Moving societies for health

Can WHO do it?

WHO History lecture series

Jo E. Asvall MD, MPH
WHO global health development

- **1948**: WHO Constitution
- **1950s**: Postwar, Tbc, Malaria etc.
- **1960s**:
  - Medical Research & Technologies
  - Colonies independent
- **1970s**:
  - Re-assessment development aid
  - 1977 HFA Resolution at WHA
  - 1978 Alma Ata
  - 1979 EB call for HFA policymaking
Global Strategy for Health for All by the Year 2000

WORLD HEALTH ORGANIZATION
GENEVA
1981
EURO’s challenges 1980 - 2000

- Motivate politicians, professionals, people to do what they do not want to
- For 900 million people
- In vastly different countries
- Going from Cold war to Hot wars
- Disintegrating (33 to 52) Member States
- Steadily shrinking Regular Budget
EURO’s 1980 – 2000 strategic response to its challenges

- Create common inspirational vision & tool for all: The *European HFA policy*
- Create a *Healthy Lifestyle* movement
- Catalyze Environment & Health actors
- Change Health Care priorities
- Mobilize/create wide range of partners
- Help in conflicts and emergencies
European Region of WHO, 1980

European MS/Alma Ata predicament

- The survey problem
- The Mahler consultation

The EURO HFA solution

- Keep the global HFA elements
- Take an “inroad” that the MS recognize
- Through European MS relevant epidemiology
Life expectation at birth

Western Europe

0 years

~75 years

CCEE and NIS

0 years

~67 years
“At birth the baby born into social class V can expect to live roughly eight years less than one born into class I”

“Up to the age of 15 the child of parents in social classes IV and V remains at twice the risk of death than a child in classes I and II”
European HFA Policy 1980

HFA strategies
• PHC based, quality health care
• Healthy lifestyles
• Healthy environment
• Support (manpower, technology, legislation etc.)

RC 32 Rabat
• The epidemiological basis
• Professor Halter
• The pledge regarding national HFA policy
Internal EURO 1982 evaluation

- No HFA "move" in the Member States
- European NGOs & public health "community" positive
- Change of tactics:
  - National HFA policy pilots
  - Sharpen European HFA:
    - Targets, indicators, Action Plan
    - Science based Strategies
WHY SET TARGETS?

- Sets baseline, trends
- Highlights evidence base of strategies
- Inspires, brings partners together
- Stimulates innovation & accountability
- Gives cohesion, direction, sustainability
- For Country, with local adaptation
- Public communication tool
Levels of HFA policy and targets at country level

- National
- Subnational
- Local community
- Institution
- Home
Terveytä kaikille vuoteen 2000
Uudistettu yhteistyöohjelma

Sosiaali- ja terveysministeriön
Julkaisuja 1993:2
Regions for Health Network

20 networks
14 Member States

As per 1 September 1998

The designations and the presentation of material on this map of Member States of the WHO European Region (as of 31 July 1997) do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
Lifestyles and Health

"Make the healthy lifestyles the easy ones to choose"

- Tobacco
- Alcohol
- Drugs
- Nutrition
- Physical activity
- Sexual health
- Mental health

Health promotion – the concept
Lifestyles and Health

- Ottawa, Adelaide, Sundsvall (HPRO)
- Budapest (nutrition)
- Madrid (tobacco)
- Tbilisi (family planning)
- Paris (alcohol)
- N. Karelia/Wales (NCD)
Smoking in European Region

kills 3500 people every day

This is equal to

25 air plane crashes per day
Ten strategies for a smoke-free Europe

- Right to a smoke-free life
- Law on smoke-free environments
- No advertising and promotion
- Information
- Help to stop
- Levy of tax revenue
- Financial disincentives
- Prohibit and block marketing
- Monitor the effects
- Build alliances
PHC: Local institutional settings

**Actors**

**Kindergarten**  Children, parents, teachers, family health nurse

**School**  Pupils teachers, parents, school health services

**Work site**  Employers, employees, occupational health services

**Prison**  Prison staff, prisoners, prison health services

**Nursing home**  The elderly, staff, family health physician
Healthy Cities
Action strategies for health promotion
The Verona Initiative (1998-2000)

A New Health Debate in Europe

The Verona Initiative

Investing for Health: The Economic, Social and Human Environment
EH process in the European region

**FRANKFURT**
- EH Charter
- Establishment of EH Centres
- 1989

**HELSINKI**
- EH Action Plan
- NEHAPs
- European EH Committee
- 1994

**LONDON**
- Action in Partnership
- Water protocol
- Transport Charter
- London Declaration
- 1999

**BUDAPEST**
- 2004
### Development of NEHAPS in Europe

<table>
<thead>
<tr>
<th>Category</th>
<th>Total</th>
<th>CCEE</th>
<th>NIS</th>
<th>EU</th>
<th>Non-EU</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO/Europe</td>
<td>51</td>
<td>15</td>
<td>12</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>VHO/Europe in member States</td>
<td>17</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>NEHAPs finished</td>
<td>20</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>NEHAPs in progress</td>
<td>14</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>No NEHAPs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*September 1997*
The settings approach to PHC

Local community health organization

- Homes
- Nursing homes
- Schools
- Prisons
- Worksites
- Hospitals
The **Family Health Nurse**, seeing the family as a unit and understanding the social determinants affecting their health:

- **builds on their strengths**
- **promotes their health**
- **offers counselling and support**
- **delivers clinical care and treatment across the continuum of life**
- **refers, as required**
Quality of Care *core question*

- A bright young medical student
- Trained in top medical university
- Working in fully equipped medical institutions
- With easy access to world scientific literature
- Results in homogenous, high quality medical care

*Right or Wrong?*
SWEDEN
Quality of Metabolic Control

Percentage of US Adults 87%
Practising health care without knowing your outcomes
EURO’s QCD Programme

- One model for all member states: diabetes
- Development of quality indicators
- QCD policies
  - Professional organizations
  - National policies
  - International policies (H21)
European Forum of Medical Associations and WHO (EFMA)

As per 1 September 1998

The designations and the presentation of material on this map of Member States of the WHO European Region (as of 31 July 1997) do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.
QCD = ethical, professional response

- Securing quality medical care = primarily physician response

- National medical associations to take a lead role
As per 1 September 1998
As per 1 September 1998
EUROPEAN HEALTH CARE REFORM

ANALYSIS OF CURRENT STRATEGIES
# Health Care Systems and Reform

## Partners

- WHO / EUROPE (Secretariat)
- World Bank
- European Investment Bank
- Norway
- London School of Economics and Political Science
- London School of Hygiene and Tropical Medicine

## Aim

Provide a knowledge base and analytical support to policy-makers.

- Monitoring
- Clearing-house
- Analysis
- Dissemination
- Training
EURO, Conflicts and Emergencies

- **Cold War (Communist / West Europe):**
  - *Outcome* targets key to political success & unique cooperation
  - Bulgaria/Turkey political conflict solved by EURO intervention
  - Intra – Macedonia ethnic " "

- **Hot Wars:** (Balkans, Chechnya)

- **Disasters:** Nuclear (Chernobyl), Chemical (Dioxin et al.), Earthquakes

- **Epidemics:** (HIV/AIDS, Diptheria, Polio)
Life expectancy at birth in years

Source: data from the WHO Regional Office for Europe.
AIDS cases by year of diagnosis
WHO European Region

Cases reported to 31/12/98 (N = 218 938)

- reported
- adjusted for reporting delays

Year of diagnosis

Cases (thousands)

CESES, Saint-Maurice, France
Polio eradication – EMRO and EURO cooperative MECACAR vaccination campaign

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>OPV doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMRO</td>
<td>46 million</td>
<td>122 million</td>
</tr>
<tr>
<td>EURO</td>
<td>16 million</td>
<td>43 million</td>
</tr>
<tr>
<td>Total</td>
<td>72 million</td>
<td>165 million</td>
</tr>
</tbody>
</table>

* All in same week
Diphtheria in Europe: Projected and Reported Monthly Cases

1995-1997
Projected = 600,000
Reported = 77,784

1998, January to June
Projected = 41,000
Reported = 1,500

641,000 cases and 15,000 deaths prevented
HEALTH 21 — health for all in the 21st century
5 main components of H21

1. Goal: Health for all
2. Health objectives
3. Basic values
4. Broad action strategies
5. WHO roles
4 broad strategies of H21

1. Multisectoral re health determinants (socioeconomic, lifestyle, environment); genetics

2. PHC based health sector with flexible hospital support

3. Health outcome focused
   - Clinical care
   - Public health programmes

4. Settings based HFA partnerships
H21 Life course approach

Programme focus

Individual:
Values, life skills

Supportive environments:
Social, economic, physical, cultural

Health care:
Life cycle oriented
Lessons learned

- Meet adversaries w/open hand & mind
  - Cold War divide & Outcome Targets
  - Conservative NMAs & EFMA
  - The Health Planning controversy

- The Lateral Arabesque
  - Thatcher’s UK & HFA
  - Maldonado Gonelha & PHC
  - The PLO threat to WHO
Lessons learned

- Moving societies today is possible!
- Good Leaders catalyze great change
- Epidemiology powerful tool
- National Health policy must be
  - Inspiration for whole society
  - Broad, health & other sectors
  - Targetted, monitored, eval. & updated
  - Science based
Conclusion

WHO’s 3 indispensable tools:
- Health policy – WHO’s *Heart*
- Scientific basis – WHO’s *Brain*
- Catalytic action – WHO’s *Power*

WHO’s huge problem today:
- *WHO has lost its Heart* – and with it direction, clarity and ability to inspire
- HFA provided the essential longterm, persistent, science based development – *taking politics out of Health policy!*
"He who lets the small things bind him leaves the great undone behind him"

(Piet Hein)