

The Challenges of Health in the Twenty-first Century

Work proposal for the constitution of an international network of health professionals in the framework of a world Alliance for a Responsible, Plural and United World.

The Alliance for a Responsible, Plural and United World is an international movement inspired by a humanist ideal, comprising today more than 2,500 persons and organizations from 120 countries.*

Founded in 1993 on the basis of the *Platform for a Responsible and United World*, at this stage of its development the Alliance has a large number of topic-based or geocultural workgroups planning international meetings to discuss proposals on key topics for the future of humankind and of the planet (such as the use of water, the regulation of finance, the new challenges of world governance, the role of art and artists in change, etc.). This process includes two central events:

- ♦ in June 2001, four simultaneous continental assemblies will take place in Arusha (Tanzania, Africa), Bangalore (India, Asia), Quito (Ecuador, America), and Peel, (Rumania, Europe);
- ♦ in December 2001 a world assembly gathering 400 participants will take place in Lille, France.

"Proposal Notebooks for the Twenty-first Century" and a "Charter for a Responsible, Plural and United World" are to be the products of this process.

Alliance workgroups have been working on different topics since 1994. The topics have been grouped under four main themes: (1) Values and Culture, (2) Economy and Society, (3) Governance and Citizenship, and (4) Humanity and the Biosphere.

However, there is a major topic that has not been present in the debate so far: **health and social-health systems**. This topic is related to different disciplines and activities that condition the existence and wellbeing of humans. For this reason, some Alliance members have manifested the need to work on this topic and contribute to the overall debate of the

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four continental Assemblies of June 2001 and the world Assembly of December 2001 the experiences, ideas, and, above all, concrete proposals related to it.

Two general declarations by international agencies and validated by the international community may be useful for opening the discussion.

The right to health was established by the World Health Organization in its Constitution in 1948:

"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 conditions."

"Health is a state of complete physical, mental and social well-being, and not only the absence of disease or infirmity."

"Everyone has the right to conserve his health and, in the event of sickness, to possess the means to be treated. This protection should include himself and his family."

In addition, the Universal Declaration of Human Rights drawn up by the United Nations General Assembly in 1948 says, in Article 25:

"1. 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.

2. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection."

Both declarations, which were undersigned by practically all existing governments, hold them to comply with these fundamental rights. This is not, however, what is happening. Following are some facts and figures to support this:

- ◆ 1.3 billion persons live in absolute poverty. Their income amounts to less than 1 dollar a month and they represent 25% of the human population.
- ◆ 30% of the human population does not have access to potable water.
- ◆ Anemia and iron deficiency affect more than 1 billion persons the world over.
- ◆ 200 million persons suffer from malnutrition.
- ◆ 2 million children die every year from diseases that are preventable through vaccination.
- ◆ 7.5 million children die in the perinatal period from faulty attention.

- ♦ The feminine population of the underdeveloped countries, which represents 84% of the women of the world, risks death in 1 out of every 48 deliveries. In the developed countries, the proportion is 1 out of 4,000 pregnant women.

These harsh statistics make it necessary to think about at least some of the questions involved in this reality. **According to different studies, the critical issue could lie in the quality of the social and physical microenvironment.** Prosperity and health are highly correlated. This has been observed within different income groups of a society or in comparing different societies. Growth of prosperity constitutes an indicator of success obtained with regard to the past, and also a basis for future possibilities.

Caldwell¹ (1986) shows that, within the high inter-nation correlation between health and wealth, some societies achieve a much greater improvement in the state of their health than that predicted on the basis of their income. He also highlights that state of health is correlated with the other social features such as high levels of education among the mothers.

Wilkinson² (1992) presented evidence that the health of a population depends more on the equality of income distribution than on the average income. Therefore, if there is an increase in average income but the resulting wealth is concentrated in less pockets, this could produce a decrease in the levels of health. Similarly, Sir Francis Bacon wrote: *“Of great riches there is no real use, except it be in the distribution; the rest is but conceit.”*

Several studies conducted over a long period of time in a number of different countries, have shown a correlation among life expectancy and various measurements of social status: income, education, occupation, and residence (Wilkinson 1992).

Efforts to improve the population's health have been mainly channeled into welfare systems, responding to the belief that public health services are the main determining factor in health. Although the availability of health systems—or lack thereof—may be decisive in individual cases, it cannot explain all the health differences among populations.

¹ Caldwell, J.C. (1986), "Routes to Low Mortality in Poor Countries," *Population and Development Review*, 12: 171-220.

² Wilkinson, R.G. (1992), "Income Distribution and Life Expectancy," *British Medical Journal*, 304: 165-68.

An effective health policy needs to take into account the relative importance of various health determinants. **In this area, what is important now is to reorient and refocus the social debate.**

We need to reexamine the scope, the organization, and the financing of the various public health-insurance systems on the basis of answers to a few central questions that are sometimes forgotten: **What reform, action, and organization could help to improve the population's health? In other words, which are the most effective means, and the policy and budgetary options that need to be implemented to improve the population's health?**

We also have to acknowledge that all the factors involved in increasing health standards are far from being clear. There is therefore no magic "what to do" formula. We still have a lot to learn on how to develop efficient health action.

This is an invitation to an international debate among professionals active in different disciplines and health professionals of all specialties from different countries with dissimilar socioeconomic realities, with a view to integrate different perspectives, experiences, and proposals on health at the start of the twenty-first century.

The purpose of this international debate is for the participants involved in it to clarify the main challenges raised by health problems, by:

- ◆ contributing their view on the crucial health problems on a world scale, and
- ◆ in addition, by identifying the primary health-related issues in each of the particular social contexts in which they work, in order to enrich the overall perspective by highlighting that which is specific to every context.

Africans will probably emphasize poverty and AIDS. Western Europeans and North Americans might focus on the issues of food security, the financial administration of public health, or the regulation of biogenetics. Participants of other continents will underscore topics that are relevant to their region.

This debate will have a key moment at a meeting on this topic in April 2001, likely to be held in Cuba. The dates and place will be confirmed as soon as possible. The immediate work will consist in elaborating collectively as of now a document that will be

discussed and validated at the April event, and will constitute a significant contribution for the whole of meetings and debates planned for 2001.

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