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CURRENT HEALTH PROBLEMS FACING INDUSTRIALISED COUNTRIES

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It is a great honour and pleasure for me, on behalf of the World Health Organization, to congratulate the Istituto Superiore di Sanità on its fiftieth anniversary.

The central institutes of public health, and some other comparable institutes, have a long tradition in many European, and other industrialised countries, in their importance for scientific development and in supporting practical public health actions.

WHO's Health for All movement essentially recommends that the developing countries should also establish national health development institutes, to include all those elements which are typical for central public health laboratories or institutes in industrialised countries.

Here in Europe, where I am responsible for WHO cooperation with Members States, we normally have a close contact with the central institutes. An example of this is the very intensive cooperation we have with the Istituto Superiore di Sanità, which plays an important role as a WHO Collaborating Centre and which has been most helpful in cooperation in various programmes, involving both worldwide and European activities. I know that the Institute also provides useful advice to FAO, the Common Market and other organizations.

The WHO Regional Office for Europe has for many years encouraged governments to develop and make the best use of their central institutes and laboratories.

This now brings me to the current health problems facing the industrialised countries, where central public health institutes serving their ministries of health, and other government agencies responsible for the health condition of their populations, are facing new challenges.

As most of you are aware, the countries of the world committed themselves to what we now call the "Health for All" movement, by accepting, in 1977 at the World Health Assembly, that a social target 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 socially and economically productive lives. The following year, in 1978, the Alma Ata Conference, through its Declaration on Primary Health Care, started the practical steps to be taken in this connection. A global strategy was established and every region developed its own special programme to complement the global activities.

The industrialised countries of Europe made their own strategy in 1980, which was made available to the general public, in several languages, in the form of a book called *Health crisis 2000*. Why *Health Crisis 2000*? As the European countries started to analyse the present trends, they found that despite the fact that their economic conditions and educational levels seemed to be higher than those in the developing countries, their health conditions were not satisfactory. They realised that, while they have a considerable potential to raise the level of health, they also have many negative aspects in their societies creating new risks for the health of their populations. Many of these were directly related to the industrialisation of society — pollution, traffic accidents, chemical safety, others were related to the way society developed their competition, economic exploitation creating isolation of non-productive groups, especially the elderly and those who cannot be provided with work.

The success of the fight against infectious diseases often led by the central institutes of health has guaranteed a healthier life for young people, but has increased the number of elderly people, many of them suffering chronic and disabling conditions.

These trends were analysed and the conclusion reached that, in three areas, actions were recommended to improve the health conditions of the people of Europe, or at the minimum to halt any deterioration:

- promotion of lifestyles conducive to health,
- reduction of preventable conditions, and
- reorientation of the health care system to cover the whole population with comprehensive health care to the maximum degree possible for each country according to its stage of development.

In addition, there was strong emphasis in the European strategy for better equity and the need for support from the political sector, especially to guarantee inter–sectoral cooperation. A continuous input from research is also essential — research should be oriented towards bio–medical innovations, behaviour of the human being, control of the environment and to more humane and economic use of health services.

One quite realises at this present time that the central public health institutes with their research and service programmes will have quite a lot to offer and may have to take further new responsibilities to advise their governments on ways of finding the best solution to new problems arising in the future.

The WHO Regional Committee for Europe in 1980, as a complementary action to the already established Regional Strategy, requested the WHO European secretariat to develop proposals for the Region on specific targets which should be suitable for the industrialised countries to try to reach by the year 2000 and which would considerably improve the health conditions.

This "Target Document" has been in stages of preparation for three years. The first draft was analysed by the Regional Committee in 1983 — this version was the result of consultation with a large number of public health practitioners, research workers in medicine and other health related fields, public health engineers, statisticians and so on. This has now been scrutinised by representatives of the governments who, of course, have especially considered the feasibilities, the real possibilities for governments and society to comply with the suggested action to reach the targets. Following this, a new version will now be presented to the Regional Committee in September 1984, this version seems to have all the possibilities of being accepted as a joint "European health policy document" for the remainder of this century. It was accepted and has been published as official WHO/EURO publication *Target for Health for ALL 2000*, 1985, Copenhagen.

The document lists some prerequisites for health, which cannot be controlled by those normally responsible for the health sector in each country. They relate to the risk of war, the equal opportunity for all in society, the satisfaction of people's basic needs relating to food, basic education, water and sanitation and decent housing. One of the conditions should also be for society to give secure work and a useful role to its citizens (this, of course, refers to the current problem in most countries of unemployment), and finallly, with the political will and the support of the general public without which no health programme can succeed.

With these prerequisites satisfied, it is then hoped that the thirty–eight targets set down can be reached (all targets may not be relevant to each individual country, but are relevant to Europe as a whole). The targets are grouped in four major chapters and refer to the major current health problems in industrialised countries.

The first chapter deals with the basic issues of promoting health capabilities — the targets formulated in this chapter deal with this problem, especially with reducing health inequalities, they then stress prevention and the promotion of medical capabilities to eliminate specific diseases and decrease disabilities and, finally, include suggestions to reduce infant and maternal mortality as well as premature death related to diseases of the circulatory system, cancer, accidents and suicide. In formulating these targets, care has been taken to select levels that are known to be feasible, either because they have already been reached by at least some of the countries in the Region or because the necessary technology exists. The chapter repeats the major theme of "Health for All" that by the year 2000, people should have a better opportunity to develop and use their health potential to live socially and economically fulfilling lives. It then goes on to suggest that by the year 2000, the average number of years that people live *free from major disease and disability* should be increased by 10%. This target is linked to accident prevention, prevention of disability from many chronic conditions, including mental health.

Then there are specific targets relating to disabled persons and their conditions, and the elimination of specific diseases, (also set down in the global targets), that by the year 2000 there should be no measles, poliomyelitis, neonatal tetanus, congenital rubella, diphtheria, cogenital syphilis or indigenous malaria in the Region.

It is also hoped that the average life expectancy in the Region should be at least 75 years, and that infant mortality ranging from over 130 to less than 7 among the countries of the Region will be less than 20 per 1000 live births by the year 2000. The chapter continues with targets related to maternal mortality and diseases of the circulatory system and to cancer (where there is a cross–reference to the lifestyle issue of smoking). It is also assumed that death from accident should be reduced by at least 25% through an intensified effort to reduce traffic, home and occupational accidents. Finally in this chapter the rising trend in suicides or attempted suicides should be reversed.

The second chapter deals with the question of *Lifestyles conducive to health*, and sets out an effective plan of action to promote healthy lifestyles:

– making the physical, social, cultural and economic environment conducive to healthy lifestyles;

– strengthening the individual citizen's basic capacity to make choices and to cope with stressfull situations without recourse to behaviour which may damage health;

– improving individual knowledge on lifestyle and health issues;

– strengthening the social support system (families, self-help groups, etc.) backing up individuals and vulnerable groups;

– establishing specially designed programmes to deal with certain aspects of lifestyles and health.

This area touches closely on the social policies of countries, and problems like smoking, alcohol use, driving habits, family planning, abuse of pharmaceutical products, use of illicit drugs and other dangerous substances, will in the next few years require, for example, central public health institutes, to develop policies in cooperation with research institutes and universities to deal with these aspects.

The next chapter deals with a subject close to central public health institutes — that of a *Healthy environment*. The introduction to this chapter clearly states the importance of this topic for our future.

"The European Region is part of a world environment that is changing rapidly in terms of demographic structure, human lifestyles, consumer demands, energy sources, method of agriculture, industrial production, transportation, tourism and migration. All these factors can cause, and can interact to produce, major impacts on health.

The study of environmental conditions may be approached in several ways, involving:

– the milieu: air, water, soil, food;

– the agent: physical (*e.g.* temperature, radiation), chemical (toxic substances, either natural or produced by human activity), biological (*e.g.* microorganisms, animals) and psychosocial factors;

– the place where exposure to risk factors occurs: *e.g.* home, work, school, transport;

– the consequences of exposure: injuries, intoxications, infections, parasitic or chronic diseases.

For the purpose of target setting, combinations of these different elements must be selected in such a way that they reflect the priority problems in the Region and the possibility of intervention. The following chapter has three main parts: the first contains targets related to overall policies, the second deals with control of hazards in water, air, food and waste while the third presents targets related to the work and living environment".

It repeats the global targets of adequate supplies of safe drinking water and refers to the pollution of rivers, lakes and seas no longer posting a threat to human health.

The Istituto Superiore di Sanità, is closely working in this area, in connection with land based pollution affecting the Mediterranean.

The next targets in the environmental chapter deal with air pollution, health risk due to food contamination, elimination of health risk due to hazardous waste disposal, and hopes that all people of the Region will have a better opportunity of living in houses and settlements which provide a healthy and safe environment. There is also a target regarding protection against occupational hazards.

The following major chapter deals with what is called *Appropriate care* — this means the shift from emphasis on hospital care to the improvement (also in Europe) of primary health care, being not only medical service at the community level, but health promotion and rehabilitation activities in full cooperation with the population. I will not deal with the details of this item, even though they are important, as they are not so closely linked to the research role of the central public health institute.

However, there are elements in the concluding chapter, *Health development support*, of interest to the central institutes — this refers to development of appropriate health policies, managerial processes, health information systems, and proper planning, training and use of health personnel. The central public health institutes certainly have important roles in these areas, particularly regarding the target referring to health technology assessment which states that before 1990, all Member States should have established a formal mechanism for the systematic assessment of the appropriate use of health technologies and of their effectiveness, efficiency, safety and acceptability, as well as reflecting national health policy and economic restraints.

The targets relating to research are under formulation by the European Advisory Committee for Medical Research, of which Professor Pocchiari is a member, and will be put into final form in the near future.

Naturally, there will, in the future, be strong support in the target document for continuous innovation as well as full application of already known research to aid modern European societies who are planning into a future of uncertainty. We have to be ready to reanalyse national and international health policies at regular intervals to hopefully ensure that there is a continuous improvement in the health of our populations.

I believe that this document, with its broad positive health policy for Europe, involving all sectors of society and community participation, and based on a frank and honest analysis of the alternative trends, solutions suitable for any individual industrialised country can be found.