resources to the health sector, while in the rest of the world, funding has been somewhat turbulent.

The world over, rationing and prioritization issues are of increasing concern to policy makers. The divergence between demand and supply for health services continues to grow with, for example the development of new technologies and aging populations in DME, economic collapse in various countries and the emergence of highly infectious diseases such as HIV/AIDS. In many developing countries the concept of an essential basic package of health services to be provided by government is now being considered. Providing

comprehensive health services for all is still a distant goal for most middle and low income countries.

Health promotion

Health promotion is high on the political agenda. Still, there is great uncertainty about how best to harness the potential of partnership for the development of healthy public policies. Great care is required to ensure that the gap between developing and developed countries is bridged.

Community participation and intersectoral cooperation need to be strengthened in the **Eastern Mediterranean Region**. In the **South-East Asia Region**, health education is an integral part of most health development programmes in all Member States.

The credibility of ministries of health in dialogue with other ministries, and their ability to influence resource allocations of other sectors, will depend upon their ability to communicate data from valid scientific, quantitative estimates of the impacts on health of various environmental and commercial/industrial factors.

As in many health status issues, it appeared that lifestyle issues showed favourable trends in most DME, and unfavourable trends in EIT, LDC and DDC. The inequity is likely to grow as the relative burden of lifestyle-related diseases increases, especially in developing countries.

Health protection

There is concern about the sustainability of water and sanitation systems. Safe water and sanitation problems will persist: in the year 2025 half a billion people will lack safe water and 5 billion will lack basic sanitation. In the **Africa Region** progress was made in health protection, but the results are often inadequate and call for renewed efforts to provide universal access to safe drinking water and improved environmental health and integrated health care for mothers and children. In the **Eastern Mediterranean Region**, little progress has been made towards the targets on children's nutritional status and accessibility of safe drinking water and adequate sanitation.

In general the main challenges in health and the environment are water supply and sanitation, drinking-water quality, air quality, chemical safety, solid and hazardous wastes, vector-borne diseases, global environmental change and technological accidents.

Research and development

The approximate amount of global resources for health-related R&D was US\$ 55 billion in 1996, representing less than 3% of global health expenditure (nearly US \$ 2 trillion). 90% of such resources were devoted to the problems of 20% of the world population. Major sources of funding are industry (50%) and public-sector bodies dealing with science and technology.

The list of global problems which affect health levels of the population is growing. To the classic determinants such as nutrition, hygiene, education, industrialization and urbanization, should be added such powerful factors as unemployment, chronic conflicts and changes in age structure. Although trends are improving in percentage terms, the absolute figures involved are staggering, and the long term effects of some factors, such as unemployment, are largely unknown. More comprehensive research is needed on these evolving problems of critical significance to health.

Strengthening the scientific and technological infrastructure and exploiting the

advances of information and communication technology are essential components of a socioeconomic development policy, particularly in the health sector. In parallel to building up capacity, a cooperative networking of institutions between developed and developing countries should help the latter to leapfrog several obstacles on the path of development. A certain proportion of research resources in the "North" could be devoted to cooperative activities with the "South".

The role of scientific knowledge is bound to expand in industrializing as well as post-industrial societies. "Dematerialization" of advanced economies is accompanied by an explosive growth of knowledge which in turn creates demand for new information, hence research and development.

In **Africa**, research coordination structures are still inadequate and should be strengthened to help organize priority research activities. While in the **Region of the Americas**, many countries in Latin America and the Caribbean carry out research activities, in most instances it is guided by the availability of funding and personal interests rather than the needs of health programmes. Research findings are often not incorporated into the decision-making process. The role and value of research have been increasingly recognized in the **South-East Asia Region**. Positive changes in the status of health research and technology have taken place in countries where a certain level of research institutionalization had already been achieved. In some areas, such as malaria control, maternal and child health, diarrhoeal diseases, immunization and nutrition research results have directly assisted policy-making. In the **Western Pacific Region**, significant efforts are made to structure the coordination of research more effectively.

Socioeconomic development

The political, social and cultural environment that influences and determines the potential for health development and health improvements in countries has changed enormously in the past two decades. However, in various countries weak socioeconomic development causes weak health services and status. In the **Africa Region**, the economic situation was characterized by the following facts: 30 countries were classified as least developed countries of the world, and 36 countries as low income countries; 20 countries had per capita income lower than 20 years earlier; and budget deficits continue to increase. Unemployment and scarcity of jobs became widespread in most of the countries. In some countries the literacy rate began to stagnate or even to drop.

In central and eastern **Europe** unemployment, poverty and social degradation are becoming more visible.

In the **Americas**, although the 3% average GDP growth rate for the period 1990-1996 represents a real improvement over the stagnation of the 1980s, GDP has still not attained the levels achieved by these economies in earlier decades. There are more poor people in Latin America and the Caribbean than in the beginning of the 1980s, with the largest concentration of this population located in urban areas.

The **Eastern Mediterranean Region** experienced growth in terms of GNP; the regional average increased from US\$ 1,093 in 1990 to US\$ 1,476 in 1996. Important gaps continued to exist between countries, and the per capita GNP ranged from US\$ 150 in Somalia to US\$ 18,430 in Kuwait. Unemployment remains the main and critical concern of governments in the majority of the countries of the region and will continue to be uncontrolled.

All countries in the **South-East Asia Region** maintained steady economic growth, varying from country to country and influenced by changing political socioeconomic environment. Unemployment is a factor which contributes to inequities both between and within countries.

In the **Western Pacific Region**, all of the larger developing and emerging economies continue to experience high levels of annual growth. High levels of unemployment and underemployment will likely continue until the new economic and productive institutions have stabilized. Some small island states remain reliant on external financial support. There is a significant and growing role played by the private sector and, consequently, a reduction of the economic role played by the government.

7.2 Overall assessment: progress and strategic issues

This review of progress and strategic issues has been based in large part on the previous assessments and the decisions made when the HFA movement began about 20 years ago. In 1977, when the World Health Assembly decided that the main social target of governments and WHO should be the attainment by all citizens of the world by the year 2000 of a level of health that would permit them to lead socially and economically productive lives.

In 1978 an International Conference on Primary Health Care, held at Alma-Ata, stated that primary health care is the key to attaining this target. In 1981 the World Health Assembly adopted the Global Strategy for Health for All by the Year 2000; after which most Member States formulated, strengthened or implemented their own national policies and strategies. The main progress and strategic issues in the implementation of this strategy up to 1996 are highlighted as follows.

Progress

It is obvious that, overall, there has been strong political commitment to achieving the health-for-all goals, and most countries have endorsed at the highest level the necessary policies and strategies. Existing health services are being reoriented to health systems based on primary health care. Decentralized health care systems based on district health services stimulate population awareness and participation particularly for preventive activities. Health information collection, analysis and dissemination have improved at global and regional levels for use of decision makers and for public interest and awareness. Substantial attention has been given to the health of women and their role in development.

Globally there has been a significant increase in the coverage in some sub-elements of primary health care; gaps between the developing and developed countries have been significantly reduced. Coverage by some elements of primary health care have increased in the developing countries from less than 50% of the population in 1950 to around 70% in 1996.

In developed market economies and economies in transition, well over 90% (1996) of pregnant women receive antenatal care, deliver in health facilities and are attended by skilled persons. In least developed countries, while nearly 50% receive antenatal care, only 30% deliver in health facilities or have skilled attendants, and in other developing countries the numbers are about 70% and 60%. Immunization services extended to 80% of world's children: from about 10% of world's children in 1978, about 81% are now immunized with

“traditional” antigens (DTP, measles, polio, BCG). In many developing countries immunization coverage is generally high and approaching 90%. Child survival activities have had a big impact on the health status of children and saved the lives of 5 million children each year. The supply of essential drugs has improved in many countries. As many as 60 developing countries have elaborated national drug policies within the context of national health policies. Over 120 countries, mainly developing, have established essential drug lists and dozens have implemented standard treatment guidelines.

Drug procurement and distribution in the public sector have been improved through schemes like the Bamako Initiative including alternative financing methods such as cost sharing. Over the past 15 years the availability of primary health care in developing countries has increased.

Health promotion activities increased, such as the Healthy Cities movement in many countries and health education, including healthy lifestyle and community action in many developing countries.

In the mid-1970s the developing world contained approximately 3 billion people, only 38% of whom had safe drinking-water and 32% of whom had adequate sanitation. At the end of 1994, with 4.4 billion people living in developing countries safe water was available to 82% of urban populations but only 70% of rural inhabitants, while sanitation was accessible to 63% of urban dwellers but a mere 18% of those in rural areas.

The advancement of information and communication technology has facilitated continuous dialogue and education and consequently the improvement of quality of health care.

A number of countries have had very rapid economic growth, moving from a developing country status towards that of developed countries. Economic growth has been accompanied by overall improvement in social conditions including health.

In line with the above progress there has been a tremendous improvement in life expectancy and child mortality as well as disease elimination/eradication efforts. The developing countries have made great progress in life expectancy and infant mortality, and there has also been some closure of the gap in health inequity. Life expectancy at birth has increased from 58.9 years in the group of developing countries and economies in transition combined during 1975-1980 to 63.6 years during 1990-1995, and from 73.6 years to 77.0 years in the developed market economies over the same period. During the period 1990-1995, life expectancy at birth for the world was 64.3 years. During the period 1990-1995, the global IMR was 61.8 deaths per 1 000 live births. This rate declined 21% during the past decade. Continuously declining from a level of 156 per 1 000 in 1950-1955, IMR had fallen below 100 per 1 000 live births by 1970, and to 78 by 1980-1985.

Smallpox has been eradicated; polio, dracunculiasis (guinea worm disease) and Chagas disease will soon be eradicated; and leprosy and other regionally endemic diseases will soon be eliminated. Cardiovascular disease in males has decreased in many developed countries. Approximately 51 million persons die each year (annual average 1990-1995), corresponding to a world crude death rate (CDR) of 9.3 deaths per 1 000 population. The world CDR had more than halved since 1950-1955, but the annual number of deaths is nearly the same, because world population has more than doubled. In 1996, of a total of 52 million deaths, around 17 million were due to infectious diseases and 24 million to chronic diseases (especially cancer, circulatory diseases and diabetes).

Strategic issues

Health development, which is changing very rapidly in an uncertain and complex manner, encounters a number of strategic issues or critical determinants.

- In a few Member States there is a noticeable lack of political commitment to attain health for all. Some Member States do not have a strong health policy, intersectoral cooperation, law enforcement or information support. This situation creates weak reform in the health sector causing increasing inequity of health status of the people and inequitable distribution of health services and resources. The socioeconomic gap between the “haves” and “have nots” in many countries has increased. Some Member States also have weak policies on privatization.
- Considering the above issues, limited resources and weak socioeconomic development in many countries, equity of access to good or acceptable quality health care is not being achieved. Very often health services do not pay attention to the importance of health promotion and disease prevention. Health care programmes are weak in anticipating increases in specific health problems, including emerging and reemerging diseases (such as tuberculosis), noncommunicable diseases and reproductive health.
- Insufficient distribution of human resources to support increasing equity in health care in many Member States. Some countries lack planning and management of human resource development. In many Member States proper health financing systems, including health insurance schemes, are nonexistent or weak and very often inappropriate use is made of private funds.
- Inadequate health promotion especially related to health advocacy, empowerment and social support in many Member States.
- Biological and physical environment, including lack of safe water supply and sanitation, pollution and food safety, are becoming a serious threat to health development. Management of hazardous chemical waste is nonexistent or weak.
- Inadequate innovations, inappropriate use of high-cost technology and lack of resources for research and development in many countries, especially developing countries.
- In many countries, especially developing ones, weak socioeconomic development (including poverty, education, employment), causes weak health services which lower the health status of the population. In many countries the status of women is still low.
- The main demographic and epidemiological changes reported by countries related to population groups have low health status, high population growth, aging, and urbanization problems.

7.3 Vision for future health development

The vision of health development should reflect a desirable future which could be achieved in the long run. This vision may comprise a broad objective, basic strategies or a set of principles which justify the mobilization of means to achieve the objective. This section highlights some views, expressed by different countries and regions, and by groupings according to the main areas of health development.

Country level

Many countries have expressed their vision of health development which can be highlighted as follows. The basic, broad objectives include:

- An optimal status of health for the people which would allow them to pursue an economically productive life.
- Health services to be of an adequate quality and accessible to all people.
- A health system setting favourable for a more decentralized health administration, particularly at the district level, with, however, streamlining of the ministry of health organizational structure to encourage functions such as technical support, programme review, policy analysis and advocacy at the central level.
- An effective health administration where all health resources, both from the public as well as the private sector, are mobilized and optimally used.
- An increase in the quality of the environment to ensure people have a healthy and hygienic life.

Basic strategies that would enable countries to reach the above-mentioned broad objectives include:

- Encouraging a more active role for the people, especially in health care plans that offer services with greater emphasis on prevention and promotion programmes. This endeavour should offer a greater role to the private sector in the provision of health care services, as well as encouraging more fruitful partnerships between public and private sectors, both in terms of financing as well as delivery of services.
- Giving a greater role to the private sector in undertaking health personnel training, while deployment of these human resources will very much be based on the market for health employment.
- Securing public funding mainly in support of the most cost-effective health interventions. Consequently, public subsidies for secondary and tertiary care, which are mostly rendered in hospitals, will be further constrained.
- Reforming the ministry of health administration into an institution that carries out supportive and supervisory missions, such as policy analysis, health care services research, control of nationwide common diseases, programme review and technical support. Operational planning and budgeting will as much as possible be decentralized to the district administrations.

Regional level

In the **Africa Region** it is stated that health for all is defined as an “aspirational” goal. This goal is the attainment by all people of a level of health which will permit them to lead a socially and economically productive life. Health development will demand rethinking and revitalization of actions embarked upon in the area of public health with a view to achieving the goal of health for all.

Strategies to achieve this goal are the provision of universal access to quality care, the adoption and maintenance of health-promoting behaviours and lifestyles, general mobilization against epidemics, including the ongoing HIV and TB co-epidemics, and environmental protection.

In the **Region of the Americas** the vision of health for all represents a desired future state that will be approached by renewing commitment to the goal and by implementing suitable strategies and concrete actions. This vision can be summarized as a shared understanding of health in which the hemisphere’s energies respond ethically to the

challenges that arise for the achievement of sustainable human development with dignity and equity in the future of the Americas. This vision is based on a value system guided by equity, solidarity and sustainability.

In the **European Region** the 21st century will be the first in the history of mankind where the future focus of countries can be on human development and not on national security. It is expected that the future scenario is one where the more integrated view of societal development prevails. Here the quality of human relationships stands much higher in the list of priorities, with basic policies for societal development – emphasizing economics, labour and education – designed with that in mind. This scenario also implies a Europe where health is much more clearly seen as a key political goal than is the case in many countries at the moment.

In the **Eastern Mediterranean Region**, as for all humanity, health for all is a goal of crucial importance. This pursuit, based on the primary health care approach and principle, as one of the fundamental human rights, is imperative. The development of a health for all policy and strategy for the 21st century in this region is based on a value system guided by equity, solidarity and quality of care, and will be directed towards various principles for action.

In the **South-East Asia Region** the vision of future health development is a population economically strong enough to lead a healthy and productive life. This means basically a vision where all people live in peace, in a healthy environment, and have access to basic health services, education, safe water and sanitation facilities and adequate food and housing.

In the **Western Pacific Region**, the vision for the future for the majority of developing countries is shaped by clear goals and the emerging structures that will carry out these goals. In terms of the policy process for fulfilling this vision, it is quite apparent in most countries that much more attention must be given to the issue of equity and to ensuring that health care is available to those who may not be able to pay for it.

Global level

Based on the various visions of Member States and regions, the elements of a global vision for future health development can be seen.

- It is desirable that many countries give high political commitment to accelerating health development in order to achieve universal access to quality health care. Building partnerships for health is imperative. It is important to strengthen further management, leadership and information support in many Member States.
- Health services will have to be of an adequate quality and accessible to all people. Priorities in health services should be given to health promotion and disease prevention. Disease eradication and control of certain diseases must be enhanced. It is important to increase the role of the private sector.
- The development of human resources must have priority to ensure support to health development including enhancement of planning, management and education or training aspects. Financial resources must be available both from the public and the private sector and be optimally used. In many Member States there is a need to enhance health insurance schemes.
- Health promotion should be recognized as an essential element of health development; it is a process which enables people to increase control over and to improve their health. The

ultimate goal of health promotion is to increase health expectancy and to narrow the gap in health expectancy between countries and groups. Thus, health promotion is related to health advocacy, empowerment and social support in many Member States.

- Health protection should be further enhanced in the future in relation to the quality of the biological and physical environment to ensure the availability of safe water supply and sanitation, clean air, food safety and management of hazardous chemicals and waste.
- The capacity of research and development, especially in developing countries, must be further enhanced and the appropriate use of available technology in the field of medicine, public health, information and communications must be increased.
- It is expected that various factors of socioeconomic development could directly support the enhancement of the health sector, especially relating to increasing the education or literacy of women, the availability of financial support and the important role of women in health development.

In order to reflect the principles of equity, solidarity and sustainability in health development the **vision of future health development** can be summarized as the achievement of health for all through:

- partnerships in health development and effective and efficient health systems.

Considering this vision and health development as an integral and central part of socioeconomic development, the **main goals of health development** are to:

- increase health expectancy for all people;
- provide universal access to essential quality health care at all levels;
- enhance people-centred health development;
- provide effective leadership in health development; and
- maintain a healthy environment.

7.4 Proposed policy and strategy

Based on this evaluation and other relevant analyses and projections of the global health situation (130), in order to achieve this global vision, the following fundamental policy is proposed. Using a framework which groups the main areas of long-term health development, various elements of policy and strategy for future health development are also proposed.

Fundamental policies

• In human development, health is a fundamental human right and health development should be based on ethical values and principles. Political commitment of states is essential in health development. Health sector reforms are significant for health development and focus especially on:

- strengthening leadership, partnership, and intersectoral cooperation, in health development and local health systems; and
- improvement of the financing of health care for increasing equity of health status and services.

• Comprehensive health care focuses on health promotion and prevention and control of diseases as well as on provision of curative, rehabilitative actions and rapid and responsive emergency and humanitarian services as required.

- In health promotion, individual responsibility and self-reliance will contribute to each individual's abilities to improve and maintain personal health. Collective responsibility and the establishment of partnership for health are essential components in health development. Thus, health promotion should focus on advocacy for health, empowerment and social support.
- Development of human and institutional resources for health is important to ensure effective and efficient health development including provision of high quality of health care.
- Research and development in health play a significant role in enhancing the implementation and management or leadership in health development. Available technology that provides direct benefit to health should be used effectively and efficiently to ensure increased access to quality health services.
- Implementing strategies on environment and development to achieve ecologically sustainable development and to prevent and control environmental health risks.
- Countries must become self-reliant in health matters if they are to attain health for all for their people. International solidarity may be required, but national self-reliance must be respected. Fuller and better use must be made of world resources to promote health and development. Technical and economic cooperation among countries are crucial to the attainment of health for all.

Policy and strategy

Health management

- The continued assessment of the health situation and trends at country, regional and global level is important, especially through surveillance, monitoring, evaluation and future trend assessment.
- The systematic preparation of a health policy and plan at country, regional and global level is required, including the application of a scenario-planning approach.
- In reviewing and preparing health policy, emphasis should be given to universal ethics of health development where health is a fundamental human right and worldwide social goal.
- Global health policy should be developed based on the concepts of equity and solidarity, emphasizing the individual's, the family's and the community's responsibility for health and placing health within the overall development framework.
- Health systems should be organized in such a way that the needs of people are satisfied and the services provided are efficient. Local health systems must be strengthened with good, operational referral systems, technical backing and resource support.
- Health development requires partnerships and coordination of health-related activities among the different related sectors, especially education, social welfare, population, emergency and socioeconomic sectors. Harmonious and efficient partnerships and cooperation between actors in the health sector is very important, especially between various health institutions, nongovernmental organizations and professional associations.
- Emergency management must be enhanced with an aim to provide long-term solutions for relieving human suffering and avoiding economic loss due to epidemics, complex emergencies and mass displacement of populations. It is urgent that national capabilities in the health sectors be strengthened for emergency relief and humanitarian assistance.

Health services

- The health care system needs to be strengthened through incorporating the primary health

care approach at all levels. This has two objectives: (i) to increase the accessibility, availability, acceptability and affordability of appropriate quality health care services and facilities to all people; and (ii) to increase the healthy lifespan, improve the quality of life of all people, and reduce disparity in life expectancy between and within countries. To support and accelerate the progress of the primary health care approach, certain public health functions could be used as leverage.

- Reproductive health care comprises the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. Reproductive health is not something that concerns only people of reproductive age. Reproductive health affects not only the men and women of today but also the infants and children of tomorrow. The effects of poor reproductive health are passed from one generation to another. Therefore, interventions to improve the health and well-being of children are naturally linked to those designed to improve reproductive health.
- To prevent and control major health problems, activities must focus on: (i) coordination and sustained actions aimed particularly at those health problems for which effective and affordable measures exist (e.g., treatment of tuberculosis). These coordinated and sustained actions may be to prevent, control or eliminate, and in some cases eradicate, existing and emerging infectious diseases; (ii) ways to establish and sustain systems of immunization which ensure access for all people to effective vaccination against diseases of major public health importance; and (iii) enhanced measures to prevent and control injuries and diseases that cause disabilities requiring long-term care and rehabilitation.

Health promotion

- Community action for health is a global and sustainable process in which a community is involved as a full partner at all stages of health development, in close cooperation with the health sector as well as with other related sectors.
- Reducing and controlling risks to health and encouraging a healthy lifestyle, implementing strategies to combat the spread of violence (and, in particular to vulnerable groups).
- Implementing in all countries a plan of action based on the World Declaration and Plan of Action for Nutrition.

Health resources

Human resources. In many countries it is important to enhance the interfaces between health care, public health functions and the development and practice of education. Partnerships between these sectors are very important. Care must be taken to identify competent and qualified human resources in order for them to be effective and efficient in supporting progress of health development, including health care. Continued effort to improve educational systems is vitally important to produce these much-needed, competent human resources. This action also includes using problem-based learning and continuing education. Managing human resources should include paying serious attention to optimizing human resources, career development, and monitoring and evaluation of human resource development. In the future it will require collaborative action at the local, national and international levels if countries are to improve significantly the development of human resources for health and the capability to be sustainable.

Financial resources. Public financing (budget, public insurance, etc.) should have a

dominant role and should ensure that the State plays a major role in policy and overall regulation of the health system. Health care systems especially basic and specialized services must be cost effective. Financial and organizational mechanisms should expedite the implementation of this strategy. A strategy to control cost is necessary and should: give priority to basic and outpatient care; seek first of all to reduce the cost of useful activities before having the population contribute; prefer non-inflationary methods of paying for services, establishment and staff remuneration; ensure strict evaluation of investment in technology and infrastructure; and systematically evaluate activities and results.

Health research and development

- The role of health research in providing objective evidence for rational decision-making is especially critical as health reforms are being implemented worldwide. Health systems research within the broader context of health policy research is important at national and sub-national levels.
- The policy needs an expanded concept of essential health technology, including biotechnology, food and pharmaceuticals, telecommunications and information systems and environmental technology.
- Any new technological advances require thorough assessment from the point of view of safety, effectiveness, cost and acceptability. Any assessment should be based on ethical, behavioural, economic and clinical criteria. Development of technological hardware for many developing countries should be directed towards equipment which is robust, inexpensive and easy to maintain.

Health protection

- Ensuring healthy living conditions and environment through committees, including cities, villages, neighbourhoods, workplaces, schools and families.
- Implementing strategies on environment and development to achieve ecologically sustainable development and to prevent and control environmental health risks. This includes provision of safe water supply, sanitation, clean air, food safety and assessing environmental health hazards.

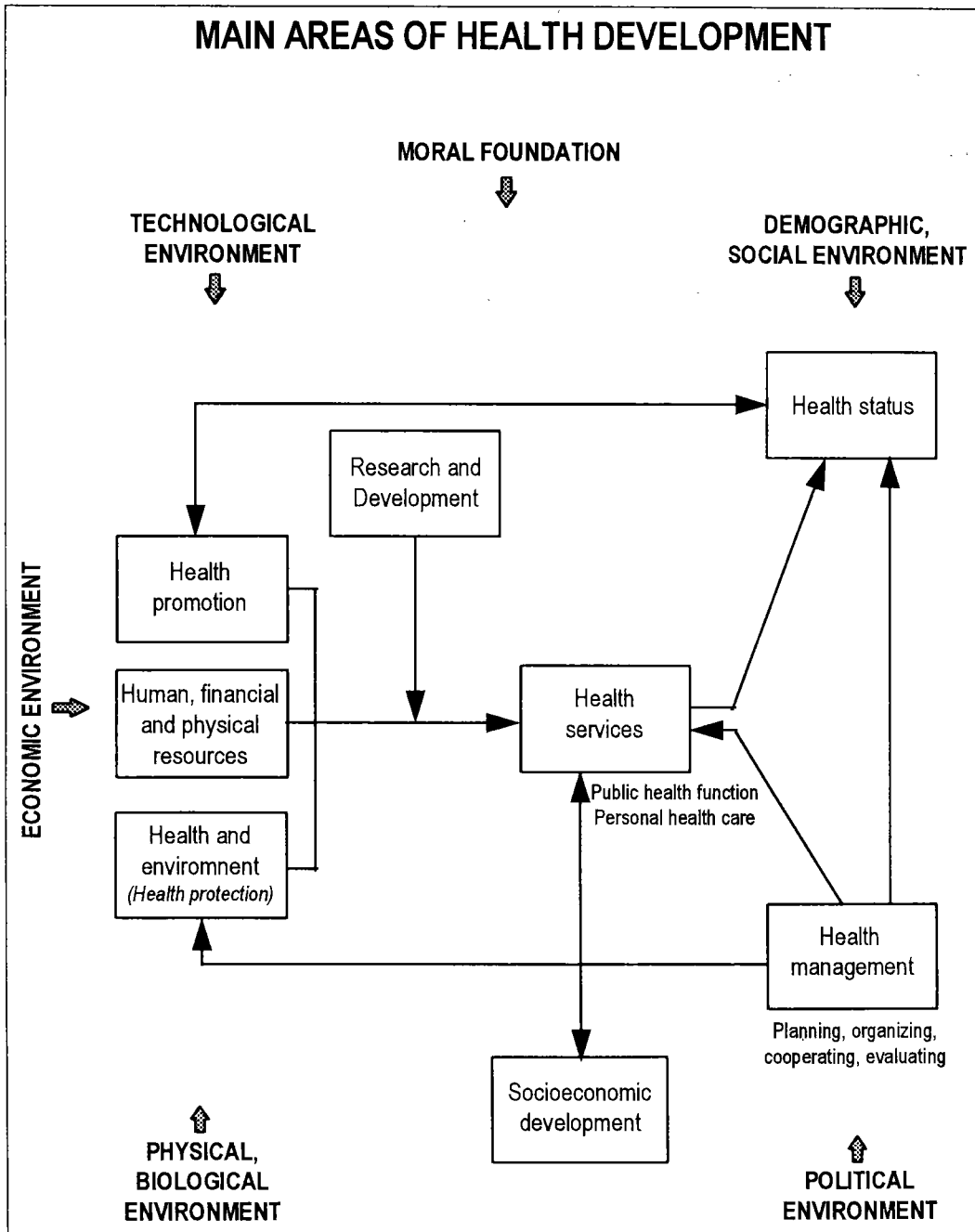
Socioeconomic development and international partnerships

- Socioeconomic development, especially the education and literacy of women, the availability of financial support, and the role of women in health is very significant in enhancing health development.
- The purpose of this policy is to foster international partnerships for equity, solidarity

and health, and ensure their coordinated implementation in countries. In view of globalization, this cooperation should be based on partnerships between developed and developing countries. The combined strength of all international organizations dedicated to health development is increasing significantly.

- It is the responsibility of the international community to ensure that the importance of health in overall social, political, cultural, technical and economic development is reflected in the policies of all sectors, both as an effect of progress and as a stimulus for change.

Box 8 Main areas of health development



Based on the main areas addressed in this evaluation, and the nature, scope and trends of areas in health development, as reported by many Member States, it is important that for the preparation of policy and strategy for long-term health development consideration should be given to the 8 main areas of health development as presented in *Box 8*.

Furthermore, based on the review of the many successes of health development, it is also important that for the preparation of the above policy and strategy, the following foundation elements in the health development process be considered:

- The present reality – very often complex
- The achievement of future visions, goals or eternal objectives
- The need for innovation or creativity based on a sound ethical foundation
- The need for partnership and interaction between various actors in health development.

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