



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



**REGIONAL CONSULTATION OF THE AMERICAS ON THE
11TH GENERAL PROGRAMME OF WORK OF THE WORLD
HEALTH ORGANIZATION**

Washington, D.C., USA, 14 - 16 February 2005

**11GPW/BACKGROUND PAPER 2
10 February 2005**

**BACKGROUND PAPER 2: HEALTH SITUATION, CHALLENGES, AND
OPPORTUNITIES IN THE NEXT TEN YEARS**

Global Health Situation and Health Trends: A Study in Contrasts

1. The global health context within which WHO operates continues to change. Significant progress has been made in some areas in recent years, but progress has been uneven. For example, in 16 countries, current levels of under-five mortality are higher than in 1990. Traditional problems, such as maternal mortality, malnutrition, and infectious diseases, i.e. tuberculosis and polio, that have been more or less successfully managed in developed countries continue to afflict poorer nations and reek havoc on health systems. The world faces epidemics of emerging and reemerging diseases, while clearly identified risk factors drive the growing epidemic of noncommunicable disease (NCD). Women, adolescents, and children bear the disproportionate burden of poor health because of inequalities in access to resources and health care and societal discrimination. All of this is occurring in a global context marked by insecurity, extension of local conflicts, and increasing social inequalities and migration, alongside the development of new technologies and expansion of the global economy and markets.

2. Most recently, global health security has been threatened by the AIDS epidemic, as well as outbreaks of SARS and avian influenza, increasing the possibility of global pandemics on a scale not witnessed for nearly a century. In a globalized, interconnected world, such disease outbreaks can have a profound impact on the health of populations and economies of whole countries.

Major Global Trends Related to Health Determinants at Different Levels

3. A number of global trends have a profound impact on health. Many of these changes, both positive and negative, are associated with the process of globalization and increased interdependency between nations.

4. The world has always been changing, growing, and adapting. Today, however, this is all occurring at speeds and via media hardly imagined a few decades ago. Social influences are carried by traded goods, media images, and music. Significant numbers of people are migrating within countries and between countries mostly for reasons of crisis and increased opportunity. This results in effects on health patterns and health services. Biological determinants of health are carried by people, animals, and food, in increasing quantity and at speeds of air travel that are often faster than agent incubation times. Increased market integration combined with the speed at which information circulates means the economic consequences of something happening in one part of the world can be huge for the entire world. Speed of and access to information has helped the private sector as well as the civil society to influence international and domestic situations. Science and technology is also developing at rapid speeds, and while knowledge of advanced technology may spread globally, its universal application lags in developing nations, thus

contributing to further health, social, and economic inequity between the wealthy and the poor.

5. Current and impending environmental changes are formally recognized by most nations, and plans of action are being developed to affect the rate of global warming through the Kyoto Protocol. Yet still, changes in climate and ecosystems affect the emergence and spread of infectious diseases. Increasing industrialization puts greater demand on limited water supply. Already 3 billion individuals are living in water-stressed regions, and predictions are that nearly half the world's population will experience water shortages by 2025. Declining global forestation, mainly from expanding agriculture, is resulting in a lessening capacity for forest-provided goods, including the discovery of natural elements for pharmaceutical development, contributing to erosion, loss of flood control and climate change, and the loss of biodiversity.

6. Crisis and conflict are not new phenomena, yet both have increased in recent years. New to conflict situations is the potential of weaponry capable of mass damage due to biological agents, such as the much-feared release of smallpox after the attacks on the United States of America in 2001. The WHO website lists 44 countries currently experiencing crises, and an additional seven crises taking place across borders, within a subregional group of countries. People threatened by crises face heightened risks to their health primarily as a result of common illness made more dangerous by crisis conditions. Those who are most vulnerable experience excessive suffering and high death rates. Similar to many other determinants of health, disaster strikes the hardest on the most vulnerable group—the poor, especially women, children, and the elderly.

7. World population growth is still increasing, but has slowed, with nearly all growth occurring in developing countries. Fewer children per woman, particularly in developing countries, allows a greater portion of family income to be spent on food, education, housing, and health care. At the same time, however, a growing aged population carries with it specific health needs which impact health systems and can demand complex technology. Urbanization and the growth of mega cities continue to increase demand on the health sector.

8. Poverty is still a dominant feature in many countries with increased income and social inequalities and major impact on health; entrenched inequalities in health status exist in all countries, even in wealthy ones. These poverty trends are reinforced by unemployment and underemployment, which remain a key problem in all societies, and continue to lead to social marginalization of some groups, social violence, and increased flow of migrants from developing to developed countries. Poor housing, unsafe water supply, lack of sanitation, malnutrition, and illiteracy are still too often the load of a large portion of the world population.

9. The expansion of integrated economic units and international governance via agreements like WTO agreements change and often reduce the role of nation-states and have complex consequences for the health services and the access to pharmaceuticals (GATS, TRIPS, etc.). Some agreements, e.g. the Framework Convention on Tobacco Control, have allowed countries to provide each other with reinforcement for national policies to reduce disease and economic consequences of tobacco.

10. The policies of the 1990s which focused on efficiency, cost effectiveness, and deregulation of the social services have aggravated the situation for the poor and vulnerable populations in term of access to health and education. The reduction in spending by governments on health and other social services has also weakened the public health infrastructure. Reforms of health systems continue all over the world with renewed efforts to find effective and equitable ways to address the needs. A major bottleneck for developing countries is the migration of skilled health professionals to industrialized countries.

11. Lifestyle choices such as tobacco, alcohol, and drug use, and overconsumption all have significant negative impacts on individual health and cause a great economic and social burden on societies. Once considered problems only of developed countries, the exportation of western culture through open trade and global marketing has been mirrored by an increase in noncommunicable diseases in all regions. NCDs are now the leading cause of preventable death in all regions, except Africa, where it is eclipsed only by AIDS.

12. Significant changes in international cooperation have taken place, with the emergence of global public-private partnerships, novel arrangements for health governance and financing, and increased investments in health. New mechanisms for health financing—such as Poverty Reduction Strategy Papers (PRSPs); the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM); and the Global Alliance for Vaccines and Immunization (GAVI)—are changing the way health is resourced in many countries.

Challenges and Opportunities

13. Taking into account the health situation today, the major trends, and the scenarios for the future, this section identifies the main challenges and opportunities globally and nationally that the world will have to face in the next decade in order to improve health and health equity.

Global level

14. A number of challenges are outside the health sphere; however, they are among the most important health determinants as they are related to poverty, education, security, and

the environment. The challenge to the global community in the coming decades will be to impact these areas in the positive directions listed, for the benefit of the largest number of people. The challenge for the GPW process is to identify the ones most critical for the focus of WHO and partners in the immediate future.

Poverty, equity/equality

- Decreasing the economic divide and social inequalities between and within countries.

Trade

- Developing an international trading system fairer for the poor nations, e.g. gradually dismantling subsidies and protective arrangements will benefit a number of developing countries.

Education

- Ensuring universal primary, expanded post primary, and expanded higher education of high quality for both boys and girls.

Security

- Pursuing reforms which will improve global security and decrease conflicts and humanitarian crises, as recommended by the Secretary-General's High-level Panel on Threats, Challenges, and Change.

Environment

- Enabling communities to be more involved in protecting local habitats, achieving more sustainable use of productive lands, and greater management of water.
- Encouraging the private sector to accept global environment frameworks as part of corporate governance, including the reduction of emissions of greenhouse gases, investing in clean energy, reducing consumption of water, and investing in sustainable agriculture.
- Promoting the adoption of proactive policies on climatic change, the threat to biodiversity, and air pollution reduction efforts, especially in the world's major urban areas.

Culture

- Using the Internet and other new communication tools to revitalize the public sphere and to allow consumers informed freedom of choice.

Governance

- Strengthening existing forms of national and global governance to tackle the social and economic aspects of the globalization on health.

Health-related challenges

Policy and global health

- Developing a strong public health movement able to exert a more central role in policies and a strong global public health leadership.
- Promoting global health through the broad political and economic agendas of the increasing number of regional entities.

Science, research, and technology

- Developing new tools and technologies (drugs, diagnostic tools, vaccines, etc.) for chronic communicable and noncommunicable health problems.
- Determining institutional mechanisms and partnerships to finance and produce public goods for health.
- Stimulating research and development through the engagement of industry and academia and promoting the conversion of new technology and knowledge into changed practice, especially in developing countries.
- Ensuring the equitable and ethical deployment of scientific and technological innovations to improve health.
- Developing cost effective approaches to tackle the double burden of diseases, demographic and epidemiological trends, and an aging population.

Communications/IT

- Harnessing the benefits of greater interconnectedness to improve knowledge exchange, collaboration in health, and management of technology transfers.
- Using new communication tools and taking advantage of the mass media, Internet, marketing techniques, etc. to improve lifestyles and protect global health.

Global dimensions of new diseases and health risks

- Changing potentially harmful practices in relation to food safety, including reporting diseases that may have adverse impacts on industries, and using advances in communication technology to protect global public health in relation to food-borne illness.

- Anticipating and protecting populations from the transborder risks of diseases and environmental contaminants, e.g. emerging pathogens (HIV, new influenza strains, etc.) and forms of diseases with resistance (Tb).
- Improving international legislation to take on the collective responsibility to act effectively on epidemics and global pandemics.
- Enforcing the protocols of the Framework Convention on Tobacco Control to deal with the global dimensions of tobacco and its impact on health and economies.
- Dealing with antimicrobial resistance.

Health systems

- Managing TRIPS, GATS, and other agreements to ensure governments have the possibility to regulate health service provision, including drugs, as basic public services.
- Implementing realistic, long-term solutions for mitigating human resources/health worker migration that improve the sustainability of domestic health systems but still allow individual opportunity for professional growth.
- Mobilizing financial resources for making significant changes in the health of populations, orienting more assistance to the achievement of the MDGs and setting ODA at a higher level.
- Redefining roles and responsibilities for core health functions in order to use resources effectively.

Global governance

- Adjusting to the new landscape with new actors and new partnerships. The actors include the private sector, transnational corporations, nongovernmental organizations, the civil society, regional multilateral institutions, etc.
- Responding to the implications of a growing role for civil society, a changing role for the United Nations, and the increasing number of international partnerships and global initiatives.
- Developing a new functional global health governance, able to manage political pressures stemming from the expansion in the number of social actors participating in decision-making and to reduce the fragmentation of channels and systems for delivering aid.

- Supporting countries to build national capacity in planning, managing, and coordinating international cooperation

Ethical challenges

- Managing new ethical challenges, such as patient rights, stigma and discrimination, genomics, etc.
- Addressing gender inequality and vulnerable groups in a systematic and proactive way.

National level

Poverty

- Dealing with poverty, the social and health inequalities that exist within and between societies, especially those which are exacerbated by conflict (interaction between governance, underinvestment, food insecurity, environmental degradation, and conflict).

Policy and global health

- Strengthening leadership and governance for health.
- Building national and local capacity in strategic planning, public management, and human resources for health.
- Developing public policies and legislation which are influencing health, especially those not traditionally valued as impacting health.
- Improving public health education and research focusing on the major health determinants and problems.
- Developing comprehensive approaches to health based on health promotion, equity targets, and multisectoral action on the social determinants of health.

Science, research and technology

- Building capacity for development and application of research and technology at the country level.
- Promoting the transfer of knowledge and technology within and between countries.

Diseases and health risks

- Improving the situation of the poor in relation to maternal and perinatal mortality, vaccine-preventable diseases, ARI and diarrheal disease in children, malnutrition, malaria, tuberculosis, tobacco-related disease, HIV/AIDS, and other often neglected diseases.
- Scaling up rapidly effective interventions.
- Dealing with the new and *silent* epidemics, such as mental health and violence.

Health systems

- Ensuring that poor people have access to the benefits of health services, irrespective of the disease they are suffering from or the conditions that lead to the sickness.
- Managing growing expectations, escalating costs, and maintaining quality in both the developed and the developing world.
- Managing and financing the transformation of systems in economies in transition with respect to their own epidemiological and demographic situations.
- Improving internal allocations of resources to primary health care and integrating service delivery levels to better serve the poor.
- Developing the capacity of health systems to set policies, build institutions, address real incentive barriers for recruiting, retaining, and motivating staff (salaries, career structure, working conditions, training, etc.).
- Mobilizing additional resources using national and international facilities (IFF, GFTAM, etc.) and developing equitable financing mechanisms for health care provision, including health insurance.

Governance

- Increasing coherence and harmonization of ODA and other partnerships.
- Orienting development assistance towards priorities, including the MDGs.
- Building national capacity in planning and managing international cooperation.
- Reinforcing multilateralism and the role of the civil society on health issues.
- Improving the interaction between the international agencies and governments and encouraging working together within an agreed overall strategic framework.