Health for All in the 21st Century

DRAFT

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Boxes

EXECUTIVE SUMMARY

Health for All (HFA) in the 21st Century aims to help realize the vision of Health for All, launched at the Alma-Ata Conference in 1978. It sets out, for the first two decades of the 21st century, global priorities and targets which will create the conditions for people worldwide to reach and maintain the **highest attainable level of health** throughout their lives.

Over the past two decades primary health care (PHC), as the cornerstone of Health for All, has provided impetus and energy to progress towards HFA. Despite gains, however, **progress has been hampered** for several reasons, including insufficient political commitment to the implementation of Health for All, slow socioeconomic development, difficulty in achieving intersectoral action for health, insufficient funding for health, rapid demographic and epidemiological changes, and natural and man-made disasters. Further, poverty has increased worldwide. Health has suffered most where countries have been unable to secure adequate income levels for all.

Although the 21st century faces new threats, new opportunities and approaches to overcome them are becoming available. **Globalization** of trade, travel, technology and communication could yield substantial benefits, provided serious potential adverse effects are addressed. Global environmental hazards require urgent attention. New **technologies** could transform health systems and improve health. Stronger **partnerships** for health between private and public sectors and civil society could lead to stronger joint action in support of HFA.

The realization of the goals of HFA depends on bolstering commitment to key values through: provision of the **highest attainable standard of health as a fundamental right**; continued and strengthened application of **ethics** to health policy, research and service provision; implementation of **equity-oriented** policies and strategies that emphasize **solidarity**; and incorporation of a **gender perspective** into health policies and strategies. The values are strongly linked, each serving to underpin the execution of policy and strategies.

Goals and targets help define the vision of HFA. The goals of HFA are to achieve an increase in life expectancy and in the quality of life for all; to improve equity in health between and within countries; and to ensure access for all to sustainable health systems and services. Targets are defined to spur action and to set priorities for resource allocation. The **global targets** in support of Health for All reflect earlier HFA targets and are in line with those agreed at recent world conferences. Targets related to health policies and systems need to be met if action on the determinants of health is to lead to improved health outcomes and access to care. Achieving these targets will ensure that the goals of HFA are met.

Actions by all Member States to realize the goals of Health for All need to be guided by two **policy objectives**: making health central to human development, and developing sustainable health systems to meet the needs of people. In implementing the former objective, it is acknowledged that good health is both a resource for, and an aim of, development. Further, the health of people, particularly the most vulnerable, is an indicator of the soundness of development policies. Lines of action that address the determinants of health aim to combat poverty, promote health in all settings, align sectoral policies for health and ensure that health is included in sustainable development planning.

Health systems must be able to respond to the health and social needs of people over their life span. To do this, **sustainable health systems** will be developed that guarantee equity of access to essential health functions. These functions include making quality care available across the life span; preventing and controlling disease, and protecting health; promoting legislation and regulations in support of health systems; developing health information systems and ensuring active surveillance; fostering the use of, and innovation in, health-related science and technology; building and maintaining human resources for health; and securing adequate and sustainable financing. A socially sensitive health system will take into account the economic, sociocultural and spiritual values and needs of individuals.

The roles of WHO and governments will be decisive in ensuring that the policy leads to substantial improvements in health. Governments will need to develop and implement policies coherent with HFA values. As the world's health conscience, **WHO will provide leadership for the attainment of Health for All. WHO will promote international collective action for health** by developing global ethical and scientific norms and standards; international instruments that promote global health; facilitating technical cooperation among countries; strengthening decision-making through appropriate health information systems; establishing active surveillance systems; strengthening global research capacity; providing leadership for the eradication, elimination and control of selected diseases; and providing technical support to prevention of public health emergencies and post-emergency rehabilitation.

Progress from **policy to action** requires dynamic leadership, public participation and support, a clear sense of purpose and adequate resources. To support the process of change, specific attention will be given to strengthening policy-making capacity; developing systems of good governance; setting priorities at various levels; strengthening and broadening partnerships for health; and implementing evaluation and monitoring systems.

Committed action at all levels - global, regional, national and local - will be crucial to transforming the Health-for-All vision into a practical and sustainable public health reality.

SECTION I
Why renew Health for All?

Chapter 1. Health for All: mandate and origins

Chapter 1 describes the origins of Health for All (HFA). WHO's Constitution provides the basis for our definition of health and the rationale for global action. The central role of the Alma-Ata Conference in launching HFA, and the recognition of primary health care as the key to HFA, are outlined.

WHO's constitutional mandate

"The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States."

1. Over half a century ago, the founders of the World Health Organization defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The Constitution of WHO proclaimed, "the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States". This was the vision in the post-war world of the late 1940s. Our challenge for the next two decades is to build on the achievements of the past to achieve a healthy and secure world.

"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."

2. The WHO Constitution declares, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being ...". The right of all people to a standard of living adequate for health and well-being includes the right to adequate food, water, clothing, housing, health care, education, reproductive health and social services; and the right to security in the event of unemployment, sickness, disability, old age, or lack of livelihood in circumstances beyond an individual's control. Respect for human rights and the achievement of public health goals are complementary.

Health for All and primary health care

The call for HFA was, and remains fundamentally, a call for social justice.

3. The concept and vision of Health for All (HFA) were defined in 1977, when the Thirtieth World Health Assembly decided that the main social target of governments and WHO in the coming decades should be "the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life". The Declaration of Alma-Ata, adopted in 1978 by the International Conference on Primary Health Care, which was jointly sponsored and organized by WHO and UNICEF, stated that primary health care was the key to

attaining Health for All as part of overall development. This call for HFA was, and remains fundamentally, a call for social justice.

4.   Health for All was conceived as a process leading to progressive improvement in the health of people and not as a single finite target. It can be interpreted differently according to the social, economic and health characteristics of each country. However, there is a baseline below which no individual's health in any country should fall. *All* people in *all* countries should have a level of health that will permit them to work productively, and to participate actively in the social life of the community in which they live. Health for All acknowledges the uniqueness of each person and the need to respond to each individual's spiritual quest for meaning, purpose and belonging. At the same time, HFA is a societal response that acknowledges unity in diversity and the need for social solidarity. Our common humanity, and responsibility for current and future generations, demand that we embrace HFA.

Health for All is a process leading to progressive improvement in the health of people.

Health for All in the 21st century

5.   *Health for All in the 21st Century* is a continuation of the HFA process.[1] It builds on past achievements, guides action and policy for health at all levels (international, regional, national and local), and identifies global priorities and targets for the first two decades of the 21st century. Most of all, it takes account of the dramatic global changes of the past 20 years. It is the result of an extensive and inclusive process of consultation with and within countries - a process essential to creating ownership of the policy, and thereby helping ensure its implementation by all partners.

6.   This document also reflects the outcomes of eight international conferences, in which WHO participated actively, convened in the 1990s to address some of the world's most pressing problems. All the conferences achieved consensus on priorities for a future development agenda that would explicitly support the attainment of Health for All. These are summarized in Box 1.

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[1] Resolution WHA48.16 requests the Director-General "to take the necessary steps for renewing the health-for-all strategy together with its indicators, by developing a new holistic global health policy 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".

Box 1

WORLD CONFERENCES SUPPORTING HEALTH FOR ALL

Since 1990, the United Nations system has convened eight world conferences, in which WHO participated actively, to address some of the world's most pressing problems. These meetings have achieved a global consensus on the priorities for a new future development agenda, including explicit support to the attainment of Health for All as a priority.

The conferences reflect a growing convergence of opinion that democracy, development and respect for human rights and fundamental freedoms are interdependent and mutually reinforcing. There is concern that "top-down" approaches to development should be balanced by genuine input from the community to the policy-making process.

The following new approaches to development have been defined:

* Development should be centred on human beings.
* Central goals of development include the eradication of poverty, the fulfilment of the basic needs of all people and the protection of human rights.
* Investments in health, education and training are critical to the development of human resources.
* The improvement of the status of women, including their empowerment, is central to all efforts to reach sustainable development in all of its economic, social and environmental dimensions.
* Diversion of resources away from social priorities should be avoided.
* An open and equitable framework for trade, investment and technology transfer is critical for the promotion of sustained economic growth.
* While the private sector is vital for economic development, governments should take an active part in formulating, regulating and monitoring health, social and environmental policies.

These approaches are incorporated, where appropriate, in the policy, and underpin the need to consider health as the responsibility of all sectors.

World conferences: World Summit for Children (1990); United Nations Conference on Environment and Development (1992); World Conference on Human Rights (1993); International Conference on Population and Development (1994); World Summit for Social Development (1995); Fourth World Conference on Women (1995); Second United Nations Conference on Human Settlements (Habitat II) (1996); World Food Summit (1996).

Box 2

PRIMARY HEALTH CARE: FROM ALMA-ATA TO THE 21st CENTURY

Keys to achieving HFA: lessons and progress

* PHC as an approach has provided impetus and energy to progress towards HFA.
* Some progress has been made in ensuring access to the original eight PHC elements.[1]
* PHC remains valid as the point of entry into a comprehensive health care system.
* Intersectoral action for health has not been fully achieved.
* Reorientation of health services and personnel remains elusive.
* Community participation takes time and dedication by all.

HFA in the 21st century: policy objectives to reinforce the PHC approach

* Make health central to development and enhance prospects for intersectoral action.
* Combat poverty as a reflection of PHC's concern for social justice.
* Promote equity in access to health care.
* Build partnerships to include families, communities and their organizations.
* Reorient health systems towards promotion of health and prevention of disease.

Sustainable health systems: some essential components

* Attach greater emphasis to comprehensive quality health care throughout the life span.
* Ensure equitable access to the original eight PHC elements.
* Expand PHC elements in response to identification of new threats to health, and opportunities to tackle these threats.

Essential health system functions that complement and support PHC

* Provide sustainable financing for PHC.
* Invest in human and institutional capacity for health.
* Optimize private and public-sector support for PHC through appropriate regulations.
* Strengthen research to support and advance PHC.
* Implement global, national and local surveillance and monitoring systems.

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[1] The original PHC elements included, at least, immunization against the major infectious diseases; education concerning prevailing health problems and the methods of identifying, preventing, and controlling them; promotion of food supply and proper nutrition, an adequate supply of safe water, and basic sanitation; maternal and child health care, including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health; and provision of essential drugs. These should be extended and adapted to include expanding options for immunization; reproductive health needs; provision of essential technologies for health; health promotion, as defined in the Ottawa Charter and endorsed by resolution WHA42.44; prevention and control of noncommunicable disease; food safety and provision of selected food supplements.

Chapter 2. Old and new challenges

Chapter 2 describes how, despite substantial progress in improving global health, gains have not been shared equitably. Progress since the Alma-Ata Conference is outlined. Current health issues and emerging threats and opportunities are described.

Progress since Alma-Ata

Figure 1. **Access to selected elements of primary health care, developing countries, 1983-1985 and 1991-1993**
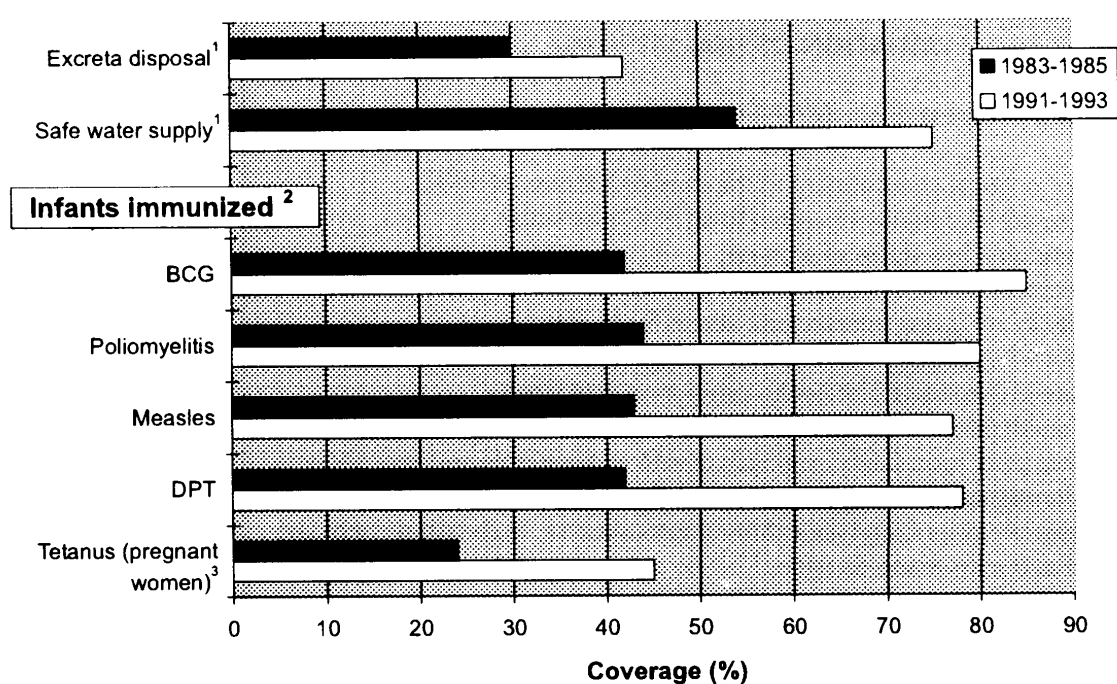
[1] Percentage of population.

[2] Percentage of children under one year.

[3] Percentage of pregnant women.

Source: WHO.

Governments and nongovernmental organizations have increasingly accepted HFA.

7.   Over the past two decades, governments and nongovernmental organizations have increasingly accepted HFA as their goal in their efforts to improve health, and most countries have adopted primary health care. Access to the elements of primary health care, as defined at Alma-Ata, has steadily increased, albeit with wide variations both within populations and between countries. Primary health care, together with economic, educational and technological advances, has contributed significantly to the worldwide decline in infant and child mortality and morbidity and to the substantial increases in life expectancy at birth. Millions of children have survived to adulthood as a result of early health interventions.

8.   However, despite these health gains, progress has been hampered by a number of factors (see Box 3). The pace of improvement and the achievement of targets have not been uniform. Disparities between countries, and among certain population groups within countries, in health status and access to health care (including primary health care) are greater now than they were two decades ago. Millions of people still do not have access to certain elements of primary health care and, in many places, effective primary health care services do not exist. While health infrastructures have physically expanded in the past 20 years, actual provision of care has been limited by inadequacies in national capacities. In addition, some international and bilateral funding agencies have not significantly shifted their aid priorities towards low-income and least-developed countries.

Box 3

EVALUATION OF HFA, 1979-1996

In many countries, progress towards HFA is hampered by:

* a lack of political commitment to the implementation of HFA;
* failure to achieve equity in access to all PHC elements;
* the continuing low status of women;
* slow socioeconomic development;
* difficulty in achieving intersectoral action for health;
* unbalanced distribution of, and weak support for, human resources;
* widespread inadequacy of health promotion activities;
* weak health information systems;
* pollution, poor food safety, and lack of safe water supply and sanitation;
* rapid demographic and epidemiological changes;
* inappropriate use of, and allocation of resources for, high-cost technology;
* natural and man-made disasters.

Based on three major evaluations of the Global Strategy for Health for All.

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9.   Following the Alma-Ata Conference, a long period elapsed before significant levels of human and financial resources were reoriented towards primary health care. Even today, in many countries, public health systems and services are under-resourced and poorly maintained. Often, a lack of expertise in health policy and management has impeded progress in developing flexible and responsive health systems, although the situation varies widely between countries. Also, professional interests that favour curative, clinical medicine over preventive and promotive public health continue to dominate policy-making and decision-making in the health sector. Care for the disabled, terminally ill and frail aged remains, on the whole, poorly supported.

A lack of expertise in health policy and management has impeded progress.

10.   Some development and economic policies, combined with demographic and epidemiological changes, have increased the burden of disease with which health systems have to contend. Health services are paying the price for this and for the failure of governments to fund long-term measures to promote and protect health.

Health services are paying the price for certain economic policies.

Figure 2. **Composition of health care expenditure, 1994-1995**
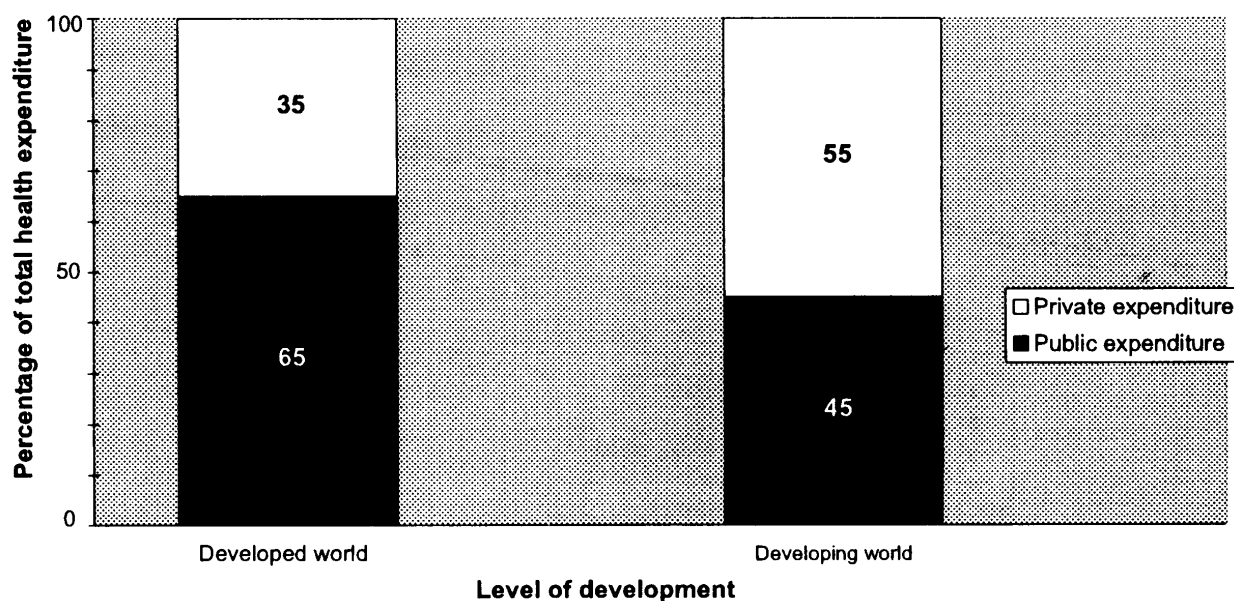
Source: Sector Strategy Paper - Health, Nutrition and Population, World Bank 1997.

In the poorest countries, a lack of funding for health and social services, and an inability of governments to raise domestic and international funds for health, seriously hamper progress towards HFA.
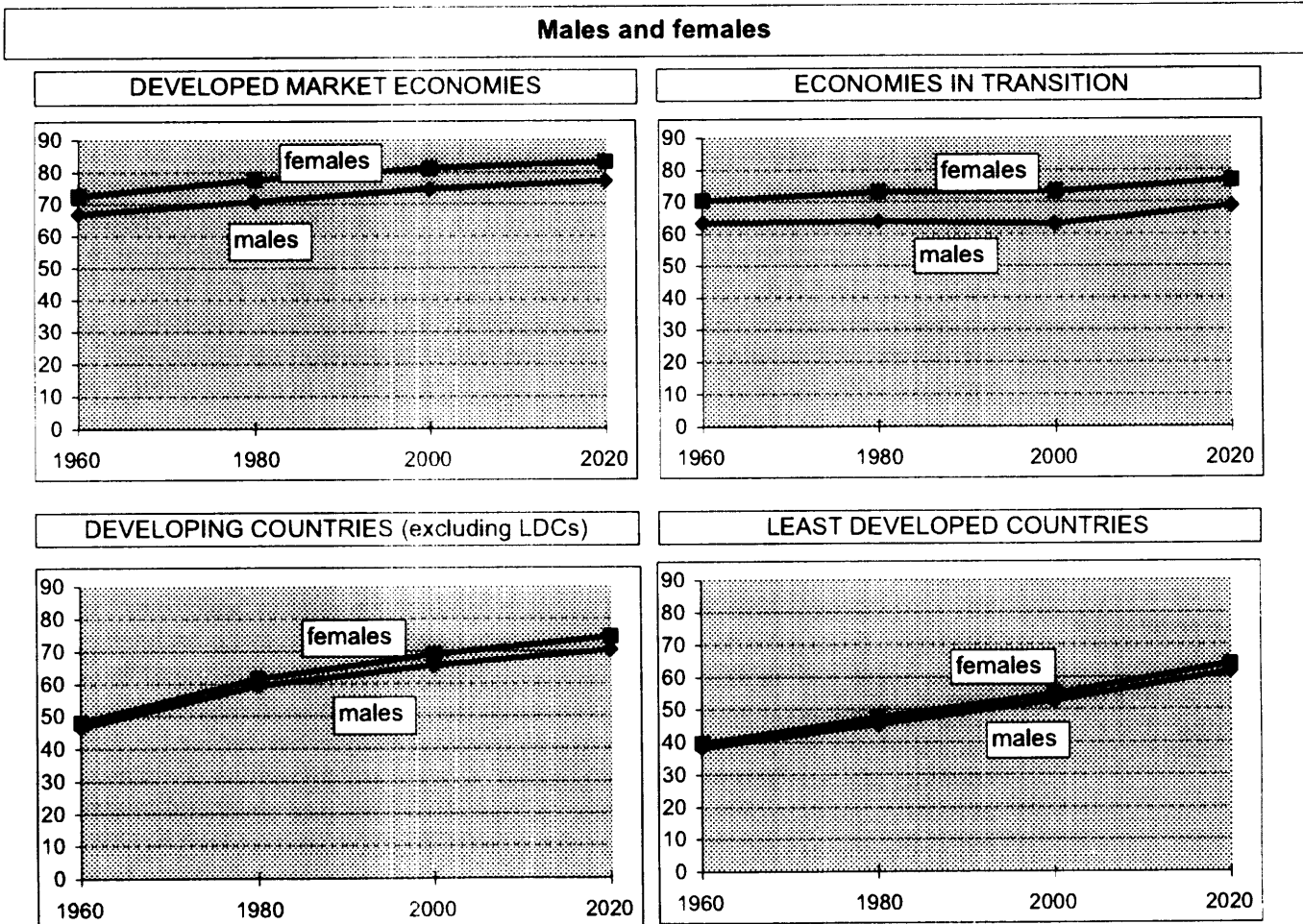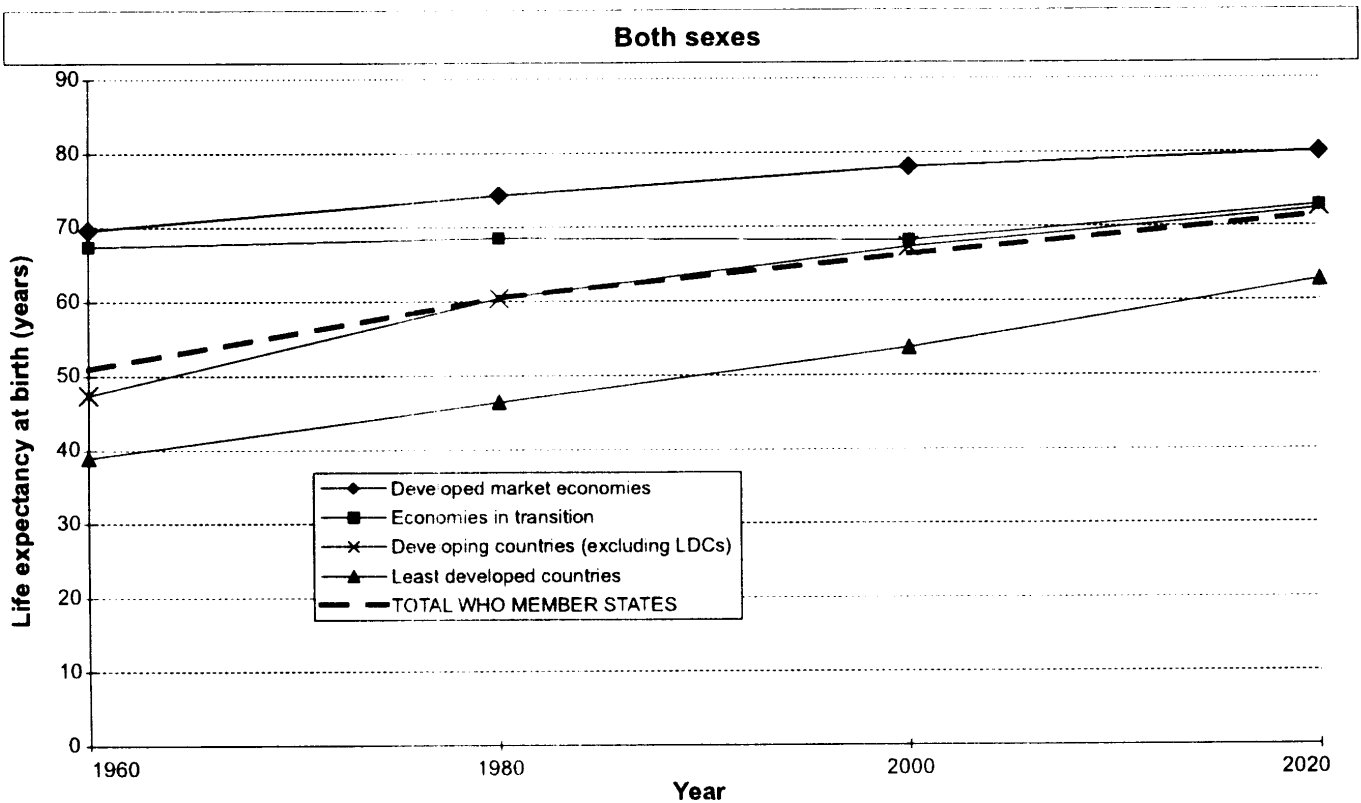
11.   In the poorest countries, a lack of funding for health and social services, and an inability of governments to raise domestic and international funds for health, seriously hamper progress towards HFA. In other countries, failure to establish or maintain essential health system functions has led to stagnation or deterioration in the health status of populations. Emerging and re-emerging diseases constitute a significant threat to health. Rapid growth of private health care in many middle-income countries has had mixed impact on public-sector services. In some cases, it has contributed to rising costs, inefficient care, and unequal access to health care. In advanced industrialized countries, the basis of health care reforms consists of cost control, expanding choices for individuals, and ensuring quality care in the face of population ageing and rapid increases in the price of and demand for new technologies. In most countries, private and public-sector health care providers have not established effective partnerships, further hampering health development.

Substantial health gains

People are living longer: the average life expectancy at birth has increased from 46 years in the 1950s to 65 years in 1995.

12.   At the same time, the world has seen considerable gains in health over the past 50 years. These gains have been due not only to advances in science, technology, public health and medicine, but also to expanded infrastructures, increased literacy, rising incomes, and improved nutrition, sanitation, education and opportunities, particularly for women. The incidence of infectious diseases has declined in many countries and smallpox has been eradicated. Control and prevention of diseases, such as measles, poliomyelitis, and diphtheria, have greatly reduced childhood mortality and morbidity. People are living longer: the average life expectancy at birth has increased from 46 years in the 1950s to 65 years in 1995. The gap in life expectancy between rich and poor countries has narrowed, from 25 years in 1955 to 13.3 years in 1995.

Figure 3. Living longer: life expectancy at birth, by sex and by level of development, 1960-2020

Both sexes

Males and females

DEVELOPED MARKET ECONOMIES

ECONOMIES IN TRANSITION

DEVELOPING COUNTRIES (excluding LDCs)

LEAST DEVELOPED COUNTRIES

Source: United Nations Population Division, World Population Prospects: The 1996 Revision (United Nations, New York, forthcoming).

Poverty and growing inequities

Figure 4. Population living on less than US$1 a day in developing economies, 1987 and 1993

| 1987 | 1993 |

Europe and Central Asia

Middle East and North Africa

Latin America and the Caribbean

Sub-Saharan Africa

East Asia and the Pacific

South Asia

600 500 400 300 200 100 0

Number of persons (millions)

0 10 20 30 40 50

Percentage of population
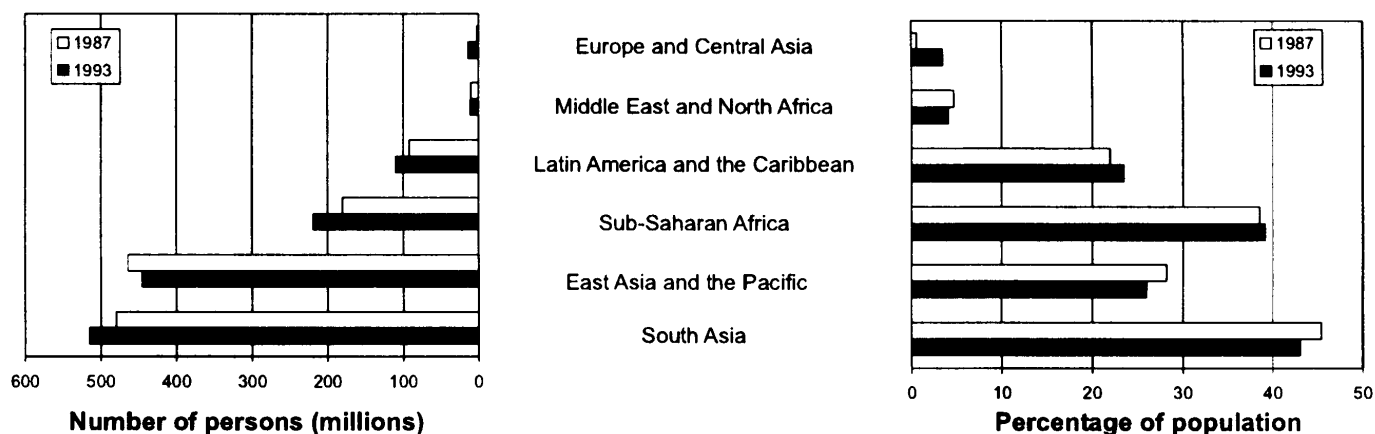
Source: Poverty Reduction and the World Bank: Progress and Challenges in the 1990s. Washington, D.C., World Bank 1996.

Health has suffered most where economies have been unable to secure adequate income for all, where social systems have collapsed, and where natural resources have been poorly managed.
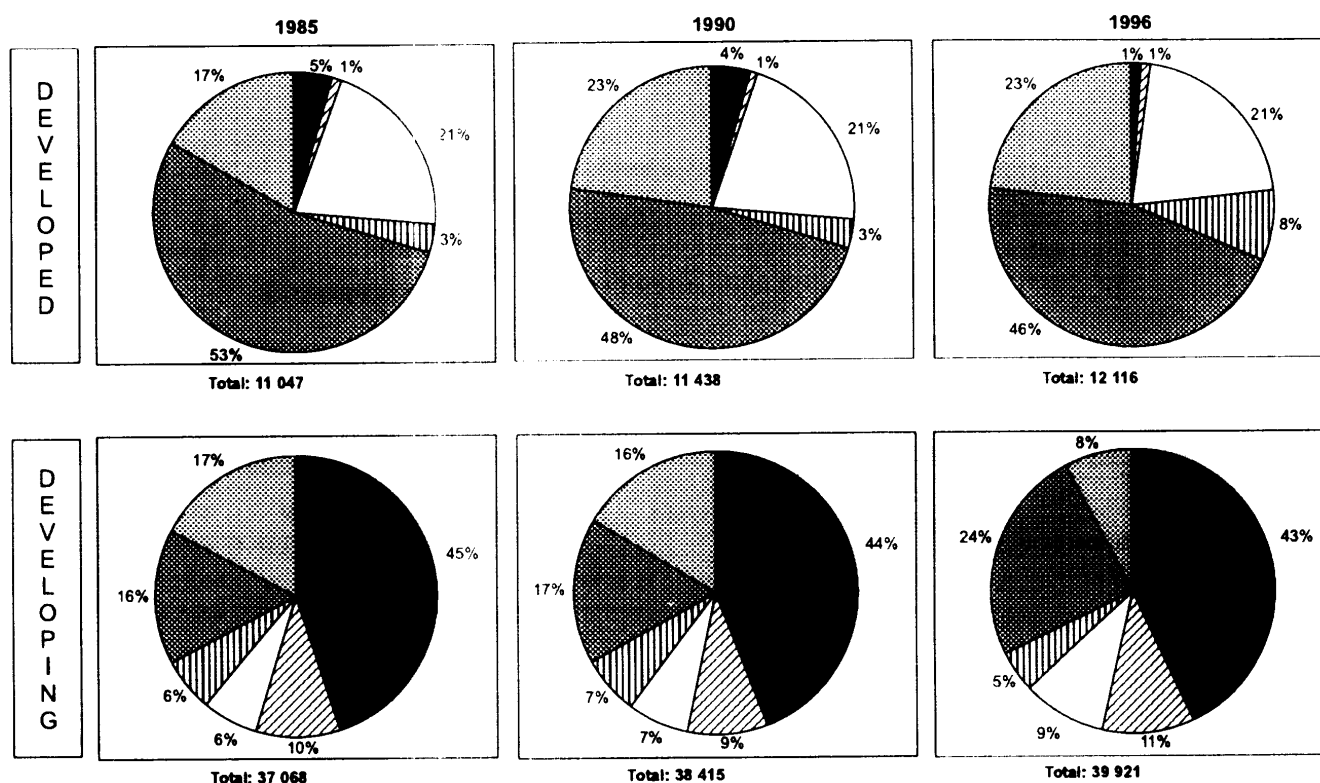
13. However, despite some gains, certain health gaps between and within countries have widened. There are alarming trends in the incidence of a number of diseases, and projections suggest that some achievements will not be able to be maintained in the future. The debt crisis of the 1980s resulted in many countries reducing their support for health and social services. Dramatic political changes in the 1990s in several countries, often accompanied by civil unrest, seriously impaired and retarded health and economic development. Health has suffered most where economies have been unable to secure adequate income for all, where social systems have collapsed, and where natural resources have been poorly managed. A host of global and local environmental and social problems continue to add to the burden of disease and ill-health.

Poverty is a major cause of undernutrition and ill-health.

14. The number of people living in absolute poverty and despair is growing steadily despite unprecedented wealth creation worldwide in the past two decades. Today, nearly 1300 million people live in absolute poverty. Poverty is a major cause of undernutrition and ill-health; it contributes to the spread of disease, undermines the effectiveness of health services and slows population control. Ill-health among the poor and disadvantaged groups particularly when associated with disability, leads to a vicious spiral of marginalization, to their remaining in poverty, and in turn, to increased ill-health.

15. The poor bear a disproportionate share of the global burden of ill-health and suffering. They often live in unsafe and overcrowded housing, in underserved rural areas or periurban slums. They are more likely than the well off to be exposed to pollution and other health risks at home, at work and in their communities. They are also more likely to consume insufficient food, and food of poor quality, to smoke tobacco, and to be exposed to other risks harmful to health. This undermines their ability to lead socially and economically productive lives. The inequities and increasing gaps between rich and poor in many countries and communities, even as economic growth continues, threaten social cohesion and, in several countries, contribute to violence and psychosocial stress.

Figure 5. Causes of death: distribution of deaths by main causes
Developed and developing countries, 1985, 1990 and 1996

Total in thousands, percentages refer to "total".

Source: WHO.

|	Legend
■	Infectious and parasitic diseases
▨	Perinatal and maternal causes
□	Cancers
▥	Chronic obstructive pulmonary disease
▩	Diseases of the circulatory system
▦	Other and unknown causes
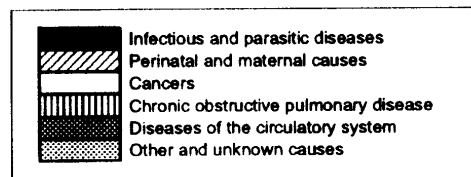
Demographic and epidemiological changes

16. Improvements in health status throughout the world, associated with achievements in public health and economic growth, have led to a number of demographic and epidemiological changes. Increased life expectancy, lower birth rates and a rise in noncommunicable diseases, combined with exposure to new threats, define the challenges for the future. Sheer population numbers in some countries, and high resource consumption in others, compromise the chances of meeting the future needs of the world's people.

17. One result of successful social and economic development is that all populations are ageing. The rate of increase in the number of people older than 65 years is higher in middle- and low-income countries than in advanced industrialized countries. Although in many countries the elderly are healthier than before, population ageing often results in an increase in noncommunicable diseases, disability, and mental disorders. This trend is already placing significant pressure on social-support systems, as well as requiring a shift in health services. Also, in some countries, the demographic transition will result in an absolute increase in the number of young people and consequent pressures on health and educational services, as well as on employment.

Population ageing is placing significant pressure on social-support systems and requires a shift in health services.

Figure 6. Elderly support ratio* by level of development, 1960-2020
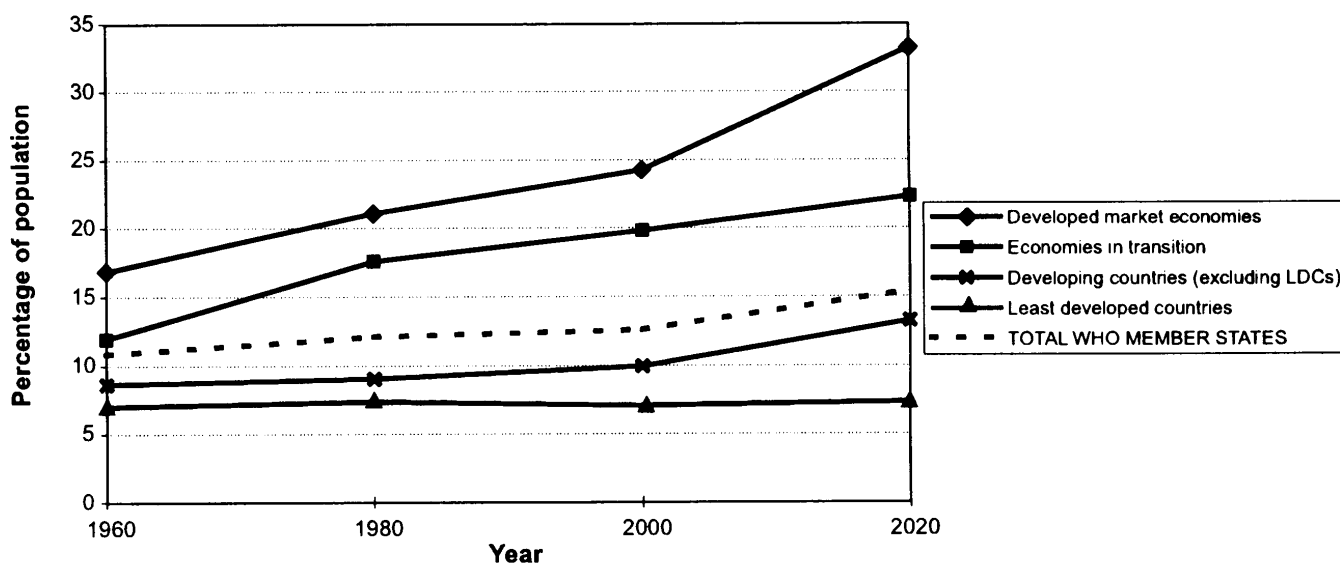
* Percentage of the population aged 65 and above as a percentage of the population aged 20 to 64.

Source: United Nations Population Division, World Population Prospects: The 1996 Revision (United Nations, New York, forthcoming).

18.   In general, urbanization has improved the quality of life and health in many countries. However, it adversely affects the social environment when it outstrips the capacity of the infrastructure to meet people's needs. This is particularly apparent in the rapidly growing periurban settlements of large cities. There are well documented links between uncontrolled urban growth and the spread of infectious diseases. In addition, overcrowding and poor working conditions can lead to anxiety, depression and chronic stress, and have a detrimental effect on the quality of life of families and communities. Changes in family structure and living arrangements have had a significant impact on people's health and their capacity to cope with health and social problems. Disruption of traditional rural cultures has, in many cases, led to the erosion of social support systems.

Communicable diseases, malnutrition and maternal mortality

In many of the poorest parts of the world, poverty-related diseases will remain major contributors to the burden of disease.

19.   There has been substantial progress in disease prevention and control and a worldwide decline in communicable diseases. However, new and old infectious diseases, such as malaria, tuberculosis and acquired immunodeficiency syndrome (AIDS) will remain important threats to global health in the next century. Projections are uncertain because of the potential of travel and trade, urbanization, migration and microbial evolution to amplify these diseases. The development of drug resistance further increases the risk, as will the emergence of currently unknown pathogens. Efforts to reduce malnutrition in children in the poorest countries have stagnated. Maternal deaths are still unacceptably common. Many low-income countries continue to have high mortality rates among children under the age of five, largely as a result of conditions that are preventable (such as diarrhoea and acute respiratory infections), or treatable with early and cost-effective interventions. These conditions will continue to add to the burden of disease in many parts of the world if poverty is not reduced.

Figure 7. **Maternal mortality: pregnancy-related deaths per 100 000 live births, 1990**
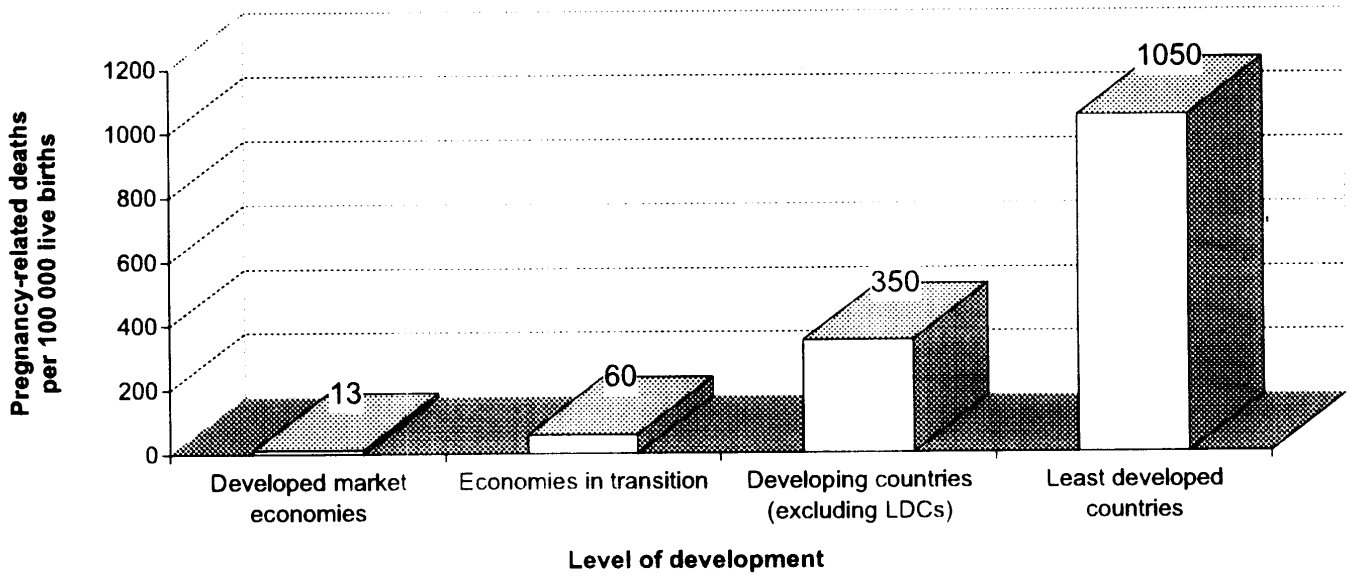
Source: WHO.

Figure 8. **Malnutrition: percentage of population underweight and overweight Selected countries, around 1993**

Underweight
(Body Mass Index <18.5)

Overweight
(Body Mass Index >25)

Percentage of population
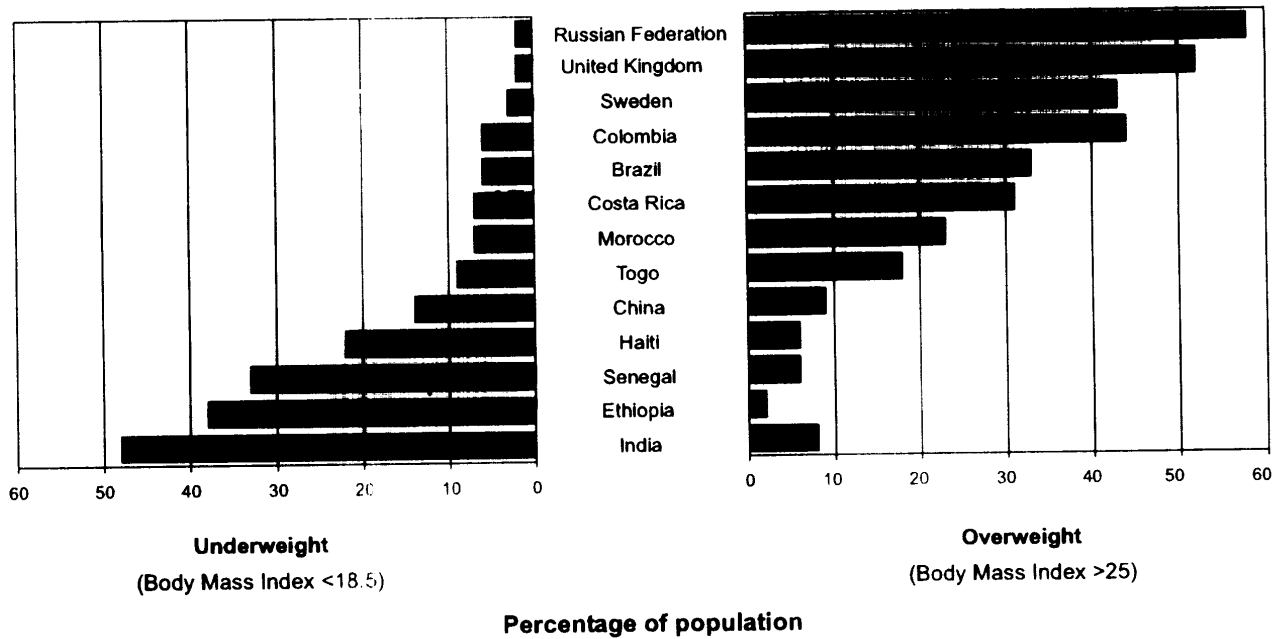
Source: WHO.

Noncommunicable diseases

20.   Noncommunicable diseases are a heterogeneous group that includes major causes of death, such as ischaemic heart disease, diabetes and cancer, and disability, such as mental disorders. Today, they contribute significantly to the global burden of disease. If current trends in tobacco use, a high-fat diet, and other health risks continue, such diseases will become the dominant causes of death, disease and disability worldwide by the 2020s. Tobacco use is a risk factor for some 25 diseases and, while its effects on health are well known, the sheer scale of its impact on disease, now and in the future, is still not fully appreciated.

Violence, injuries and social disintegration

21.   Violence occurs in different forms in different societies, including tribal or ethnic conflict, gang warfare, and family violence. In some countries, exposure to violence in the entertainment media, combined with easy access to weapons, and use of alcohol and illicit drugs, has contributed to an increase in violence. It is one of the most glaring features of social disintegration. In many societies, there is concern about social disintegration stemming from the weakening of human relationships based on sharing and caring, of the bonds sustaining and nurturing intergenerational relations, and of the family as a social unit. Unemployment, alcohol dependence and mental disorders are on the rise. Injuries are also likely to increase, partly as a result of increased use of motor vehicles, urbanization and industrialization.

New trends that will influence health

Globalization

22.   National and local decisions are affected as never before by global forces and policies. The dramatic growth in trade, travel and migration, together with developments in technology, communications, and marketing, particularly since the end of the Cold War, has resulted in substantial gains for some groups and severe marginalization for others. The spread of information technologies and advances in biotechnology worldwide will increasingly help in detecting, preventing and mitigating the impact of disease outbreaks, famine and environmental health threats, and in bringing health services and education to many more people. However, there is concern that increased trade in products harmful to health and the environment threatens the health of populations, particularly in low-income countries. Increased transnational trade in food and the mass movement of people constitute additional global threats to health.

23.   The health of the world's citizens is inextricably linked; it is less and less a function of events within geographical boundaries. Countries are forced to acknowledge their interdependence because of the fragility of our shared environment, an increasingly global economic system, and the potential for rapid spread of infectious diseases. At the same time, there is concern that globalization will threaten the survival of cultural and ethnic diversity in many countries.

Environmental and industrial changes

24.   Global environmental hazards, such as air pollution, ozone depletion, climate change, loss of biodiversity, and the cross-border movement of hazardous products and

wastes, have adverse impacts on health. These hazards could exacerbate the vulnerability of poor countries and communities. In addition, national and local environmental factors directly affect health. Unplanned and poorly controlled industrialization, combined with inefficient use of energy in transport, manufacturing and construction, poses threats to air quality in most rapidly growing cities. Indoor air pollution is a major cause of morbidity and premature death. Many industrial practices threaten health and the environment. Improper food processing is directly associated with foodborne disease, diarrhoeal diseases and other conditions. Hazardous occupations, unsafe working practices and conditions, and increased competitiveness in changing economies contribute to stress and other health problems.

25. Water supply, waste disposal and sanitation are key environmental determinants of human health in all countries, as originally identified in the PHC approach. Despite progress in these areas, much remains to be done. Water shortages hinder agricultural and industrial production in many countries, contributing to soil degradation and poverty. Nearly half of the world's population is still at risk from diseases related to insufficient or contaminated water. Clean water for domestic consumption is essential to health; the lack of clean water of adequate quantity and quality can encourage the spread of infectious diseases. Revitalized efforts and renewed intersectoral commitment are needed to address these problems in the 21st century.

Nearly half of the world's population is still at risk from diseases related to insufficient or contaminated water.

The changing role of the State

26. There is a striking contrast between the world today and the world of 1948 when WHO was established. The risk of conflict on a global scale has diminished sharply, but in its place are a multitude of regional and civil conflicts. Relationships between countries, which in the late 1940s reflected colonial practices and the Cold War, are now influenced by a host of factors, particularly the spread of market forces and the increasing interdependence of countries.

27. The implications of global political, economic and social changes for the role of the State, particularly with regard to the preservation and promotion of health, are profound. The autonomy as well as the viability of the State is under threat. Governments must function in an increasingly demanding, yet constraining, environment, and under pressures from many sources to bring national policies in line with global and regional agreements. From within, corruption has eroded public confidence in many governments and, in some countries, even the structure of government has collapsed. Governments themselves are also decentralizing and devolving responsibilities to local government and civil society. There is increased participation of the private sector in health care in a number of countries.

28. Slow progress in implementing primary health care does not call into question the soundness of the HFA vision. If anything, emerging threats to health (summarized in Box 4) reinforce the need for an intersectoral approach, which is a key feature of PHC. This approach, adapted to address the emerging threats, is essential to the achievement of HFA in the 21st century.

Box 4

NEW TRENDS INFLUENCING HEALTH
IN THE 21st CENTURY

* Widespread absolute and relative poverty.
* Demographic changes: ageing and the growth of cities.
* Epidemiological changes: continuing high incidence of infectious diseases; increasing incidence of noncommunicable diseases, injuries and violence.
* Global environmental threats to human survival.
* New technologies: information and telemedicine services.
* Advances in biotechnology.
* Evolving partnerships for health that include the private and public sectors and civil society.
* Globalization of trade, travel and the spread of values and ideas.

SECTION II
Health for All in the 21st century

Chapter 3. Values, goals and targets of Health for All in the 21st century

Chapter 3 emphasizes the need to prepare for the next century through recommitment to HFA. The broad goals of HFA can be realized through strengthened support for key values: human rights, equity, ethics and gender sensitivity. These values should underpin all aspects of health policy. Specific targets are identified to spur action.

New bases for action

A key aspect will be the strengthening of the participation of all people.

29.   Evolving opportunities and the reality of an uncertain future require that HFA be seen, not as a blueprint, but as a commitment to working together in pursuit of a shared vision. HFA strategies in our changing world need to:

- incorporate an explicit gender perspective;

- emphasize health as central to sustainable human development;

- make use of available new technologies for health;

- recognize the expanded role of civil society in health; and

- promote global action to protect national and local health.

A key aspect will be the strengthening of the participation of all people in decision-making and actions for health - a central feature of the PHC approach.

HFA: an enduring vision

The HFA vision recognizes the oneness of humanity.

30.   HFA seeks to create the conditions whereby people everywhere, throughout their lives, have the opportunity to reach and maintain the highest attainable level of health. It is a vision that recognizes the oneness of humanity and, therefore, the need to promote health and to alleviate ill-health and suffering universally and in a spirit of solidarity. The HFA vision is based on the following key values:

- recognition that the enjoyment of the highest attainable standard of health is a fundamental human right;

- ethics: continued and strengthened application of ethics to health policy, research and service provision;

- equity: implementation of equity-oriented policies and strategies that emphasize solidarity; and

- gender sensitivity: incorporation of a gender perspective into health policies and strategies.

These values should underpin and be incorporated into all aspects of health policy, influencing policy choices, the way those choices are made, and the interests they serve. They are closely interlinked, serving as supports for the execution of appropriate strategies. At the global level, WHO has the leading responsibility for the advocacy of these values, although all members of society have a shared responsibility for their propagation and sustainability.

31. A strong ethical framework that includes respect for individual choice, personal autonomy and the avoidance of harm applies to both individual and social aspects of health care and research. Advances in science and technology, medicine, engineering, and communications offer untold opportunities to influence health. At the same time, scientific and technological progress is testing the boundaries of ethical norms and challenging the very notion of what makes us human. Firm ethical principles are therefore needed to anticipate and guide developments in science and technology and their application, and to guide decisions about matters that influence health (see Box 5).

Ethical principles will have to anticipate and guide science and technology development and application.

32. Equity requires that care is provided according to need and that unfair and unjustified differences between individuals and groups are removed. The measurement of inequities is the starting-point for policy development and action. An equitable health system ensures universal access to adequate quality care without placing an excessive burden on the individual. Equity and solidarity should form the basis for international technical cooperation, favouring populations and countries with the greatest burden of poverty and ill-health. Equity and solidarity across generations require that we maintain and protect our environment, and that work on the human genome conforms to agreed ethical standards.

Equity requires the removal of unfair and unjustified differences between individuals and groups.

33. A gender perspective is vital if equitable and effective health policies and strategies are to be developed and implemented. A gender perspective leads to a better understanding of the factors that influence the health of women and of men. It is not only concerned with biological differences between women and men, or with women's reproductive role, but acknowledges the effects of the socially, culturally and behaviourally determined relationships, roles and responsibilities of men and women, especially on individual, family and community health. A gender perspective, linked to the advancement of equity, must be incorporated into health policies and programmes. Specific aspects include:

A gender perspective is vital if equitable and effective health policies and strategies are to be developed and implemented.

- performing gender analyses and encouraging gender awareness;

- attending to the special needs of girls and boys, women and men, throughout the life span;

- supporting the human rights, dignity, self-worth and abilities of girls and women; and

- creating opportunities for full participation of women with men in decision-making at all levels.

Box 5

ETHICS: THE BASIS FOR HFA POLICIES AND PRACTICES

Ethics will guide all aspects of HFA planning and implementation

- *The conduct of health professionals:*

  * promote health and prevent and treat disease;
  * provide compassionate care;
  * respect individual choice, confidentiality and autonomy;
  * avoid harm;
  * appreciate diverse values and needs.

- *Policies and priorities for health systems and services:*

  * work for equity and social justice in access to health care;
  * involve patients and other members of the public in setting priorities for access to health interventions;
  * balance technical criteria with HFA values in allocating resources to specific interventions;
  * ensure that quality in health systems and services is assessed and promoted.

- *Science, research and technology:*

  * monitor and update, as necessary, ethical norms for research;
  * anticipate ethical implications of advances in science and technology for health, for instance, with regard to cloning and genetic engineering;
  * apply internationally accepted codes of ethics;
  * ensure that agreed ethical standards guide future work on the human genome.

- *The health of populations:*

  * incorporate equity considerations into decision-making about resource allocation;
  * implement health aspects of international human rights treaties.

Box 6

EQUITY: FOUNDATION OF HFA IN THE 21st CENTURY

Equity underpins the concept of Health for All

* The call for HFA was - and remains, fundamentally - a call for social justice.
* Equity requires the removal of unfair and unjustified differences between individuals and groups.

New challenges to equity since the Alma-Ata Conference:

* more people living in absolute poverty;
* widening gaps between rich and poor in many countries, communities and groups;
* strong evidence linking absolute and relative poverty to ill-health;
* environmental risks threatening equity across generations;
* uneven benefits of globalization;
* uneven access to health systems.

Support for equity requires specific policies and action:

    (a)   National and local intersectoral action

* economic policies in support of equity and solidarity;
* strengthened policy analysis for equity;
* setting of priorities based on equity;
* intersectoral action for achieving equity in health;
* priority to combating poverty;
* empowerment of women as a priority;
* clearly stated equity-oriented targets backed by adequate resources;
* governance systems for health that are inclusive of, and that focus on, the poor.

    (b)   Health systems action

* measurement of inequities by class, sex, race, generation, age, geography and health status;
* ensuring universal access to care of adequate quality;
* life-span approaches to health care;
* capacity-building and research on equity in health;
* health, social, and environmental services that favour the poor.

    (c)   Global action

* global surveillance of equity;
* research that addresses the needs of the poor;
* solidarity as the basis for international technical cooperation;
* transnational health and development actions that address and prevent marginalization.

Box 7

A GENDER PERSPECTIVE: RECOGNIZING THE NEEDS
OF WOMEN AND MEN

A gender perspective is essential to health policy because it:

* recognizes the need for the full participation of women and men in decision-making;
* gives equal weight to the knowledge, values and experiences of women and men;
* ensures that both women and men identify their health needs and priorities, and acknowledges that certain health problems are unique to, or have more serious implications for, men or women;
* leads to a better understanding of the causes of ill-health;
* results in more effective interventions to improve health;
* contributes to the attainment of greater equity in health and health care.

A gender perspective in relation to health is central to development because:

* gender-equality in education and decision-making will reduce poverty;
* education of girls and women will reduce infant and child mortality and the birth rate, help eliminate gender inequalities in early childhood, and lead to more healthy populations.

A gender perspective in relation to health systems design and implementation of health services requires that:

* the complementary roles that men and women play in family and community health be considered;
* gender-related barriers to health care be removed;
* surveillance and monitoring systems collect and analyse sex-specific data;
* gender balance be assured in topics of research and among the participants, as well as in the mix of researchers;
* health care workers be trained to be sensitive to gender issues;
* financing systems take account of women's roles in the family and community.

HFA requires:

* equal participation and partnerships of men and women in policy development and decision-making;
* strong partnership with gender-sensitive NGOs and other organizations;
* systematic implementation of a gender perspective by all partners.

Goals and targets of HFA

34.   Goals and targets help define the vision of HFA. Indicators assess the degree of progress. The goals of HFA are:

- an increase in life expectancy and in the quality of life for all;

- improved equity in health between and within countries;

- access for all to sustainable health systems and services.

35.   An initial set of targets will guide the implementation of the HFA policy and define priorities for action for the first two decades of the next century. Specific indicators of progress will be developed for the global health targets listed below (and elaborated in Annex A). Regional and national targets will be developed within the framework of the global policy, and will reflect the diversity of needs and priorities. They should be measurable, time-bound, and feasible, and will need to be supported by adequate resources. All targets should be reviewed periodically. Indicators will be used to assess the degree of progress being made towards the attainment of the goals and targets, as indispensable aids to effective monitoring and evaluation of programmes.

Targets should be measurable, time-bound, feasible and supported by adequate resources.

36.   The global health targets reflect earlier HFA targets and are in line with the development targets agreed by Member States at recent world conferences in which WHO participated. Achievement of the global development targets is considered essential to the successful achievement of HFA, though they are not explicitly included in the global health targets. They include targets related to: economic well-being and poverty reduction; social development, including primary education and gender equality; and environmental sustainability (see Annex B for further details).

The global health targets reflect earlier HFA targets and are in line with development targets agreed at recent world conferences.

Global HFA targets to 2020

37.   Targets related to *health policies and systems* need to be met if actions relating to the *determinants* of health are to lead to *improved health outcomes* and *access to care*. Achieving these targets will ensure that the goals of HFA are met.

A.   Health outcomes

1.   *By 2005, health equity indices will be used within and between countries as a basis for promoting and monitoring equity in health. Initially, equity will be assessed on the basis of a measure of child growth:* **the percentage of children** *under five years who are stunted[1] should be less than 20% in all countries and in all specific subgroups within countries by the year 2020.*

2.   *By 2020, the targets agreed at world conferences for* **maternal mortality rates** *(MMR),* **under-five** *or* **child mortality rates** *(CMR), and* **life expectancy** *will be met (i.e. MMR - less than 100 per 100 000 births; CMR - less than 45 per 1000 live births; life expectancy at birth - over 70 years for all countries).*

3.   *Chagas disease will be* **eradicated** *by 2010 and measles by 2020; neonatal tetanus and leprosy will be* **eliminated** *by 2010, and trachoma by 2020. In addition, vitamin A and iodine deficiencies will be eliminated before 2020.*

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[1] Defined as height-for-age more than 2 standard deviations below the reference value.

4.	By 2020, the **worldwide burden of disease will be substantially decreased**. This will be achieved by implementation of sound disease-control programmes aimed at reversing the current trends of increasing incidence and disability caused by tuberculosis, HIV/AIDS, malaria, tobacco-related diseases and violence/trauma.[1]

**B.	Intersectoral action on the determinants of health**

5.	By 2020, all countries, through intersectoral action, will have made major progress in making available safe **drinking-water**, adequate **sanitation, food** and **shelter** in sufficient quantity and quality.

6.	By 2020, all countries will have introduced, and be actively managing and monitoring, strategies that **strengthen health-enhancing lifestyles** and **weaken health-damaging ones**, through a combination of regulatory, economic, educational, organizational and community-based programmes.

**C.	Health policies and systems**

7.	By 2005, all Member States will have developed, and will be implementing and monitoring, **policies** that are **consistent with this HFA policy**.

8.	By 2010, all people will have **access** throughout their lives to high-quality, **comprehensive essential health care**.

9.	By 2005, **global and national surveillance and alert systems**, supported by the use of communications technology, will permit rapid and wide dissemination of information about current and impending transnational threats to health.

10.	By 2010, all countries will have established a **health information system** that enables them to monitor and evaluate their health situation, the performance of their health services and the impact of their policies.

11.	By 2010, **research policies** and institutional mechanisms (including ethical review processes) that support capacity-building, innovation in research, partnerships between stakeholders and science-based decision-making will be operational at regional and country levels.

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[1] The quantitative targets for decrease in the incidence of these diseases will be set following the 101st session of the Executive Board.

Chapter 4. Policy basis for action

Chapter 4 provides the policy basis for action. Acting on determinants of health by making health central to human development will lead to significant overall improvements in health and reduce inequities. The development of sustainable health systems that will meet the needs of people is outlined.

38.   The goals of HFA will be realized through the implementation of two policy objectives:

- making health central to human development; and

- developing sustainable health systems to meet the needs of people.

39.   These policy objectives are interrelated and are intended for application at all levels - local, national, regional and global. Their adoption and further elaboration into specific strategies, that are adequately financed, fully implemented and carefully evaluated, should lead to improved health and to a narrowing of the gaps in health status across social and economic groups. The process of adoption should harness political, social and economic forces and engage potential partners through expanded systems of governance for health.

Making health central to human development

40.   It is important to recognize that health cannot be considered in isolation from human and social development. It is a function of the social, physical, mental, economic, spiritual and cultural environment of the communities in which people live. The purpose of human development is to permit people to lead economically productive and socially satisfying lives. This requires progressive improvements in the living conditions and quality of life enjoyed by all members of a society. Good health is both a resource for, and an aim of, development.

Good health is both a resource for, and an aim of development.

41.   The health of people, particularly the most vulnerable, is an indicator of the soundness of development policies. When appropriately disaggregated, data on health status can highlight inequities between different groups in society. The health status of a population reflects living conditions and can provide an early warning of emerging social problems. A human-centred approach values health and recognizes that, without good health, individuals, families, communities and nations cannot hope to achieve their social and economic goals. This approach places health firmly at the centre of the development agenda, to ensure that economic and technological progress is compatible with the protection and promotion of the quality of life for all.

The health of people is an indicator of the soundness of development policies.

Developing sustainable health systems to meet the needs of people

42.   Health systems must be able to respond to the health and social needs of people over their life span. National and local systems need to reach out to citizens, and engage them in improving their own health by emphasizing promotion of health and prevention of disease. Efforts should be directed towards clearly identifying health needs and organizing comprehensive services within a well-defined population base. Health systems of the future must be flexible and responsive to pressures, such as:

Health systems must be able to respond to the health and social needs of people over their life span.

- demographic and economic change;

- change in the epidemiological patterns of disease;

- expectations of health service users for quality and participation in decision-making; and

- advance in science and technology.

Informed individual, family and community commitment to health is the best guarantee that improvements in health will be realized and sustained.

43. Actions for good health start in the home although they are influenced by many forces. Informed individual, family and community commitment to health is the best guarantee that improvements in health will be realized and sustained. Health services should complement the actions of individuals and families by providing information on healthy living and access to quality health care, and by supporting functions that maintain and promote public health. People's contacts with health care facilities provide numerous opportunities at every stage of life to promote and maintain health and prevent disease and disability.

44. Health systems can take many forms. Primary health care services, as an individual's first level of contact with the national health system, are designed to bring health care as close as possible to where people live and work. Building on primary health care, health systems should be: community-based and comprehensive, with preventive, promotive, curative and rehabilitative components; available continuously; adequately financed; closely linked at all levels to social and environmental services; and integrated into a wider referral system. Further, high-quality care should be available in all countries. The important elements of high-quality health care include: professional expertise and knowledge of appropriate technologies, efficient utilization of resources, minimization of risk to patients, satisfaction of patients, and favourable health outcomes.

A socially sensitive health system will take into account the sociocultural and spiritual needs of different groups.

45. A sustainable health system will actively encourage community participation in policy development. Its employment practices will be sensitive to the needs of the workforce, with emphasis on quality and environmental management. A socially sensitive health system will take into account the economic, sociocultural and spiritual values of different groups, the variety of systems of health and healing, and the potential of those varied systems to co-exist with, and mutually enrich, one another. In drawing fully on community resources, health systems should combine compassion with efficiency. This must go beyond a focus on extending life and improving health; they must relieve pain and suffering, provide compassionate care to those with incurable disease, and try to ensure a peaceful and dignified death.

Political support for health will be demonstrated by ensuring the financial sustainability of health systems.

46. There are social, political, financial, technical, and managerial dimensions to the creation of sustainable health systems. The social aspect needs particular attention; it requires: integration of health into daily community life, development of community support, maximization of people's participation in maintaining the health of their families and communities, and ensurance that the poorest have access to health services. Governments must demonstrate unwavering political support for health by ensuring that health systems are financially sustainable and accountable and by giving continued attention to access and quality. Comprehensive and ongoing development of human resources is necessary for good management practices and technical sustainability.

Essential functions of a health system

The role of government is to guarantee equity of access to health services and to ensure that essential health system functions are available to all.

47. The role of governments with respect to sustainable health systems is to guarantee equity in access to health services and to ensure that essential health system functions of the highest quality are provided to all people. These essential functions consist of both public health activities and individual health care services, complementing and building on existing primary health care services. Chapter 7 describes the essential functions of a sustainable health system.

Chapter 5. The role of WHO

Chapter 5 describes the role of WHO in providing leadership to the multiple partners involved in achieving Health for All.

48. WHO has the mandate and the responsibility to guide other partners involved in global governance of health towards attainment of HFA (at global, regional and national levels). It will do so by **promoting international collective action** that benefits all countries, and by **responding to global threats** to health.

49. As the world's health conscience, WHO will: advocate global health and health equity between and within countries; identify policies and practices that benefit or harm health; and protect the health of vulnerable and poor communities. It will do so by providing a facilitating and enabling environment within which the diverse range of partners for health can work effectively together in promoting a global agenda for health.

50. As global interdependence increases, so will the need for global ethical and scientific norms, standards and commitments, including some that are legally binding. The aim will be to prevent or reduce transnational threats to health related to trade, travel and communication. WHO will give particular attention to the development of nationally and regionally relevant performance standards for essential health system functions.

51. In collaboration with relevant partners, WHO will develop international instruments that advance global health, and will monitor their implementation; it will also encourage Member States to apply international laws. A strong system of global governance is necessary for implementation of existing international conventions and legally binding agreements. These agreements include: the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Rights of the Child (1989) and the Vienna Declaration and Programme of Action adopted by the World Conference on Human Rights (1993). Health targets provide a means of monitoring the implementation of many of these conventions. The health targets developed during the United Nations conferences of the 1990s will be incorporated into future implementation strategies, thus translating this policy into action.

52. In its technical cooperation with countries, WHO will coordinate its efforts with other international organizations and initiatives. It will aim to achieve policy alignment and close dialogue between these partners. In addition, WHO will encourage countries and development agencies to invest where the preventable disease burden among the poor remains high. WHO will support and encourage all countries in their health development process by providing assistance to strengthen their policy-making role, management capability and systems of accountability. The need for strong institutional and human capacity to support health actions will be emphasized. WHO will seek to mobilize financial resources through a strengthened global alliance to meet the health needs of programmes and countries. Priority will be given to the poorest countries and communities (particularly those in sub-Saharan Africa and south Asia), and to countries with weak institutional capabilities for health development.

WHO has the mandate and the responsibility to guide other partners involved in global governance of health towards attainment of HFA.

WHO will develop international instruments that advance global health.

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│  Box 8                                                                │
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│            WHO IN THE 21st CENTURY:  FUNCTIONS AND ROLE               │
│                                                                       │
│   *  Serve as the world's health conscience, by providing leadership │
│      and advocating HFA.                                              │
│   *  Develop global ethical and scientific norms and standards.       │
│   *  Develop international instruments that promote global health.     │
│   *  Engage in technical cooperation with all countries.              │
│   *  Strengthen decision-making through health information systems,   │
│      including active global surveillance and alert systems.          │
│   *  Protect the health of vulnerable and poor communities and        │
│      countries.                                                        │
│   *  Foster the use of, and innovation in, science and technology     │
│      for health.                                                       │
│   *  Provide leadership for the eradication, elimination or control   │
│      of selected diseases.                                             │
│   *  Provide technical support to prevention of public health         │
│      emergencies and post-emergency rehabilitation.                   │
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Strengthen capacity to collect, analyse, interpret and disseminate health information.

53.   The quality of decision-making for health depends upon access to health information. WHO will work with Member States to strengthen their capacity to collect, analyse, interpret and disseminate health information. This will include supporting capacity-building in epidemiology, health economics, and social sciences; continuing to develop a global interactive health information network; and disseminating publications on WHO's work.

WHO will ensure that global early-warning and surveillance systems provide timely information about transnational threats to health.

54.   Global action is needed to ensure active surveillance, assessment and anticipation of policies and actions that have a global impact on health. WHO will ensure that global early-warning and surveillance systems provide timely information about transnational threats to health. Existing early-warning systems for emerging infections and for impending natural or man-made disasters will be expanded to include other threats to health, such as legal and illegal trade in products that harm health. Systems that connect local, national, regional and global levels and relevant organizations will allow warnings of threats to health or human rights, even from local settings, to be rapidly and globally amplified, thereby permitting a concerted response.

WHO will encourage innovation in science that serves the needs of all.

55.   WHO, in close collaboration with the international scientific and academic community, will foster an environment in which basic and applied health research can flourish. It will encourage scientific innovation that serves the needs of all. WHO will use communications technologies to reach researchers who have been isolated from global research networks because of inadequate resources. The development of a truly global network of centres of excellence will allow local researchers to contribute to, and benefit from, knowledge about health. WHO is committed to assisting countries to develop their national research capacities, and to share the resulting knowledge.

Global research efforts should be directed towards areas where substantial health gains are needed.

56.   Global research efforts should be directed towards areas where substantial health gains are needed. These should be complemented by country-specific research priorities and action, through which countries will work towards improved national and global health. WHO Collaborating Centres, and national and international health research organizations, together constitute a global intellectual asset that will be fully utilized in research. Global areas of concentration should include research that:

- informs national health policy;

- permits cross-country comparisons of health systems, particularly in the areas of health financing and policy development;

- identifies social, environmental and other specific sectoral policies and actions that advance health;

- evaluates the effectiveness of interventions to reduce inequities in health;

- maximizes the efficiency of health systems and leads to sustainability;

- accelerates the reduction of childhood disease, malnutrition, and maternal and perinatal mortality;

- identifies changing microbial threats and develops strategies for their prevention and control;

- develops effective preventive, promotive and curative approaches to noncommunicable diseases and the health consequences of ageing; and

- leads to control of violence and injuries.

57. WHO will support the effective use of existing technologies and the development of new technologies in different countries and settings by: disseminating knowledge as widely as possible; supporting improved technology forecasting; investing in education and human resources development; building partnerships with the private sector and between countries; working towards policies that make technologies more affordable and available; and promoting the use of essential technologies for health.

WHO will support the effective use of existing technologies and development of new technologies.

58. WHO will lead efforts to eradicate, eliminate or control diseases that are major threats to public health. For certain conditions, global consensus and action for eradication or elimination are both feasible and desirable (see Annex A for details). The global pandemics of human immunodeficiency virus (HIV) infection, malaria, and tuberculosis, as well as tobacco-related diseases, trauma and violence, are likely to become increasingly important in the first quarter of the next century. Several infectious diseases may continue to threaten all countries and, therefore, require global attention. For many of the poorest countries and communities, the burden of childhood infectious diseases, maternal mortality and undernutrition remains a priority demanding global support.

WHO and its international partners must ensure worldwide surveillance and control of diseases of global importance.

59. In many areas, civil conflicts, wars, and natural and man-made disasters have prevented the establishment of sustainable health systems and have significantly retarded health development. WHO's response to such public health emergencies will be primarily in the form of prevention and the setting of norms. It will give emphasis to preparedness, prevention, reconstruction and humanitarianism, with interventions carried out in close collaboration with international, national and local bodies. During post-emergency reconstruction, WHO will support governments in restoring their health and social systems, and in addressing the long-term human adjustment problems. WHO will thereby demonstrate that health can be a powerful bridge to peace, and will define the public health impact of weapons as a basis for preventive action.

WHO will demonstrate that health can be a powerful bridge to peace.

60. WHO will provide leadership, example and direction to organizations and institutions working for better health. WHO will emphasize and demonstrate that policy changes require properly financed functional and structural changes if action is to follow. It will promote more integrated approaches to capacity-building, policy development and resource mobilization for health in countries. Further, it will strive for greater policy alignment between international and intergovernmental agencies whose work has an impact on health. Together with these partners, a global framework for action in multiple sectors will be developed that will promote economic, trade, and social policies and programmes that reinforce HFA values.

A global framework for action in multiple sectors will be developed to reinforce HFA values.

Accountability and commitment

Committed action at all levels is critical to transforming the HFA vision into a practical and sustainable public health reality.

61.   Accountability for achieving Health for All in the 21st century is widely shared. WHO at the international level, and health workers at the national and local levels, must ensure that all partners fulfil their roles and responsibilities in implementing the HFA policy. Their combined actions will help to build a world in which HFA values and supportive actions lead to all people being able to enjoy the highest attainable level of health. Committed action at all levels is critical to transforming the HFA vision into a practical and sustainable public health reality.

SECTION III

Fulfilling the vision: actions for implementation of the policy

Chapter 6.   Actions needed to make health central to development

Chapter 6 describes four strategic lines of action: to combat poverty, to promote health in all settings, to align sectoral policies for health, and to include health in sustainable development planning.

62.   Four lines of action are required to address the determinants of health and to make health central to human development. They aim to:

- combat poverty,
- promote health in all settings,
- align sectoral policies for health,
- include health in sustainable development planning.

Combating poverty

Integrated development plans are needed to break the vicious spiral of poverty and ill-health.

63.   Accelerated human development and economic growth in both the public and private sectors are needed to lift the poorest people and communities out of poverty. Such growth must be backed by substantive and sustained international support for health, education and strengthened government institutions in the poorest countries. Integrated development plans, that include debt reduction and provision of credit, are needed to break the vicious spiral of poverty and ill-health. The long-term health of populations depends on many factors, particularly on the maintenance of peace, equitable economic growth, the empowerment of women, the provision of sustainable livelihoods and improved education. For all countries, ethical economic policies that enhance equity are essential for sustainable economic growth and human development.

64. Health interventions must be linked to improved education of girls and the provision of a basic public health infrastructure and essential health services. Such a linkage can help break the cycle of poverty and ill-health, reduce child mortality and slow population growth. In particular, the provision of child health care and nutrition services can have a lasting positive effect on entire populations. Ready access by the poor to quality health care services, through outreach to their homes if required, should be supported as an essential component of future poverty-reduction programmes.

Health interventions can help break the cycle of poverty and ill-health, reduce child mortality and slow population growth

65. As poverty is multidimensional, the combined efforts of many sectors will be required for its sustained alleviation. The health system can play a vital role in reaching poor households and regions by focusing on problems that disproportionately affect the poor. Collaboration is thus essential between health systems and agricultural, trade, financial, food and nutrition, education, and industry sectors. In addition to broad-based approaches, people's health and education must be protected during periods of temporary economic hardship. Ensuring food security is closely aligned to combating poverty.

The health system can play a vital role in reaching poor households and regions.

66. Disease-control programmes that operate across large geographical regions or within specific settings may have a considerable impact where one or a few diseases make a major contribution to poverty. For example, the control of onchocerciasis in West Africa led to the opening up of vast areas to new agricultural development. Similarly, the control of malaria and other endemic communicable diseases has contributed significantly to food and cash crop production and employment generation in many areas. Combined food aid and deworming programmes can lead to significant gains in children's scholastic performance and in school attendance.

Promoting health in all settings

67. Individuals, families and communities can act to improve their health when they are given the opportunity and the ability to make appropriate choices. People, therefore, need knowledge, awareness and skills - as well as access to the possibilities offered by society - to cope with changing patterns of vulnerability, and to keep themselves and their families healthy. To succeed, health promotion must take into account the social, cultural, political, legal and spiritual environments in which people live, work, play, and learn. Social action can help to protect the young from violence and substance abuse, ensure that working conditions are conducive to health, promote healthy diets and recreation, and create a school environment that is supportive of learning, good health and personal growth.

People need knowledge, awareness and skills to keep themselves and their families healthy.

68. Communications technology, including interactive methods, has become an important means of sharing images and messages for health promotion to support individuals and communities in improving the quality of their lives. The media can play a greater role in advocating health and health practices. They can help to raise public awareness of health by discussing health issues. Health information and entertainment that reach into every community and home can allow even the most remote families to benefit from current knowledge.

Aligning sectoral policies for health

69. In government, diverse authorities take decisions that affect health including, for example, those in the sectors of agriculture, housing, energy, water and sanitation, labour, transport, trade, finance, education, environment, justice and foreign affairs. The policies of all sectors that affect health directly or indirectly need to be analysed and aligned to maximize opportunities for health promotion and protection. This will

The policies of all sectors that affect health directly or indirectly need to be analysed and aligned to maximize opportunities for health promotion and protection.

require health professionals to be more responsive to the primary motivations of professionals from these other sectors and to be willing to negotiate for policies that are mutually beneficial.

70. Stronger joint action by health systems and the education sector could contribute substantially and rapidly to the overall improvement of the health status of populations and to a long-term reduction in health and economic inequalities between groups. Economic and fiscal policies can significantly influence the potential for health gains and their distribution in society. Fiscal policies that contribute to health - for instance, those that discourage use of harmful products and stimulate consumption of nutritious foods and the adoption of healthy lifestyles - should be encouraged. Such policies, when combined with appropriate legislation and health education programmes, can retard and even reverse negative trends, particularly increases in noncommunicable diseases and trauma.

71. Agricultural policies can incorporate specific disease prevention measures in irrigation schemes, actively promote integrated pest management to minimize the use of toxic chemicals, establish land-use patterns that facilitate - rather than discourage - human settlements in rural areas, encourage substitution for crops that harm health, and ensure the production of safe and sufficient foods. An energy policy that favours health should support the use of cleaner energy sources. It should ensure that less hazardous and toxic waste is produced, that cleaner and more energy-efficient transport is available and that buildings are designed to be energy-efficient. The cumulative impact of such policies can be substantial. Their enactment can ensure that health is not sacrificed for narrow short-term sectoral or economic gains.

72. Policies to address population growth will integrate strategies to improve the status of women, particularly through their access to education and primary and reproductive health care programmes, and their equal participation in decision-making.

Including health in sustainable development planning

73. For development to be sustainable, its benefits must accrue to present and future generations. If health is to be central to human development, health considerations must receive the highest priority in sustainable development plans.

74. Non-renewable resources have been dangerously over-exploited, while renewable resources are being consumed on a non-sustainable basis. The adoption of conventions and actions that discourage or prevent severe environmental degradation will benefit the health of future generations.

75. Health professionals have a leading responsibility to ensure that the linkages between health, health systems and services, and other sectors are clearly identified. They must ensure that the overall health impact of development activities, and consequences for equity, are measured or anticipated. Appropriate policies must be developed and actions taken in support of HFA. This includes taking advantage of opportunities to improve health presented by development programmes.

76. The introduction of health indicators into environmental impact assessment will improve decision-making in the health and environment sectors. An increased understanding of the long-term cumulative effects of chemicals, the depletion of the ozone layer, climate change, low-dose radiation, and genetic manipulation of plants and animals used for food is crucial for anticipating future threats to health and for taking timely remedial action. The health consequences of environmental changes must be quantified and used to assess progress towards sustainable development. This will create incentives for both environmental improvement and health protection.

Chapter 7. Essential functions of sustainable health systems

Chapter 7 describes the essential functions of sustainable health systems. These include:

- *making quality health care available across the life span;*

- *preventing and controlling disease, and protecting health;*

- *promoting legislation and regulations in support of sustainable health systems and development;*

- *developing health information systems and ensuring active surveillance;*

- *fostering the use of, and innovation in, science and technology for health;*

- *building and maintaining human resources for health; and*

- *securing adequate and sustainable financing.*

These functions include both essential public health functions and individual health care services.

Making quality health care available across the life span

77. A life-span approach to health acknowledges the complex and interrelated effects of many factors on the health of adults and children. Life-span care emphasizes interventions with a preventive potential that can extend from birth to death.

A life-span approach to health acknowledges the complex and interrelated effects of many factors on the health of adults and children.

78. The life-span approach is based on evidence of intergenerational effects, and on linking early factors - present from before birth to childhood - with health in adolescence and later life. There are many examples of conditions and behaviour that could be prevented by investment in early childhood development, leading to important improvements in health later in life. A life-span approach to health promotion, prevention and care has the potential to reduce disabilities and enhance the quality of life in later years.

Box 9

ESSENTIAL PUBLIC HEALTH FUNCTIONS

These functions are a set of fundamental and indispensable activities to protect the population's health and treat disease, targeted at the environment and the community. They are vital for maintaining and improving health. Countries at all levels of development should ensure that these services are performed at least to minimum standards, and their implementation should be monitored by government agencies.

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79.   Health care settings in the 21st century will differ from those of today. A greater focus on incorporating scientific evidence into clinical practice, combined with an emphasis on quality of care, should reduce variations in diagnoses and outcomes. A wider range of care and services in community settings should be available directly or indirectly, such as through the use of communications technology. Hospitals should focus increasingly on providing ambulatory, technology-intensive, curative and diagnostic services. Long-term care would be primarily provided in the community through non-hospital institutional care and home-based services. This will require community solidarity and multigenerational support within families.

Close integration of health, social and environmental services, including school health and workers' health programmes, will be required.

80.   Life-span care should be available in local communities, within a health system that emphasizes quality of diagnosis, treatment and rehabilitation. Local and district health services must be able to provide essential drugs and other services to meet community needs. They should be linked electronically, and by permanently available transport, to referral centres. The relationship between the local health service and the State will be defined in terms of the degree to which authority, responsibility and initiative are devolved. For quality health care, a balance must be found that reflects the community structure, resources, and needs. Close integration of health, education, social and environmental services, including school health and workers' health programmes, will be required.

Preventing and controlling disease, and protecting health

Community-based disease prevention and control and health protection services benefit all.

81.   Disease prevention for populations, across the life span, is crucial to human development. Community-based disease prevention and control and health protection services benefit everyone, and their implementation requires little individual participation. Priority should be given to endemic and commonly occurring infections, noncommunicable diseases, injuries and violence. Maintenance and extension of such services should be decentralized, becoming an essential function of local government. However, successful decentralization requires competent local authorities.

82.   Environmental services that help to protect and maintain health are the responsibility of national and local governments. They include services to ensure access to safe water and sanitation, clean air and safe food, manage hazardous chemicals and wastes, and control vectors and pollution. Further, incorporating health needs and concerns into town planning, and developing adequate inspection and monitoring of environmental health hazards, are mainly local authority functions. While these services are often provided outside of health services, health professionals should be responsible for ensuring their coordination and should advocate their implementation.

83.   Disease prevention and health protection services in the workplace are essential components of an integrated approach to improving the health of workers. The current emphasis on preventing exposure to specific agents and on promoting safety at work should be extended to cover all preventable conditions that affect adults in the workplace. Where people work at home, their occupational health needs should be met by local or district health services.

Promoting legislation and regulations in support of sustainable health systems

National laws should set the basis for collective action for health.

84.   National laws should set the basis for collective action for health, protect the vulnerable and disadvantaged from adverse economic effects, and define the boundaries and expectations of government with respect to its partners. Legislation and regulations need to strike a balance between individual freedoms and public needs and

interests. People entrust their governments with the development of health systems that meet their needs. Health ministries and departments are responsible for developing policies and priorities that reflect people's needs: by setting standards and norms, by ensuring that supportive legislation and regulations are adopted, and by informing the public about their rights and responsibilities.

85. Legislation that promotes health includes measures relating to: environmental standards, food safety, bans on tobacco advertising and sponsorship, restrictions on alcohol promotion, bans on access to certain weapons, measures for consumer protection, and the entitlements of people to health care. Environmental health legislation can protect the public against exposure to a wide range of hazardous products. Legislation is also needed to: help control violence and injury; ensure that ethical practices are followed in medical care and research; provide a regulatory framework for private-sector health care and intersectoral action for health; and ensure the safety of pharmaceuticals and foods. Regulation and oversight are vital to achieving an appropriate balance between the public and private sectors. With globalization and privatization of the economy, the need for such legislation is increasing. The success of these approaches will depend on political commitment, capacity-building in public health law, public support and effective enforcement.

Regulation and oversight are vital to achieving an appropriate balance between the public and private sectors.

Developing health information systems and ensuring active surveillance

86. National and local health information systems are a prerequisite for the development of effective, efficient, equitable and quality health systems. National health information systems should be capable of providing, analysing, evaluating, validating and distributing information needed for active surveillance, decision-making, health management, clinical practice and public education. National and local monitoring, surveillance and evaluation systems are needed to provide timely information to decision-makers that will facilitate evaluation and management of health systems and the best use of resources.

Health information are a prerequisite for the development of quality health systems.

87. A hallmark of a sustainable health system is its emphasis on active surveillance and monitoring. Global, regional, national and local surveillance, monitoring and early-warning systems will alert the public to impending threats to health, thus allowing appropriate action to be taken. These systems will also allow identification of inequalities in health, related to social class, sex, race, location or age. Better information and communications technologies will improve linkages between local settings, national organizations, and WHO.

Global, regional, national and local surveillance, monitoring and early-warning systems will alert the public to impending threats to health.

88. An integrated system of active surveillance and monitoring for health will focus on at least the following areas: infectious diseases; health status and trends, including birth and death rates; implementation of international norms, standards and regulations; progress in reducing health inequities; performance of essential public health functions; the impact of various lifestyles on health status; the health impact of the abuse of human rights; transnational health problems; and sectoral impacts on health.

Fostering the use of science and technology

89. Advances in science and technology have made substantial contributions to health in the past. They are likely to yield even greater benefits for all in the 21st century. In particular, rapid progress in several fields over the coming decades should

Rapid progress should allow poorer countries to take maximum advantage of developments in technology and benefit from the experiences of other countries.

allow poorer countries to take advantage of developments in technology and benefit from the experiences of other countries.

90. The scope of technologies for health extends from those that provide a direct benefit to health, such as genetic modification, biologicals, pharmaceuticals and medical devices, to those that support health system functions, such as telecommunications, information technologies, devices for environmental protection, and food technologies. Closer partnerships between science and technology research and development, between users and innovators, and between the private and public sectors will increase the chances of innovations in science contributing to improved health worldwide. Researchers and research funding agencies working in a diverse range of geographical and development settings must be encouraged to share expertise and resources, in a spirit of international solidarity.

91. In assessing and promoting new technologies for health, the following should be considered: the ability to contribute to quality of life and health; the potential to promote equity; the respect for privacy and individual autonomy, and the degree of focus on determinants of health. An effort must be made to adopt a long time-frame and wide view with respect to technology transfer, as the benefits and applications of technology are not always immediately understood, realized, or affordable.

Building and maintaining human resources for health

A well-trained and motivated workforce is essential for health systems to function well.

92. A well-trained and motivated workforce is essential for health systems to function well. Support by the State, WHO and their partners in training institutions should reflect the need for ongoing and comprehensive capacity-building for health. The health workforce of the 21st century must be capable of providing quality services based on HFA values. A culture of health that respects and supports the right to health, ethics, equity, and gender sensitivity is fundamental. This applies to all health care providers, including members of the community, who will increasingly provide care for people at home and in the community.

Institutional and individual leadership by health personnel should emphasize Health-for-All values.

93. Educational institutions for health personnel should constantly review their curricula in the light of new knowledge, with a view to meeting the needs of people. A greater responsiveness to society's needs would be achieved through expanding community-oriented medical and health education and research. Institutional and individual leadership by health personnel should emphasize Health-for-All values. For health care providers, this requires explicit attention to respect for individuals' rights to confidentiality, dignity and self-respect; appreciation of individuals' diverse spiritual and cultural values and needs; and an understanding of the need for equitable, affordable, and sustainable health care. Professional codes of conduct should be consistent with HFA values.

Health workers' clinical, public health and management knowledge and skills need to be constantly upgraded.

94. Human resource planning should recognize the need to complement medical and nursing personnel with a cadre of people capable of working in a multidisciplinary and collaborative fashion. Technical cooperation and international training and education should seek to fill gaps in the supply of public health professionals. The boundaries of existing developmental, environmental, social, public health and medical disciplines need to be extended and community-development skills strengthened. The combination of new technologies and different demographic and epidemiological challenges requires that health workers' clinical, public health and management knowledge and skills be constantly upgraded. To serve the need of the public for better information about all aspects of health, greater attention should be given to training in communications and health promotion skills. Telecommunications linkages offer new opportunities for distance-learning and diagnostic support in many settings. These links

will break down the barriers of distance and promote accelerated development of human resources in poor countries and communities.

95.   The health sector should develop national policies that contribute to self-sufficiency in human resource development and deployment of the health workforce. Such policies should: address the long-term needs for a health workforce; develop institutional and individual leadership; strengthen managerial capacity; and improve the management, infrastructure and institutional environment. In addition, global and regional policies must address broader human resource issues, such as the transnational movement of health professionals, the provision of training, and the need for international harmonization of education and service standards.

The health sector should develop national policies that contribute to self-sufficiency in human resource development and deployment of the health workforce.

Securing adequate and sustainable financing

96.   Government action and regulations are needed to secure an adequate level of financing (through public or private sources), to promote cost containment and fiscal discipline, to provide lists of essential drugs and technology, and to ensure that national resources are used equitably to meet health needs. Close collaboration between health, finance, planning and other departments in government is required to achieve these objectives. When the government has the major mandate for, or is the main funder of, health systems, there is more likely to be equity of access, cost containment, and a strong emphasis on preventive and promotive services.

Government action and regulations are needed to ensure that national resources are used equitably to meet health needs.

97.   Approaches required to secure adequate levels of financing for sustainable health systems vary between countries. In many of the poorest countries, additional financing from community sources and international donors is required to support essential health system functions, particularly those that benefit the poor. In middle-income countries, ensuring that a large share of financing derives from a pre-paid source of revenue improves the chances of achieving equitable and efficient health services. In high-income countries, increased health care costs may not yield health gains. In all countries, containment measures should be considered in order to maximize cost-effectiveness. All countries are encouraged to improve their analytical capabilities to allow a more equitable and efficient use of financial resources.

All countries are encouraged to improve their analytical capabilities to allow a more equitable and efficient use of financial resources.

98.   In an equitable health care system, there would be universal access to an adequate level of care throughout the life span. Over time, the State would be able to expand and improve the level of care it makes available to all. The costs of ensuring access to essential health care, as well as the effects of rationing, will be distributed fairly across the population, according to need. However, shifting health care costs from the public sector to individuals and families should be done with caution. Solidarity-based financial mechanisms and insurance systems can be used to advance equity by ensuring that the sick and the poor are supported by the healthy and employed members of society. These approaches should be designed to secure investment in health and social services for future generations.

The costs of ensuring access to essential health care, as well as the effects of rationing, will be distributed fairly across the population.

Chapter 8. Keys to successful implementation of Health for All in the 21st century

Chapter 8 describes the progress from policy to action, a deliberative and consensus-building process through which the ideals of policy will be translated into concrete achievements by countries. The process starts with an assessment and identification of core values, goals and targets, followed by the development of policy options, decisions and actions, and finally, by evaluation. Keys to successful implementation are good governance, a mechanism for setting priorities, strong partnerships and evaluation.

Strengthening capacity for policy-making

Progress from policy to action requires dynamic leadership.

99. Progress from policy to action requires dynamic leadership, public participation and support, a clear sense of purpose and resources. Translation of the HFA policies into action must be considered in the context of the overall economic and social situation of a country or locality; the decisions needed are not easy, given the multiple pressures and uncertainties of a complex policy environment. Each country will select the best mix of policies to achieve Health for All. The mix will vary according to national needs, capacities and priorities.

Governments need to have a strong policy-making capacity to address the major challenges confronting them.

100. Governments need to have a strong policy-making capacity to address the major challenges confronting them. They will have to overcome several obstacles to the implementation of their policies. In many countries, health personnel are able to conceptualize policy, but cannot translate it into action. Governments need to develop strategic management expertise, minimize outmoded bureaucratic procedures and rules, and establish a regulatory framework that provides a sound basis for reform. Above all, they must develop a supportive organizational culture that encourages health workers to innovate and move steadily towards clearly defined policy goals and targets. More attention must be given to policy analysis, particularly as it relates to intersectoral action, to ensure that the policies of different sectors are aligned for health. Decisions should be assessed for their short-, medium-, and long-term implications, with the ultimate goal of achieving sustainable outcomes. Public support for policies that will yield long-term benefit is strengthened when health improves perceptibly in the short term.

Ethical considerations must guide the use of scientific evidence.

101. For policy to be based on scientific evidence, a solid research base in health and epidemiology is needed, together with related information on public preferences as well as on the availability of resources. This requires the strengthening of the scientific and technological infrastructure (particularly in developing countries), the promotion of health policy and systems research, and methodological innovation in measurement, analytical techniques and resource allocation models. Ethical considerations must guide the use of scientific evidence.

Good governance

Governance is the system through which society organizes and manages the affairs of diverse sectors and partners in order to achieve its goals.

102. Health for All depends on the will and action of diverse sectors and partners at all levels. Governance is the system through which society organizes and manages the affairs of these sectors and partners in order to achieve its goals. Only with the collaboration of the many interests and sectors that have an impact on health can the HFA vision be realized. The participation of civil society, particularly nongovernmental

organizations, increases the likelihood that all those responsible for health will assume ownership and accept accountability for their actions.

103. Hallmarks of good governance for health - at all levels - are transparency, accountability, and incentives that promote participation. Good governance will result in the promotion and maintenance of peace and stability between and within countries - conditions that are essential for health. With good governance, criteria used for decision-making, from priority-setting to allocation of resources, are made public and the results of monitoring and evaluation of implementation are widely distributed. Within such a system, each contributor's role and responsibilities need to be acknowledged.

104. National governments have an obligation to ensure that health is explicitly considered in the development of public policy (see Box 10). Decentralized decision-making for health, within a broad development framework in which partnerships in the provision of services are encouraged, will help to ensure that local needs are considered. Local participatory planning, full use of local capacity and resources, and more effective collaboration in bringing environmental, social and economic services closer to people will strengthen community ownership of those services and increase their utilization. Good local governance of health systems, supported by national, regional, and global action, will promote healthy living and working conditions, as well as access to health care throughout the life span. To succeed, those involved in local governance must be trained in managerial skills.

Local participatory planning will strengthen community ownership of services.

105. International and foreign policy must be broader-based, with greater emphasis on international health security and its contribution to sustainable peace. Foreign policies should include public health approaches to disease prevention and health promotion. Policy should acknowledge and address threats to human security, including the health consequences of the denial of human rights; transnational threats of disease; trade in products harmful to health; environmental degradation; health and economic disparities between and within countries; migration; and population growth. Countries must collaborate to develop strategies that ensure sustainable human security.

Foreign policies should include public health approaches to disease prevention and health promotion.

106. Regional economic, political and development alliances, as well as new bilateral and multilateral bodies, should be formed with a view to creating new opportunities for regional governance for health. Cooperation between countries at similar levels of economic development will allow a common approach. It will be important to ensure that policies and actions are targeted at the level at which they can be of greatest benefit to health.

Setting priorities for action

107. There are a wide range of strategies available to improve health, but resources are limited. This means that governments must set boundaries for action and select priorities within those boundaries. The process of setting priorities will differ according to whether the choices relate to national, local or individual levels. Five possible levels of financial decision-making are:

As resources are limited, governments need to set boundaries for action, and select priorities within those boundaries.

- macro-level of funding for health systems and services;
- distribution of the budget between different geographical areas and services;
- allocation of resources to particular forms of treatment;
- choices concerning which patients should receive treatment;
- decisions on how much to spend on individual patients.

Box 10

ROLE OF GOVERNMENTS IN IMPLEMENTING HFA

Demonstrate commitment to underlying values:

* develop policies that support HFA;
* advocate Health for All;
* implement international conventions and resolutions related to the right to health;
* strengthen national capacity to ensure ethical standards in health and health care;
* incorporate equity and gender considerations into health and development policies;
* promote good governance for health;
* facilitate the development of partnerships for health.

Make health central to human development:

* ensure that economic policies promote health;
* invest in health and education systems and services;
* combat poverty through multisectoral and targeted programmes;
* align government policies in all sectors related to health;
* require environmental- and health-impact assessments for development projects.

Build sustainable health systems:

* implement an effective legal and regulatory framework for HFA;
* ensure equal access to essential quality care across the life span;
* implement national and local surveillance and monitoring systems;
* ensure that major endemic diseases are controlled;
* exert efforts to eradicate or eliminate selected diseases;
* invest in capacity-building for health-related science and technology;
* ensure that institutional and human capacity for health care is developed and maintained;
* secure adequate and sustainable financing for health systems.

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108. Technical considerations, particularly the health situation and the needs of populations, must be taken into account in setting priorities. Priorities for action in a given population will be determined by the relative importance of the different health problems, in terms of: epidemiological measures of the burden of disease or suffering, the effectiveness (and cost-effectiveness) of interventions to improve health and reduce inequity, the likely trends in the absence of action, the capacity of the health sector to act or promote intersectoral action and public support. In addition specific sectoral contributions as well as financial feasibility and institutional capacity, will need to be considered.

Priorities should be set using an open, consultative approach involving the public and key partners for health.

109. Priorities should be set using an open, consultative approach involving the public and key partners for health. An appreciation of the values that should underpin decisions will need to be fostered. Regular dialogue and the exchange of views between the groups will lead to the development of a shared understanding of the major problems and options for action. The views of marginalized groups, patients and

the disabled are essential if equitable and sustainable policies are to be developed. Priorities should be reviewed regularly. The role of governments is important in facilitating this process. A well-defined policy and solid analytical capabilities are required to ensure that national needs take precedence when negotiating with international donors.

Partnerships for health

110. The growing pluralism affecting the governance of the health sector is evident. Partnerships are needed between the multiple levels and sectors concerned with health, and will be a primary component of HFA implementation. Productive partnerships will enable different ideologies, cultures and talents to come together in a way that creates energy and stimulates the imagination in working towards improved health. Working in partnership involves defining roles, demonstrating accountability, critically assessing the impact of joint actions, and above all, developing trust.

Productive partnerships will enable different ideologies, cultures and talents to come together in a way that creates energy and stimulates imagination.

111. Community partnerships and the development of skills, with the aim of increasing both the options available to individuals and countries, and the control they exercise over those options, constitute the essence of HFA. Partnerships between people and institutions at all levels allow for the sharing of the experience, expertise and resources necessary for the attainment of Health for All. The need for community participation was stressed at Alma-Ata. People's direct and indirect participation in the promotion and maintenance of their health, and that of their families and communities, lies at the core of people-centred approaches to development. Such approaches require the implementation of sustainable development programmes, based on self-reliance, that are managed and owned by the community. Increased commitment by all is urgently needed to ensure full implementation.

People's direct and indirect participation lies at the core of people-centred approaches to development.

112. Governments should aim to create an environment that stimulates and facilitates partnerships for health. Both formal partnerships and community-based informal networks at different levels are needed. WHO and governments should consider developing guidelines with the private sector, aimed at ensuring that new partnerships are mutually beneficial and always benefit health. Partnerships can draw upon the energy and vitality of civil society, particularly nongovernmental organizations, to develop environments that support health. Informal networks are important, but are often absent in areas undergoing rapid urbanization or migration, in refugee communities and in post-conflict situations. Establishment (or re-establishment) of cultural, sports, religious and women's groups through a system of local governance can enhance social cohesion and a social environment conducive to health.

Both formal partnerships and community-based informal networks at different levels are needed.

Global action in support of national health

113. Regional, national, and local action in isolation cannot ensure that the highest level of health can be universally attained, or that inequities in health are reduced. Global action and cooperation between countries are also necessary. This action should aim at securing the benefits of globalization for the health of all on an equitable basis and at preventing or minimizing threats. For this to be successful, the full mobilization and support of international and intergovernmental organizations involved in health and development for HFA will be decisive. Priorities for global action will be directed towards addressing:

Global action should aim at securing the benefits of globalization for the health of all on an equitable basis.

- the global burden of preventable disease;

- the increasing disease burden, particularly in the poorest countries and communities;

- global diseases and health problems that transcend national borders, and for which there are known health-sector or intersectoral solutions that require transnational approaches;

- situations where the performance of public health functions is hampered by natural or man-made disasters (including conflict) or where the institutional and human capacity for action remains weak.

Global public health action must be universally relevant.

114.   Global public health action must be universally relevant, constituting a global public health good, where the benefit to an individual country may be low, but the overall benefit is high. Such global public health action includes active surveillance, support for research on poverty and health, and development of global ethical and scientific norms and standards. It includes the prevention, control, eradication or elimination of selected diseases and their risk factors. In addition, liberalization of trade calls for greater compatibility in policy objectives to be developed between international and intergovernmental agencies and multinationals involved in trade and health.

Evaluation and monitoring

Evaluation is a critical management tool and the basis for shaping new policies and programmes.

115.   Evaluation is a critical management tool to assess the value of a programme, based on measurement of programme performance against objectives. As the basis for shaping new policies and programmes, evaluation must be tied to policy analysis and recommendations. Evaluation should play a key role in strengthening the policy process, and should serve as the ultimate test of the success of policies. Policies will be revised every 10 years, based on the evaluation of global progress towards achieving HFA. The process of evaluation should be integrated with goal-setting and the development of targets and indicators.

116.   National and local targets based on HFA policy should reflect country situations and priorities. Evaluation and monitoring systems will determine whether objectives are being met and which ones require extra attention. They will also assess their level of impact and contribute to the development of new approaches, using existing resources, that will be of greatest benefit. The aim will be to provide the information needed to assess policy impact at all levels. Explicit attention will be given to evaluating the extent to which HFA values have been incorporated into strategies at all levels.

ANNEX A

Explanatory remarks about global health targets

Global health targets

1. Health equity: childhood stunting
2. Survival: MMR, CMR, life expectancy
3. Eradicate and eliminate certain diseases
4. Reverse global trends of five major pandemics
5. Improve access to water, sanitation, food and shelter
6. Measures to promote health
7. Develop, implement and monitor national HFA policies
8. Improve access to comprehensive essential health care
9. Implement global and national surveillance systems
10. Strengthen health information systems
11. Support research for health

General remarks

* Health information systems should report on all relevant subgroups of the population, disaggregating data according to socioeconomic class, sex, race/ethnicity, geographical location and health status.

* Indicators should be used to measure progress towards the achievement of the targets.

Specific remarks

Target 1: Health equity: childhood stunting

* Linear growth retardation has been recommended by the WHO Expert Committee on Physical Status: the Use and Interpretation of Anthropometry[1] as an ideal indicator for determining priorities for allocation of resources to improve equity in health care.

* The best indicator for monitoring child growth is height-for-age, because it measures cumulative deficient growth associated with long-term factors, including chronic insufficient daily food intake, frequent infection, poor feeding practices, and possibly, the low socioeconomic status of households.

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[1] WHO Technical Report Series, No 854, 1995.

*   On the basis of current trends and levels (38% in developing countries and 34% in the world), the global target of 20% of under-five-year-olds is achievable. However, in consideration of the different contexts at the regional, national and local levels, countries are encouraged to set their own targets.

*   Special studies will be required to obtain additional information on progress in reducing inequities.

*   It is recommended that a clear distinction be made between formulating an equity target with a given indicator and a generic target. The following example illustrates what is meant by a generic and an equity target for child mortality rate:

    *   a generic target; by the year ...., reduce child mortality rate to x% (refers to overall, aggregate);

    *   equity target; by the year ...., reduce child mortality to x% overall and reduce the disparities in child mortality between the highest and the lowest income quintiles by z%.

Target 2: Survival: MMR, CMR, life expectancy

*   Current trends for MMR, CMR and life expectancy suggest that the targets set are achievable in a global context. However, regions and countries are encouraged to set their own targets.

*   Infant, neonatal and adult mortality rates may be considered optional indicators. The infant mortality rate (IMR) is widely monitored and provides additional information on survival in early childhood.

*   The maternal mortality rate is a particularly sensitive indicator of the performance of health systems. A reduction in maternal deaths depends upon functioning links between primary health care services and referral centres, as well as the availability of midwifery skills throughout the health system.

Target 3: Eradicate and eliminate certain diseases

*   It is expected that by the year 2000, poliomyelitis and dracunculiasis will have been eradicated. Post-eradication surveillance and further measures of certification will continue after the year 2000. Specific targets for a number of diseases are given in paragraph 37 of this document. In addition, it is expected that vitamin A and iodine deficiencies will have been eliminated before 2020.

Target 4: Reverse global trends of five major pandemics

*   This target highlights the importance of addressing five pandemics, which are cumulatively responsible for over 20% of all deaths. Effective control programmes based on current knowledge, often requiring intersectoral action, can reverse the rising trends and significantly reduce the impact on health.

*   The impact will be quantified in terms of both premature death and disability.

*   Although these diseases have a global impact, regions and countries may want to give particular attention to certain aspects and are encouraged to set targets for these.

*   Specific indicators will be set at all levels of action. These may include:

    *   tuberculosis: disease-specific mortality, morbidity, notification rate, cure rate, countries implementing DOTS;

- HIV/AIDS: disease-specific mortality, morbidity;

- malaria: disease-specific mortality, morbidity;

- tobacco-related diseases: mortality, morbidity, the percentage of smokers in certain age categories;

- violence/trauma: mortality, morbidity, disability.

Target 5: Improve access to water, sanitation, food and shelter

*   Specific indicators will be set, such as:

- proportion of households/people with regular access to sufficient and safe drinking-water;

- proportion of households/people with adequate sanitation facilities;

- proportion of households/people living in shelter that is structurally safe and sited on safe land;

- proportion of households/people with access to sufficient and safe food.

Target 6: Measures to promote health

*   This target builds on the Ottawa and Jakarta Charters concerning healthy public policy, supportive environments, community action, personal skills and health services. It reflects the importance of acting on the underlying personal, social and economic determinants of health and disease.

*   Indicators will be used that relate to health-enhancing lifestyles (for example physical activity, nutrition, personal relationships) and health-damaging ones, such as substance use, violence and unsafe sex. Monitoring will be focused on changes in:

(1)   health behaviour (e.g. smoking prevalence in different social groups);

(2)   health determinants (e.g. healthy food supply, social isolation);

(3)   regulatory, fiscal, economic and environmental policy (e.g. regarding alcohol restriction);

(4)   capacity-building programmes (e.g. health promotion, infrastructure, information, leadership development);

(5)   participation (e.g. individuals, communities, schools, workplaces, media and other sectors).

*   In addition, selected "tracer" studies will be used for monitoring and evaluating this target, with a special focus on equity and access issues.

Target 7: Develop, implement and monitor national HFA policies

*   The national HFA policies will incorporate the values of HFA: the enjoyment of the highest attainable standard of health as a fundamental human right, equity and solidarity, ethics and gender sensitivity.

*   The policies should be reflected in the allocation of resources and implemented through a coherent institutional and legal framework.

*   Indicators should be applied to measure:

    •   the existence of a policy;

    •   resource allocation;

    •   technical cooperation;

    •   sustainability of policy/resource allocation.

Target 8: Improve access to comprehensive essential health care

*   Comprehensive essential care should comprise, as a minimum, the elements defined in PHC; in addition, emerging needs and new opportunities for sustainable health care should be considered.

*   This target acknowledges the notion of a life-span approach. Factors early in life, or even before birth, can have a lasting impact on the health of people. Hence, there is a need to focus on interventions that can improve health over the life span.

Target 9: Implement global and national surveillance systems

*   A strong national health information system (see also target 10) is the basis for a surveillance system and for decision-making.

*   This target emphasizes the importance of an adequate response to threats, such as outbreak control.

*   Communication technologies have considerable potential for strengthening information and surveillance systems.

Target 10: Strengthen health information systems

*   Health information systems should generate data in areas such as drug availability, food safety, quality assessment, auditing, financial administration and technology assessment.

*   Indicators for assessing progress will be developed for this target.

Target 11: Support research for health

*   All countries need to define their research priorities, ensure that research is funded and managed, that ethical principles are applied, and that capacity development is supported. Specific indicators will be developed relevant to these issues.

*   A global indicator will be developed to monitor trends in expenditure on health research between countries and areas of concentration.

ANNEX B

Selected targets related to development and poverty endorsed at world conferences in the 1990s

1. Economic well-being: The proportion of people living in absolute poverty in developing countries should be reduced by at least one-half by 2015.

2. Social development: There should be substantial progress in primary education, gender equality, basic health care and family planning, as follows:

    (a) There should be universal primary education in all countries by 2015.

    (b) Progress toward gender equality and the empowerment of women should be demonstrated by the elimination of gender disparity in primary and secondary education by 2005.

    (c) The death rate for infants and children under the age of five years should be reduced in each developing country by two-thirds the 1990 level by 2015. The rate of maternal mortality should be reduced by three-fourths during this same period.

    (d) All individuals of appropriate ages should have access through the primary health care system to reproductive health services (including safe and reliable family planning methods), as soon as possible and no later than the year 2015.

3. Environmental sustainability and regeneration: There should be a national strategy for sustainable development being implemented in every country by 2005. This is necessary to ensure that current trends in environmental degradation and the loss of natural resources - forests, fisheries, fresh water, climate, soils, biodiversity, stratospheric ozone, the accumulation of hazardous substances and other major indicators - are reversed, at both global and national levels, by 2015.

ANNEX C

Selected further reading

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