



WORLD HEALTH ORGANIZATION

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY
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Family and health in the context of the tenth anniversary of the International Year of the Family

Report by the Secretariat

BACKGROUND

1. The tenth anniversary of the International Year of the Family provides a useful opportunity to give fresh impetus to follow-up to the Year. In its resolution 54/124, the United Nations General Assembly reaffirmed the basic objective of follow-up to the Year, namely, to strengthen and support families in performing their societal and developmental functions.¹ The objectives of observing the tenth anniversary are:

- to increase awareness of family issues among governments and the private sector
- to strengthen the capacity of national institutions to formulate, implement and monitor policies in respect of families
- to stimulate efforts to respond to problems affecting, and affected by, the situation of families
- to undertake reviews and assessments of the situation and needs of families, identifying specific issues and problems
- to enhance the effectiveness of local, national and regional efforts to carry out specific programmes concerning families, and to generate new activities and strengthen existing ones
- to improve collaboration among national and international nongovernmental organizations in support of families.²

2. The importance of the tenth anniversary of the Year of the Family was also recognized by the Regional Committee for the Americas at its 55th session, which adopted resolution CD44.R12 on family and health.

¹ See also United Nations General Assembly resolutions 56/113 and 57/164.

² Document E/CN.5/2001/4.

3. The active participation of families and communities in promoting and protecting their own health has proved to be effective: families and communities that are thus empowered show an increased awareness and a higher demand for good quality health services. Cultural norms, socioeconomic conditions, and education are significant determinants of family health. Child abuse and neglect, sexual exploitation, spousal and other domestic violence, and neglect of the elderly occur sometimes within the family and are of public health significance. Addressing these problems will require the framing of appropriate policy and development of support networks, using an intersectoral approach combined with medical treatment.

4. Health institutions and professionals have adopted the individual as the focus for health service delivery; consequently, the needs of the family as a whole may not be addressed properly. Further, a growing number of people have less access to services as a result of increasing poverty and social inequality. These changes call for a re-evaluation of the traditional approaches guiding models of care and its content.

WHO AND FAMILY HEALTH

5. The foundations of health are laid before birth and during neonatal, early childhood, and adolescent periods. WHO has embraced a life-course approach through its strategic directions for improving the health and development of children and adolescents.¹ This approach recognizes that the quality of life at various stages of the life course is important not only for immediate well-being, but also for health and development later in life and, given the crucial links between maternal, neonatal, and child health, for the health of future generations.

6. Almost 50% of all infant deaths in developing countries occur in the first 28 days after birth. As most infants in these countries are born at home, improvements in facility-based services will address only part of the problem and must be complemented by interventions in the home and community. A few simple interventions, such as aiding birth with skilled attendants, keeping the neonate warm, initiating breastfeeding early and recognizing and treating common infections, will greatly increase chances of neonatal survival.

7. There is strong evidence that the way children are cared for at home and in their immediate environment makes a dramatic difference to their chances of survival. WHO, in collaboration with UNICEF, has identified a limited number of key family practices which are crucial to improving children's health. These include infant and young child feeding, home care for sick children, prevention of illness, careseeking when illness occurs, and the relationship between parent and child. WHO focuses on building the evidence for these practices, conducting research into approaches to promote them, and developing tools for planning and implementing relevant activities.

8. WHO is incorporating child development into the Integrated Management of Childhood Illness (IMCI). The interventions aim to improve the knowledge and skills of mothers and caregivers to communicate and play with children in order to stimulate growth and learning, and to strengthen active and responsive feeding.

¹ Document WHA56/2003/REC/1, Annex 3.

9. WHO works to promote factors that are common determinants that help to protect adolescents from a cluster of risk behaviours. Data from 52 countries show that, across cultures, adolescents fare better if relationships with parents, other adults, and peers are caring and meaningful; boundaries are set around their behaviour; the school environment is supportive; opportunities exist for participation and contribution; and self-expression is encouraged. When these factors are present, adolescents are less likely to engage in such risk behaviours as early initiation of sexual relations, substance use, and tobacco and alcohol consumption, and are less likely to experience depression.

10. Reproductive ill-health accounts for a disproportionately high burden of disease and disability among women of reproductive age in developing countries. Problems related to pregnancy and childbearing, and to sexually transmitted infections, represent a significant proportion of healthy years of life lost in this population group. The United Nations International Conference on Population and Development (Cairo, 1994) adopted by consensus an outline of a Programme of Action for reproductive health, marking a new commitment by governments and the international community to the universal attainment of reproductive health. WHO supports research and programmatic activities in the areas of improving family planning, making pregnancy safer, promoting neonatal health, and helping people to protect themselves from, or receive competent care for, sexually transmitted and reproductive-tract infections. It works to strengthen the capacity of countries to enable people to protect and improve their own sexual and reproductive health and that of their partners, and to provide access to good-quality reproductive-health services when needed.

11. Inequality between the sexes may manifest itself in the family through practices that, for example, discriminate against female children with regard to nutrition or access to health care, limit mobility of women in ways that may put their health at risk, and differentiate access to, and control over, family resources. WHO works to promote gender equality and equitable relationships that enhance and protect the health of all. It also works to address violence in the family, which most commonly affects women and girls and is an important risk factor that affects their health and that of the family and society overall.

12. At its 113th session the Executive Board reviewed the above report and adopted resolution EB113.R12 on family and health in the context of the tenth anniversary of the International Year of the Family.

ACTION BY THE HEALTH ASSEMBLY

13. The Health Assembly is invited to note the present report and to consider the draft resolution contained in resolution EB113.R12.

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