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REVISITING HEALTH FOR ALL

HEALTH FOR ALL FOR THE TWENTY-FIRST CENTURY— DRAFT HEALTH FOR ALL POLICY DOCUMENT

CONTENTS

1. INTRODUCTION

Since the International Conference on Primary Health Care, held at Alma-Ata in 1978, the call for health for all (HFA) by the year 2000 through primary health care has provided a motivational and unifying force in international health development and contributed to increased life expectancy, declining infant mortality and improved access to basic health services around the world.

The final decade of the twentieth century is characterized by the consequences of the dramatic political and economic changes which followed the end of the Cold War. These will continue to have repercussions well into the twenty-first century. While the long-term benefits of these shifts are undeniable, it is evident that the intermediate outcome remains uncertain in many countries, and the process of transition may be long, harsh and costly.

In response to these changes, the World Health Assembly passed a resolution in May 1995 (WHA48.16) on the WHO response to global change: Renewing the health-for-all strategy. This resolution stressed the importance of a broad national and international consultation among those dedicated to health and social development in order to create a renewed commitment to health under WHO leadership.

The resolution requested the Director-General among other things, to:

a) 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; and

b) elaborate the new global health policy, based on the outcome of the consultation process, to serve as objective and guidance for the updating of global, regional and national health-for-all strategies and for the development of mechanisms to enable all concerned to fulfil their role, taking into account that essential aspects of primary health care have not yet been achieved by a number of countries, especially the least developed countries.

2. GLOBAL DOCUMENT ON HEALTH FOR ALL IN THE 21st CENTURY

In response to this resolution, WHO headquarters conducted a worldwide consultation process for the development of a global policy on health for all for the 21st century. The Regional Director for the Eastern Mediterranean Region established a regional task force to coordinate the regional input to this global consultation. Several draft documents were prepared by headquarters and were sent to the Regional Offices for comments and input. The regional task force on health for all studied these drafts and submitted comments and input. These drafts were also discussed by the Executive Board and the Global Policy Council. The Global Policy Council at its sixteenth meeting held in Geneva on 7 and 8 July 1997 made comprehensive comments on the last draft document based on comments made by various regions.

The main comments of the Global Policy Council included the following:

a) A retrospective analytical section should be included, possibly presented in two parts: achievements up to the end of the Cold War in 1993 and the period since which has brought climatological and lifestyle changes, marginalization of the poor and localized conflict. It is important to present a positive theme of health, rather than illness or death, and the boxes could be used to highlight this.

b) The following themes should be further developed: the link between primary health care, health for all by the year 2000 and health for all for the twenty-first century; the lessons learned from primary health care and the relationship of the health-for-all monitoring and evaluation exercises to the new policy; the health care structure and staffing needs for the twenty-first century; and how intersectoral action for health will be achieved. Mention should be made of WHO's policy with regard to poverty, child health and child-labour.

c) Targets should be linked to the values and directions.

d) A new chapter should be developed to provide details on WHO's future leadership role as an independent voice with global vision and the ability to challenge other players on the health scene.

e) In the broader context of WHO's role and functions, WHO should try to make input to the health policies of other actors in the health field, such as the World Bank.

The new draft (see Annex) has taken some of these points into consideration. It has also been decided that a meeting will be organized in WHO headquarters following the Regional Committee meetings to prepare a further revised draft that will take into consideration the Regional Committees' recommendations.

3. COMMENTS BY MEMBER STATES

The consultation process between the Regional Task Force and countries of the Region elicited important comments from countries on an early draft of the document and these were submitted to WHO headquarters

a) The role of WHO in general and the Regional Offices in particular in promoting intercountry collaboration and exchange of experience and appropriate technology transfer should be emphasized. The importance of developing and strengthening the role of WHO collaborating centres should also be addressed.

b) The development of a more active approach for collaboration with regional organizations to promote closer intercountry collaboration and TCDC (technical cooperation among developing countries) should be addressed.

c) More emphasis should be placed on health care financing and the role of the public and private sectors, community participation, quality assurance of health services and strengthening of management information systems.

d) Regional and national changes in health data and indicators, in particular those related to the health of vulnerable groups, should be taken into consideration.

e) The scope of the eight elements of primary health care should be extended to cover reproductive health, appropriate technology including biotechnology, the greater emphasis on health education, the role of nongovernmental organizations and partnership with the private sector.

f) The importance of social and cultural dimensions in developing health strategies should be emphasized.

g) The importance of monitoring and evaluation mechanisms should be emphasized.

h) Human resources development, in particular using the problem-solving training approach, should be emphasized.

i) Use of the impressive progress in communications technology to support the development of the health sector should be addressed.

j) Strengthening of national capabilities in strategic planning, internal auditing and health sector reform management should be addressed.

k) The need to assign a greater role to the community in planning, implementation, monitoring and evaluation, and cost-sharing should be emphasized.

l) Greater attention should be given to occupational health and protection of the environment.

4. COMMENTS BY WHO REPRESENTATIVES

Comments were also received from some WHO Representatives.

a) It is important to emphasize the future role of WHO to cover:

- information provision, evaluation and distribution;
- establishment and identification of centres of excellence at all levels;
- promotion of the decentralized WHO operational activities with more involvement of national institutes to execute national and regional WHO-supported activities;
- identification of innovative approaches in the Region as well as in other regions and carrying out of comprehensive case studies with the main objective of establishing the best mechanism for wider use of appropriate initiatives at national and regional levels.

b) The document should highlight the importance at regional and national levels of studies and investments in the following areas:

- health economics
- health care financing
- analysis of efficiency and effectiveness
- systems for forecasting using available new technology
- role of the private sector vis-à-vis the public sector.

c) Under the section on human resources for health the importance of further developing the concept of community-oriented medical education so that it addresses future challenges and thus covers a wider range of skills to be acquired by medical graduates should be included.

d) Future regional strategy and, if possible, global strategy should include a basic component for scouting for intellect and innovation. These national and regional innovations should then be evaluated, and when appropriate, promoted.

e) The document should also address means of forecasting the role of WHO within a more unified United Nations system.

5. RENEWAL OF HEALTH POLICIES IN THE EASTERN MEDITERRANEAN REGION

5.1 Health sector reform

Almost all Member States in the Eastern Mediterranean Region are re-examining their health systems and are in the process of health sector reform. This reform is driven by various factors, principally:

- increased cost of health services;
- comprehensive socioeconomic reform mainly directed at privatization and an open market economy;
- national efforts for regular socioeconomic development within the changing global and regional environment; and
- post-disaster reform.

The main problems facing the process of formulating and implementing national health policies and plans appropriate to this reform may be summarized in the following points:

1. The overall relative weakness of the national health system in undertaking its functions of policy formulation and coordination control. This is in part due to the weak managerial capacities at both the central and peripheral levels.
2. Poor organization and management of health services at all levels. The referral system is extremely weak. There is a general tendency to bypass the locally available health facilities. This is happening because of the lack of credibility of the public health care system. The problem is further aggravated by the poor contribution of the hospitals to primary health care.
3. Inadequate intersectoral cooperation, both vertically and horizontally. Primary health care is considered a responsibility of the health sector alone. Other related sectors which have an impact on the health status are not being considered.
4. Poor authority and inadequate delegation, including that of financial power, to district health managers and lack of accountability for poor performance.
5. Limited allocation of funds and unequal distribution of resources to preventive and promotive programmes.
6. Relatively low salaries and working conditions of public employees which makes the public sector unable to compete with the private sector in attracting good quality staff.
7. Weakness of the health information system at both the central and peripheral levels.

8. Orientation of health human resources planning towards the production of high quality medical graduates, resulting in inadequate numbers of paramedical persons, particularly to serve in rural areas.
9. Inadequate community involvement. The acquired attitude of considering the State as responsible for providing the totality of health services is the main obstacle to active community involvement.
10. The problem of the environment which is multifaceted and is aggravated by the conditions which prevailed during years of war in many countries, the complete absence of official control and the attitudes and behaviours of an uninformed population.
11. Unhealthy behaviour, such as smoking and unhealthy food consumption, which is widely practised by the population. These inherent lifestyles are socially encouraged. Few educational and control measures are carried out in this regard.
12. The increasing and uncontrolled acquisition for profit of sophisticated medical technology by the private sector which has generated an unjustified over-consumption of these expensive interventions and contributed to the escalating cost of health care services.

5.2 Regional initiatives

The Eastern Mediterranean Region has promoted several operational initiatives relevant to health policy in order to strengthen the implementation of health for all within the regional characteristics. Reports of experience with these initiatives would be very valuable in the preparation of the regional policy paper and regional input to the global policy document.

5.2.1 *Spiritual dimension of health for all*

The Eastern Mediterranean Region was very instrumental in the formulation and adoption of Health Assembly resolution WHA37.13 which recognized that the spiritual dimension plays a great role in motivating people's achievements in all aspects of life; and invited Member States to consider including in their strategies for health for all a spiritual dimension as defined in this resolution in accordance with their social and cultural patterns.

5.2.2 *Basic development needs approach*

The basic development needs initiative has been promoted in several countries of the Region with the main objective of community partnership and empowerment in planning, implementation, monitoring and evaluation of community programmes. Priorities are decided, plans developed and activities implemented and managed by the community.

Originally called the basic minimum needs approach, the development aspect is now acknowledged and emphasized. Basic development needs is considered an appropriate operational approach to a range of technical programmes.

5.3 Policy directions

Based on the brief analysis above the following are suggested as the principal directions the regional policy should take.

1. *Health for all* is still a valid and timeless aspiration and goal.
2. *National health policy* should clearly define and be the national framework of the activities of all sectors (private and public) involved in health, and should set clear goals and guidelines for actions to be taken to achieve the goals.
3. *Health and development.* (a) National health policy should be an integral part of the national socioeconomic development policy, and (b) health impact on development should be emphasized.
4. *Regional initiatives should be institutionalized*, in particular those related to community development and management of the health system.
5. *Health information system.* Developing national capabilities to develop, update and analyse national as well as global data and information should be part of WHO strategy.
6. *National capacity building.* The concept of self-reliance at all levels, including financial, technical and human resources, should represent one of the objectives of the national health policy and of WHO collaboration. Emphasis should be placed on strengthening national capabilities in planning and management.
7. *Community partnership.* The community should be fully involved in setting priorities, and in planning, implementation and follow-up of community health programmes.
8. *Intersectoral collaboration.* Special emphasis should be placed on involving other sectors. Strong collaboration and involvement of universities, academic institutions and professional and scientific associations should also be emphasized.
9. *Public education and promotion of healthy lifestyles.* Public health education and promotion of healthy lifestyles should be emphasized as an integral part of almost all national health programmes.

5.4 Draft outline of the regional policy paper

During the discussions of the Regional Task Force, it was suggested that a regional policy paper be prepared highlighting regional characteristics within the overall global policy framework. The following is the suggested outline of this paper.

Introduction

- The need for a policy paper
- Renewal of health for all

Regional situation

- Socio-political context:
  persistence of conflict and civil strife
- Economic trends:
  perspectives for economic growth

market economy—globalization—regional developments
growing role of the private sector and privatization policies
- Demographic patterns:
population structure—population growth—urbanization—mega-cities
- Health status:
quality of life, morbidity, disability and mortality indicators

Main changes and challenges

- Demographic transition:
aging population—urbanization
- Epidemiological transition:
re-emerging old diseases—noncommunicable diseases
- Trends in health care financing:
cost sharing—health insurance—growing role of private spending in health
equity concerns
- Health systems development:
capacities in policy analysis and formulation
- Health systems management including priority setting
- Public/private sectors mix
- Management of health sector reforms
- Role of the public sector in health systems development
- Human resources development

Regional response

- Reference to global health-for-all strategies and to the regional priorities adopted at the Forty-third Session of the Regional Committee.

Health in human development
- Regional initiatives (basic development needs, healthy cities and communities, action-oriented school health curriculum, etc.)
- Women in health and development

Health systems development
- Leadership development programme
- Regional approach for human resources development
- Regional programme on health economics

Health promotion and protection
- Innovative approaches for school health and health education

Environment protection and development
- Healthy cities/communities programme

Disease prevention and control

Strategic orientations

For the five policy areas addressed under the regional response

The work of WHO/EMRO

- Technical cooperation with countries of the Eastern Mediterranean Region:
  new approaches for planning and programming of WHO collaborative programmes

- Partnership for health development:
  cooperation with geopolitical groupings (League of Arab States, Gulf Cooperation Council, etc.)—TCDC fostered by shared values and culture
  United Nations agencies
  Regional development banks
  World Bank

6. CONCLUSION

The regional task force will continue the process of coordinating inputs from Member States and Regional Office staff to the global document on health for all for the 21st century and the preparation of the regional policy paper. It is, therefore, important that Member States involve the Regional Office in and inform it of all ongoing policy changes at country level in response to health sector reform. The Regional Office will then ensure that countries' contributions to the global document are based on these responses. In the meantime, the draft regional policy paper will reflect the regional characteristics. It is also important that the regional policy paper be widely distributed for consultation within the Region and finally discussed in a regional consultation before approval by the Forty-fifth Session of the Regional Committee in 1998.