



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/INF/1 (Eng.)
10 February 2005

**Positioning Health: Background information - Summary of the Historical Procedure -
Draft version 6 January 2005**

Positioning Health: Background Information - Summary of the Historical Perspective - *draft version 6 Jan 05*

Our understanding of health has changed overtime. The way health is considered today at individual, national and global levels (a global concern, a common value, a basic human right, etc.) is different from a few years back.

The table below summarizes the historical perspective on the approaches to health for the last 50 years. None of these approaches are mutually exclusive. A major focus of each approach in a given time period is highlighted, both for WHO and for the world. Different approaches are tentatively grouped as follows: Fighting Disease, Creating Health, Investing in Health, and New Development.

(1) Fighting Diseases: Health as a biomedical issue

Concepts	Year	WHO	World	Sources
Sanitary movement- Diseases control	19th century - present	Since its establishment in 1946, the eradication of diseases such as smallpox and polio has been the focus of WHO. 1979 Certification of the eradication of smallpox	In response to a worldwide epidemic of cholera, underdeveloped clinical technology, etc. 1851 First International Sanitary Conference	Chadwick, UK WHR 1998, etc.

(2) Creating Health: Health in a Social and Development Context

International public health movement	20th century - present	-Based on the definition by Winslow, WHO defined <i>public health</i> as science and technology that prevent diseases, improve longevity, promote health both mentally and physically ... (WHO 1952, need to check exact wording from the original source). -Emphasis on community and individual participation and intersectoral efforts in the community	Established an identity for <i>public health</i> (as opposed to clinical medicine). 1902 International Sanitary Bureau (later renamed PAHO) established. 1907 L'Office international d'hygiène publique (OIHP) established in Paris.	- Winslow, C.E.A., Evolution and Significance of the Modern Public Health Campaign, Arno, New York, 1923 - WHO, 1952
--------------------------------------	------------------------	---	--	---

<p>Intersectoral approach for health promotion</p>	<p>1980-90s</p>	<p>Healthy Cities (1986-)</p> <p>EURO CINDI (Countrywide Integrated Noncommunicable Diseases Intervention Program, 1982-).</p> <p>WHO essential public health functions (1995-): Essential functions are to promote population's health and disease treatment . . . (need exact wording), e.g. environment protection, health promotion, infectious disease prevention and control, occupational health, school health, care for the socially vulnerable, health system management, etc. They do not include curative care.</p>	<p>Ottawa Charter for Health Promotion (1986-)</p> <ul style="list-style-type: none"> - health was more broadly looked at, determinants of health were discussed. - community should have control over health determinants. <p>Intersectoral approach is essential in public health.</p> <p>"Health of the Nations" UK (1992) A Strategy for Health in England, Government White Paper.</p>	<p>Ottawa Charter (1986)</p> <p>"Health of the Nations" (1992), etc.</p>
--	-----------------	---	---	--

Health and human development	<p>1970s- Basic Human Needs</p> <p>1990- Human Develo pment Reports</p>	<p>WORLD <i>Human development is an upbeat progress orientation. It is a notion of growth with equity.</i></p> <p>"The basic purpose of development is to enlarge people's choices. . . . People often value achievements that do not show up at all, or not immediately, in income or growth figures: greater access to knowledge, better nutrition and health services, more secure livelihoods, security against crime and physical violence, satisfying leisure hours, political and cultural freedoms and sense of participation in community activities. The objective of development is to create an enabling environment for people to enjoy long, healthy and creative lives." (Mahbub ul Haq)</p> <p>"Human development is . . . about creating an environment in which people can develop their full potential and lead productive, creative lives in accord with their needs and interests. People are the real wealth of nations. Development is thus about expanding the choices people have to lead lives that they value. And it is thus about much more than economic growth, which is only a means—if a very important one —of enlarging people 's choices. Fundamental to enlarging these choices is building human capabilities—the range of things that people can do or be in life. The most basic capabilities for human development are to lead long and healthy lives, to be knowledgeable, to have access to the resources needed for a decent standard of living and to be able to participate in the life of the community. Without these, many choices are simply not available, and many opportunities in life remain inaccessible. . . . human development shares a common vision with human rights. The goal is human freedom. And in pursuing capabilities and realizing rights, this freedom is vital. People must be free to exercise their choices and to participate in decision-making that affects their lives. Human development and human rights are mutually reinforcing, helping to secure the well-being and dignity of all people, building self-respect and the respect of others." (UNDP)</p> <p><i>Capability approach</i> by Amartya Sen refers to a person's freedom or opportunities to achieve well-being. Well-being can be thought of as the quality or the <i>wellness</i> of a person's being or living, and living itself can be seen as consisting of a set of interrelated <i>functionalities</i>—the things that a persona can do or be. Poverty can be seen as low levels of capability or "the failure of basic capabilities to reach certain minimally acceptable levels." Poverty becomes a multidimensional concept, more than lack of adequate income, etc. Health is among the basic capabilities (such as education) that gives value to human life (Sen).</p>	<p>UNDP Human Development Reports (1990-)</p> <p>UN Millennium Declaration, Sept. 2000</p> <p>MDG-related information</p>
------------------------------	---	--	---

(3) Investing in Health

Investing in health	1993 - present	<p>2001</p> <p>The Report of the Commission on Macroeconomics and Health (present to WHO) stated that a dramatic scaling-up of health investment for the world's poor would save millions of lives each year and in addition produce enormous economic gains. Promoting political and administrative commitments of both donors and countries is also important. Additional investment required will be about 0.1% of donor GDPs. It should focus on establishment of the CTC (close-to-client) health system to provide <i>essential interventions</i>, research and development, and delivery of <i>global public goods</i> by the international institutions including WHO (e.g. international disease surveillance, data collection and analysis of global health trends, analysis and dissemination of international best practices in disease control and health systems, etc). The report suggests the set of essential interventions costs around \$34 per person per year (cf. currently, average total spending for health is about \$11 in many LDCs. The gap has to be mobilized by the countries themselves supplemented by donor aid. The report emphasized the need for a <i>health pact</i> that brings together ministers of finance, planning, and health in low- and middle-income countries, with donor governments, development agencies, and the civil society to take forward a shared agenda (with a strong emphasis on global partnership). WHO is working with governments to promote these findings and to support country efforts in the development of health policies for poverty reduction and economic growth.</p>	<p>1993</p> <p>The World Bank recognizes that good health is a crucial part of well-being, but also justifies spending on health on economic grounds. Improved health contributes to economic growth in 4 ways: (1) reduction of production losses from worker illness, (2) increased availability of natural resources, (3) increased enrolment of children in school, (4) increased alternative uses of resources. Health investment also helps poverty reduction. WB advocates threefold approach to health policy: (1) economic growth that ensure income gains for the poor and investment focus in girls' schooling, (2) focus on government spending on some cost-effective care, (3) encouraging diversity and competition in provision of care. It proposed a set of core public health interventions and a package of essential clinical services (influenced by PHC models). The WDR 1993 had a strong influence on health policy-makers. It was used as the grounds for the introduction of user fees in many LDCs, privatization of health care, etc. Many negative cases were found, e.g. increasing inequity.</p>	<p>World Bank, World Development Report 1993 – Investing in health</p> <p>Macroeconomics and Health: Investing in health for economic development: Report of the Commission on Macroeconomics and Health, 2001</p>
Expansion of health sector reform		<p>1993- HQ: Health Sector Reform Forum</p> <p>EURO: "Health Care Systems in Transition" (The Ljubljana Charter on Reforming Health Care, 19 June 1996)</p> <p>PAHO: Resolution on Health Sector Reform (1995)</p>	<p>Health sector affected by various extrinsic factors, such as economic downturn, aging, epidemiological transition, technology revolution, small govt/role of market, corruption of Soviet Union in 1991, expansion of market economy in the world, patient rights movement, globalization, etc.</p>	

(4) New Development

<p>Health and human security</p>	<p>2003-</p>	<p>“The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.” (WHO Constitution)</p>	<p><i>Human security will ensure that downside risks of development are taken care.</i></p> <p>Human security complements state security, broadens human development focus, and enhances human rights (i.e. respecting human rights are at the core of protecting human security) . It includes both notions of protection of people against menaces (including diseases) and empowering people and societies. Human security tries to ensure that people are protected from threats and empowered to be able to cope with those threats. People's security around the world is interlinked in the era of globalization and political and economic instabilities. Human security is thus a response to the challenges in today's world.</p> <p>"Freedom from want," "Freedom from fear," and "freedom to take action on one's own behalf" (see also 2000 U.N. Millennium Summit) - but achieving human security requires building on and going beyond the MDGs. It requires the promotion of democratic principles, the participation of people in governance, and an integrated approach by the world through joint efforts. Human security could serve as a catalytic concept that links many existing initiatives.</p> <p>"Health for human security": All health actors should promote health services as public goods. It is essential to mobilize social action and invest in supportive social arrangements, including access to information, to remove the root causes of ill health, to mitigate health impacts in a crisis, etc. Other important elements are: provision of early warning systems, provision of access to life-saving drugs in developing countries, equitable intellectual property rights for R&D in drugs, global network of partnerships for health, e.g. a control system for infectious diseases.</p> <p>"According higher priority to ensuring universal access to basic health care" is one of 10 policy conclusions of the Commission.</p>	<p>Human Security Now: Protection and Empowering People, Commission on Human Security, New York, 2003</p>
----------------------------------	--------------	--	---	---

<p>Health and human rights</p>	<p>historical</p>	<p><u>WHO Constitution, 1946</u> “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” (Preamble) and the attainment by all persons of this right as the objective to guide the work of the entire Organization (Chapter 1 – Objective). Health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” The right to health is “a claim to sent of social arrangements - norms, institutions, laws, an enabling environment – that can be best secure the enjoyment of this right.”</p> <p><u>WHA Resolution 23.41 (1970)</u> identifies “the right to health as a fundamental human right” and states “that the health aspect of human rights . . . is within the competence of WHO.”</p> <p><u>Alma-Ata Declaration (1978)</u> reaffirmed health as a fundamental human right.</p> <p><u>The World Health Declaration (1998)</u> further reaffirms WHO’s commitment to health as human right (Article 1),</p> <p><u>CESCR General Comment on the right to health (2000)</u> “Freedom from discrimination in access to health care and the underlying determinants of health, as well as to means and entitlements for their procurement, on the grounds of race, colours, sex . . . health status (including HIV) . . . which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health.”</p> <p><u>Special Rapporteur on the right to health (2002)</u> “The right to health” is an inclusive right extending not only to timely and appropriate health care but also to the underlying determinants (social determinants of health), such as access to water, sanitation, etc. The core content of the right to health includes: (1) freedom from discrimination in ensuring access; (2) essential food, basic shelter, housing, and sanitation, safe and potable water; (3) essential drugs as defined by WHO; (4) equitable distribution of all health facilities, goods, and services; (5) a national public health strategy and plan of action. <i>Nondiscrimination</i> is the key. Complex linkage between health and human rights. <i>Empowering</i> strategy for health.</p>	<p><i>Human rights demands duty-bearers such as the state, local government, community, etc. will ensure human security and human development are achieved.</i></p> <p><u>Universal Declaration of Human Rights (1948)</u> Article 25 “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. . . . Motherhood and childhood are entitled to special care and assistance.”</p> <p><u>The UN Reform Program of 1997</u> set out human rights as cross-cutting all UN activities and urges mainstreaming across the U.N. system.</p> <p><u>World Bank study "Voices of the Poor" (2000)</u> Poverty is a specific, local contextual experience. International human rights law provides a framework within which detailed national- and community-based PRSP can be constructed. In other words, poverty reduction and human rights are two mutually reinforcing approaches to the same project.</p> <p><u>Hunt Report (2003)</u> 1. <i>Health care and the underlying determinants of health.</i> The right to health is an inclusive right, extending not only to timely and appropriate health care, but also to the underlying determinants of health, such as access to safe and potable water and adequate sanitation, healthy occupational and environmental conditions, and access to health-related education and information, including on sexual and reproductive health. 2. <i>Freedoms and entitlements.</i> The right to health contains both freedoms and entitlements. Freedoms include the right to control one’s health, including the right to be free from nonconsensual medical treatment and experimentation. Entitlements include the right to a system of health protection (i.e. health care and the underlying determinants of health) that provides equality of opportunity for people to enjoy the highest attainable standard of health.</p>	<p>Hunt report "Right of everyone to the enjoyment of the highest attainable standard of physical and mental health." (UNESCO, Commission on Human Rights, 59th session, 13 Feb 2003)</p> <p>WHO ETH group work</p>
--------------------------------	-------------------	--	---	--

			<p>3. <i>More specific entitlements.</i> The right to health is a broad concept that can be broken down into more specific entitlements, such as the rights to: maternal, child, and reproductive health; a healthy workplace and natural environments; the prevention, treatment, and control of diseases, including access to essential medicines; and access to safe and potable water.</p> <p>4. <i>Nondiscrimination and equal treatment.</i> Nondiscrimination and equal treatment are among the most critical components of the right to health. Accordingly, international human rights law proscribes any discrimination in access to health care and the underlying determinants of health, on internationally prohibited grounds, including health status, which has the intention or effect of impairing the equal enjoyment of the right to health.</p>	
--	--	--	--	--

<p>Health as global public good</p>	<p>1999-</p>	<p>WORLD (cf. Note narrower concept on <i>global public goods</i> in WHO/CMH report)</p> <p><u>Concepts</u></p> <p>Global public goods as global policy outcomes. Benefits of the global public good need to be <i>nonrivalrous</i> in consumption and <i>nonexcludable</i>, e.g. peace is an example of pure public good. Consuming a nutritious meal – may look like private, but also has public benefits. A good meal adds to people’s good health, and good health enhances their ability to acquire to skills and to work productively. This in turn benefits not only the people but also their families and society as a whole (in the long run). In other words, there are positive externalities—benefits on others. And when the beneficiaries have the universal characteristics (countries as core elements of the international community, all socioeconomic groups, humanity as a whole across generations), it can be seen as a <i>global</i> public good. A pure global public good is thus marked by universality – it benefits all countries, people, and generations. An impure global public good would tend towards universality in that it would benefit more than one group of countries, and would not discriminate against any population segment or set of generations.</p> <p><u>Health</u></p> <p>- Zacher: global epidemiological surveillance - international cooperation to monitor infectious diseases. Important role for international organizations in educating countries on particular outbreaks, validating information, coordinating responses and providing support. After the transformation in the 1990s, a serious global interest in controlling the international spread of infectious diseases. Key lessons include adequacy of information, transparency of States, prevention rather than border control, information network (including NGOs). The Revision of the IHR - could it give more authority to WHO in international epidemiological monitoring? Limitation vis-à-vis State sovereignty? Growing role of the World Bank in country capacity-building?</p> <p>- Chen, Evans and Cash "Health as a global public good":</p> <p>Global health, rather than only communicable diseases, can be considered more a public than a private good. Effect of globalization in terms of enhanced international linkages in trade, migration, and information flows as well as in terms of intensified pressures on common-pool global resources of air and water - <i>third wave of health threats</i> – (1) emerging infections, (2) new environmental threats, and (3) behavioral pathologies threatens all countries, rich and poor.</p> <ol style="list-style-type: none"> 1. HIV, diseases carried by travellers, epidemics caused by rapid urbanization, by international trade, <i>health fears</i> (BSE, SARS), antibiotic resistance, etc. 2. Health effects of ozone depletion, global warning, disposal of toxic water, air pollution 3. Tobacco and illicit drugs - NCDs with public characteristics because of powerful behavioral influence of commercial advertising, passive smoking, transfer of costs, peer pressures, <p>Determinants and means to fulfill the responsibility for health are becoming global.</p> <p>Themes of global health as public good:</p> <ol style="list-style-type: none"> 1. Health equity - different health concerns and issue of priority, inequity in national capacity 2. Global private market, privatization of health care/knowledge - HSR 3. Unprecedented opportunities for health - technological breakthroughs, such as genome, health information to all (though it’s use will vary and be unequal). Growing normative convergence on human rights, democracy, accountability, etc. will help. <p>Health is a positive sum. WHO should exert world leadership by becoming the central promoter and facilitator in the production of health as a global public good.</p>	<p>"Global Public Goods: International Cooperation in the 21st Century" Ed. Inge Kaul et al., UNDP, 1999, p.284-</p>
-------------------------------------	--------------	---	--

<p>Health as common values</p>	<p>historical</p>	<p>WORLD</p> <p>Expansive set of common values in the world—freedom, equality, solidarity, tolerance, respect for nature, shared responsibility.</p> <p>After 9/11. - humanity indivisible, new insecurity and deeper awareness of the bonds binding us all (Annan), rethinking about efforts to deal with not only terrorism but also the life-threatening conditions of poverty, disease, and humanitarian emergencies worldwide. Not only alliance against evil, but also global alliance for reducing poverty and for creating a better environment, a global society with more social justice.</p> <p>1. Minimalist approach of core basic values - provides common ground -Positive duties regarding mutual support, loyalty, and reciprocity -Negative duties to refrain from harmful action such as violence, deceit, and betrayal -Norms for at least rudimentary fairness and standards for what is just.</p> <p>2. The basic values are indispensable to human coexistence at all the levels. In contrast, maximalist moral values may be more extensive and elaborated—set forth a more complete, ideal position.</p> <p>3. It is possible to respect both common values and respect for diversity.</p> <p>4. Health can be (is) one of the basic values which can be shared across cultural boundaries.</p> <p>1993 UN World Conference on Human Rights - the declaration affirmed the universal <i>right to development</i> while asserting the central subject of development is the human individual, not groups or states.</p> <p>Commission on Global governance <i>Our global neighbourhood</i>: Societies must learn to work together—working with minimum set of common values.</p> <p>Today's humanitarian emergencies - whose responsibility? With complex humanitarian emergencies today, the problem is to find methods that can be used to uphold human rights, and to find ways of living up to the obligation to uphold—without getting killed by the oppressors in the process.</p>	<p>Common Values, Sissela Bok, University of Missouri Press, 1996</p>
--------------------------------	-------------------	--	---