World-wide health for all


The World Health Organization has always played a role in aiding the overall health of world populations. This report looks at the responsibilities for nurses.

THE WORLD Health Organization (WHO) is a specialised agency of the United Nations that was founded in 1948 (Box 1). It leads a world-wide alliance for health which recognises that the health sector is only a small part of the effort to improve the overall health of populations. The contribution of the WHO is firmly based in strong values. The guiding principles are those of equity, solidarity and respect for human rights. In her address to the executive board in January 2000, Director General Dr Gro Harlem Brundtland restated the key focus, which is to:

- Reduce the excess mortality of poor and marginalised populations.
- Effectively deal with the leading risk factors.
- Strengthen sustainable health systems.
- Place health at the centre of the broader development agenda.

Structure

The WHO is divided into six regions - Europe, the Americas, the Eastern Mediterranean, Africa, South East Asia and the Western Pacific. Its European region comprises 51 countries containing 870 million people, including almost six million nurses. The region spans the range from rich developed countries, with well-organised health systems, to poor nations struggling at all levels. It stretches from Greenland in the north west to the Mediterranean in the south and the Pacific coast of the Russian federation in the east.

Remarkable political, economic and social changes have taken place across the European region in recent years, and they are continuing. The WHO's European programme concentrates on the newly independent states, the emerging democracies of the central and eastern parts of the region, and the problems of industrial and post-industrial societies.

Health for all

In 1977, the 30th World Health Assembly created a vision for world health. It declared: "...the main social goal of governments and WHO in the coming decades should be the attainment by all 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" (Resolution WHA30.43). The WHO constitution defines health as a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.

Clearly, Health for All (WHO Regional Office for Europe 1991) did not mean an end to disease and disability - it aimed to ensure that resources for health were equitably distributed and that essential health care was accessible to all. It emphasised that health concerns every individual and is easily understood by every member of society; that health is everyone's business and everyone must be involved in actions to improve it.

To realise this vision, the European region set 38 targets aimed at achieving healthier lifestyles, improvements in the environment and the provision of high quality services for prevention, treatment, care and rehabilitation. The targets were intended to inform the development and implementation of national policies. From a European perspective, these targets were set at a time of relative stability. In light of the enormous and unprecedented changes that took place subsequently, including political and economic restructuring, social change and the technological revolution, these targets for health were reviewed and updated in 1991. As the socio-economic determinants of health were more widely understood, the desired health outcomes were identified as (WHO Regional Office for Europe 1993):

- Strengthen sustainable health systems.
- Effectively deal with the leading risk factors.
- Reduce the excess mortality of poor and marginalised populations.
- Place health at the centre of the broader development agenda.

Box 1. The history of the WHO

- 1945: United Nations Conference on international organisation unanimously approved a proposal by Brazil and China to establish a new autonomous, international health organisation.
- 1946: International health conference in New York approved the constitution of the World Health Organization (WHO).
- 1948: the WHO constitution came into force on April 7 - now marked as World Health Day.
- 1973: the WHO articulated the widespread dissatisfaction with health services and proposed to collaborate with member states to develop guidelines for national health care systems.

This week

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- Tomorrow's nurses
- Clinical practice
- Chaos, complexity and nursing
- Return-to-practice environments

Continuing professional development

- April 26 Safe use of glutaraldehyde
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Box 2. HEALTH 21 targets

- Target 1 Solidarity for health in the European region
- Target 2 Equity in health
- Target 3 Healthy start in life
- Target 4 Health of young people
- Target 5 Healthy ageing
- Target 6 Improving mental health
- Target 7 Reducing communicable diseases
- Target 8 Reducing non-communicable disease
- Target 9 Reducing injury from violence and accidents
- Target 10 A healthy and safe physical environment
- Target 11 Healthier living
- Target 12 Reducing harm from alcohol, drugs and tobacco
- Target 13 Settings for health
- Target 14 Multisectoral responsibility for health
- Target 15 An integrated health sector
- Target 16 Managing for quality of care
- Target 17 Funding health services and allocating resources
- Target 18 Developing human resources for health
- Target 19 Research and knowledge for health
- Target 20 Mobilising partners for health
- Target 21 Policies and strategies for health for all

(WHO 1998)

- Ensuring equity in health by reducing disparities in health status between countries and between groups within countries.
- Adding life to years by helping people achieve and use their full physical, mental and social potential.
- Adding health to life by reducing disease and disability.
- Adding years to life by increasing life expectancy.

By the end of the 1990s, the number of member states in the region had increased from 31 to 51, and the extent and scope of its problems had grown. Persistent problems of poverty and unemployment exacerbated inequalities and, in many countries, gave rise to deteriorating lifestyles, increasing violence and weakened social cohesion.

The number of people in the newly independent states living with HIV/AIDS has doubled in the past two years. Essential and life-saving drugs exist, but people are dying because they cannot afford them. Doubts about the quality of health and other services, combined with an imbalance between the demand for and availability of resources, caused fears that hard-earned social safety nets and benefits would be dismantled. Increasingly, global approaches have created the impression that individuals and even governments are losing control over decisions that affect health (WHO Regional Office 1998).

There is, however, also cause for optimism. The European region of the WHO has an information base and research capacity that are among the best in the world. It has years of collaborative experience in designing, implementing, monitoring and evaluating outcome-focused, targeted and innovative health policies that integrate efforts to promote healthy lifestyles, a healthy environment and quality-oriented, cost-effective health care. It is only through collaboration that Health for All can become a sustainable social movement.

HEALTH 21

While maintaining the constant goal of health for all, a new policy framework has been introduced for the WHO European region containing 21 targets for the 21st century (Box 2).

HEALTH 21 places extra emphasis on democratic, socially responsible and sustainable health, while retaining and enhancing the focus on equity. It sharpens the focus on socio-economic determinants of health, and the different problems and opportunities encountered at each stage of life, including cultural and gender perspectives.

HEALTH 21 proposes that multisector strategies be used to tackle the determinants of health. It emphasises the need for integrated family and community-oriented primary health care, supported by a flexible and responsive hospital system. It proposes a participatory health development process that involves relevant partners for health at all levels – home, school, workplace, local community and country – and promotes joint decision making, implementation and accountability.

While the targets are not a prescriptive list, they meet the challenge of the World Health Declaration. Countries, communities, groups and individuals are expected to adapt these targets to meet their local conditions, needs and capacities. The targets provide an excellent policy framework to shape the contribution of nurses and nursing in achieving the vision of Health for All.

Equity in health through solidarity in action

Targets 1 and 2 foster stronger equity and solidarity in health development between member states of the region, and better equity in health among groups within each country. By the year 2020, the present gap in health status should be reduced by a third and the health gap between socio-economic groups within countries should be reduced by a quarter. This will be achieved by improving the health of disadvantaged groups.

Better health Targets 3, 4 and 5 focus on ensuring better health outcomes for the population throughout their lifespan, with a particular emphasis on critical periods of transition such as birth, childhood, starting work, starting a family and retiring.

Preventing and controlling disease and injury Targets 6, 7, 8 and 9 focus on some of the heavier burdens in health investment. They aim to reduce the incidence and prevalence of diseases and other causes of ill health and death to the lowest feasible levels.

Creating sustainable health Targets 10, 11, 12, 13 and 14 support the contention that enlightened economic policies, social support and good social relations make an important contribution to sustainable health.

An outcome-oriented health sector Targets 15, 16, 17 and 18 recognise that while many of the determinants of health are outside the influence of clinical care, health services make a significant contribution to a population’s health and consume a considerable amount of economic resources. These targets aim to orient the health sector towards ensuring better health gain, equity and cost-effectiveness.

Policies and mechanisms for managing change Targets 19, 20 and 21 can be embraced within the concept of governance. Governance is the sum of the many ways individuals and institutions – public and private – collectively solve problems and meet society’s needs. They aim to create a broad social movement for health through innovative partnerships, unfurling policies and management practices, tailored to the new realities of Europe.

The challenge for nursing

For nurses throughout Europe, meeting the HEALTH 21 targets will mean expanding and developing existing roles and responsibilities, with a particular emphasis on working outside hospitals in primary and community settings. In some countries, however, the achievement of many of the targets will not be dependent on fundamental changes in clinical practice. The difference will be that nurses will be sharing the impact they have on health, with a particular focus on their impact on those most at risk of ill health. The HEALTH 21 targets provide a unifying focus for nurses at every level across each of the 51 member states.

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