Health for all in the 21st century

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Introduction
In May 1995 the World Health Assembly, through resolution WHA 48.16, requested the Director-General to take the necessary steps to develop a new holistic global health policy. In doing so, it was recognized that the world had profoundly changed and that new opportunities for health should be considered while emerging threats should be prevented. This issue of *World Health Statistics Quarterly* summarizes the output of a number of working groups specifically initiated to complement the global consultative process and provide as firm an evidence base as possible, given the current state of knowledge, for suggested lines of action required for the attainment of improved health in the 21st century. Thus, the Health-for-All Policy for the 21st century should be read in conjunction with this volume.

Implementing a global consultative process
Over the past 20 years since the first HFA strategy and targets were established, WHO staff at country, regional and global levels have played a crucial role in supporting Member States to carry out wide ranging reviews of their successes and failures in achieving Health for all (HFA) goals and targets. In many countries and in all regions special meetings were held to explore in depth these issues. Some of these milestones are summarized in Box 1. In addition, a number of global consultative meetings were held to advance thinking and draw upon the widest possible expertise. These meetings are summarized in Box 2. It should be noted that these meetings drew upon a wide range of partners for health. Academic inputs that supported the consultative processes outside of the direct ambit of WHO were also considered in developing the policy. These include, for example, a series of meetings coordinated by the Rockefeller Foundation on the future of global health, work on extra-budgetary funding of WHO programmes and the role of WHO country offices supported by a number of major donors, and critical reviews of progress in global health commissioned by the *British Medical Journal*.

Within the secretariat, working groups were appointed to focus on the following broad issues: health status and determinants, essential public health functions, health systems, human resources for health, intersectoral action, technologies for health, partnerships, policy and values and targets.

Vision and values
The foundational role of certain values is emphasized in the new policy. Their translation into operational terms is crucial if sustainable improvements in quality of life are to be achieved for all. The values are: recognition that the enjoyment of the highest attainable standard of health is a fundamental human right ("the right to health"); 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. These values are interlinked and should be incorporated into all aspects of health policy and strategy. The danger of focussing on technical solutions without considering their implications for equity, gender, human rights and ethics was highlighted throughout the consultation process.

The new policy highlights the need to apply national and international instruments that will advance the "right to health". This is further elaborated by Herrell (9) and L’hirondel (10). The policy indicates how the quest for equity in health requires disaggregated data and an appreciation that improved access to health services will not yield the largest gains to equity in health. In addition, explicit attention is given in the policy to the increasing importance of ethics for a widening range of fundamental issues in medicine and public health that extend from the beginning of life to death.
Priorities for action

In the policy, health is seen as an outcome and a goal of sustainable human development. Further, the importance of acting on the determinants of health and disease to improve overall levels of health and reduce inequities, is translated into a need for intersectoral action for health at all levels of society. An international conference on intersectoral action for health (Halifax, 1997), supported by a working group on this subject has provided guidance in this respect (11).

Two major policy objectives are required for all countries to achieve HFA: making health central to human development and building sustainable health systems. Under the first objective, the following four lines of action are highlighted: integrated approaches to combat poverty (including specific responsibilities and actions of health professionals and health services), aligning the policies of several key sectors (education, agriculture, trade, housing, energy, water and sanitation, environment, justice, for example) for health; putting health first, promoting health in the various settings where people live, work, play and learn, and including health in sustainable development plans. The combined action proposed under this objective gives primacy to health promotion and disease prevention.
Box 3
Global health targets

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

Note: For further details see Ref. 18.

The second policy objective acknowledges the need of all people for access to quality comprehensive health care over their lifespan. Future health systems must be closer to the needs of people and integrate the provision of health, environmental and social services. They will build on and adapt primary health care to explicitly address reproductive health needs and provide essential technologies for health. Essential public health functions will underpin and strengthen the provision of specific services. In all countries these include at least the following: disease prevention and control, health protection, legislation and regulations to support services and actions for health, health information systems and surveillance, use of science and technology, securing adequate and sustainable funding, and development (in technical and attitudinal terms) and maintenance of the health workforce. Creese et al. provide further background on health systems in general (12); Adams & Hirschfeld emphasize the need for a strong focus on human resources for health (13); Wasunna & Wyper (14) describe the content and rationale for a technology for health policy. Bettcher et al. (15) outline the approach taken to define what constitutes essential public health functions.

The selection of disease-specific and intervention-specific priorities for action should take account of technical considerations such as epidemiological measures of the burden of disease now and in future, effectiveness of interventions to improve health, and capacity (including human, institutional and financial aspects) to implement policies. Many of these issues are considered by Lerer et al. (16). As importantly, public preferences and support obtained in an open and consultative approach are essential for successful implementation of policies. The views of marginalized groups and patients are crucial if equitable and sustainable policies are to be developed.

No single list of priorities will satisfy all countries. However, the enormous backlog of needs related to material deprivation and survival demand that the needs of the poor and poverty-related health issues receive the highest priority. This is essential if equity is to be achieved.

The policy recognizes the increased interdependence of all countries and raises the need to build on certain positive aspects of globalization of trade, technology and values for health; it also calls for urgent attention to be given to several emerging negative aspects of globalization (17, 18). These have already resulted in: the marginalization of several already poor countries; wider markets for products harmful to health (such as tobacco, weapons, illicit drugs); the spread of infectious diseases through increased travel; and the implementation of trade agreements that may limit access of the poorest countries to essential drugs and technologies for health. Thus, the need for national priorities and actions concurs with the imperative for global action to complement and support country actions.

Global targets
Throughout the consultative process it was emphasized that the vision of health for all remains valid. WHO defines health, as amended from the Constitution by the Executive Board in January 1998, as "a dynamic state of complete physical, mental, social and spiritual wellbeing and not merely the absence of disease". The policy identifies 10 global targets, properly understood as target groups, that encompass the core aspects of the new policy (see Box 3). Their full attainment would mean that the world would have moved closer to HFA. Given the breadth of this definition, the need for operational goals and targets becomes crucial. The importance of targets that are achievable, science-based and adequately resourced is highlighted and described by Visschedijk & Simeant (19).

Partnerships for action
Kickbusch and Quick (20) stress that because health is everyone's business, actions require part-
nnerships between a wide array of groups and individuals at local, national, regional and global levels. When partners from governmental and non-governmental organizations, private business, academia and science, and the donor community work together, the opportunities for achieving HFA will be realized.

WHO and government actions 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. In doing so, they recognize that investments in health will contribute to improvements in health outcomes and will enhance achievement of sustainable human development goals. As the world’s health advocate, WHO will provide global leadership for the attainment of Health for all. WHO will promote international collective action for health and facilitate technical cooperation among countries.

We hope that this issue will provide supportive information on the inclusion of key components of the policy. The next steps begin now and involve the mobilization of all who contributed to the policy to support the implementation phase so that the intent of the policy can have a perceptible impact on the quality of life of all.

References - Références