

WORLD HEALTH ORGANIZATION OBJECTIVES REGARDING THE POPULATION HEALTH IN THE XXI CENTURY. W.H.O. OBJECTIVES REGARDING HIV/AIDS

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Abstract: Objectives: disease and trauma prevention (health promotion and protection); ease pain and suffering caused by diseases; treatment and cure of patients and services for incurable patients; premature deaths prevention and fulfilment of the requirement to achieve a peaceful death. Priorities: health promotion; disease-prevention; reaffirmation of the desire to care for the incurable patients – a major imperative in chronic diseases; a medical practice which does not prescribe death.

Keywords: public health, HIV/AIDS, WHO

Rezumat: Obiective: prevenirea maladiilor si a traumatismelor (promotia si protectia sanatatii); usurarea durerii si a suferintei provocate de maladie; tratamentul si vindecarea pacientilor si servicii pentru bolnavi incurabili; prevenirea deceselor prematuri si realizarea cerintei pentru o moarte linistita. Prioritati: promovarea sanatatii; prevenirea maladiilor; reafirmarea dorintei de a ingrijii bolnavi incurabili-imperativ major al bolilor cornice; o medicina care nu prescrie moartea.

Cuvinte cheie: sanatate publica, HIV/SIDA, OMS

INTRODUCTION

I. WHO (World Health Organization) objectives of public health in the XXI century.

870 million people in 51 Member States of the European region are at the crossroads of history. They are looking back on the twentieth century: the first half is marked by two devastating world wars, while the recent years of this century are divided by armed conflicts and increasing inequities in health. Although we are in the XXI century, armed conflicts are more numerous and the health crisis in the Eastern part of the region seems to have reached its climax.

Europe is a region of great contrasts, where rich countries stand shoulder to shoulder with the poor countries, and with more tests regarding the political and social consequences of change, economic transition and creation of institutions.

It is one of the world's regions with profound changes, where the increasing globalization of business can narrow the gap between the rich and the poor.

The rapid development of science and technology of information brought about new developments that could have not been foreseen. To

confront this new situation, the need for a model of social policy development occurred, having health as a key contribution and results. Health for all brings safety.

Objective 1: Global Health for the safety of all. The Policy “Health for All in the XXI century”, adopted by the international world in May 1998 aims at achieving the vision of health for all, a concept which arose in the World Health Assembly in 1997 and was launched as a global movement in the Alma-Ata conference of 1978. It establishes the global priorities for the first two decades of the XXI century and 10 goals with the aim to create the necessary conditions, so that people from everywhere should reach and manage to maintain the highest level of health. It is important to understand that health for all is not the only limited effect. It is fundamental to strengthen the social justice to support the basic principles of science for a better development of health and the description of a process that will lead to a gradual improvement in public health. As it has been stressed in the declaration of global health, adopted by the WHO in May 1998, achieving health for all depends on the consideration of health as a fundamental human right. This includes a vigorous application of science and ethics in health policy and supporting field research. As set by the World Health Declaration, global health for all as a policy of the XXI century will be fruitful due to national and regional policies and strategies and the HEALTH 21 is the answer of the European region to this requirement.

WHO European Region is responsible for the global health policy for all.

Since its introduction in 1980, health for all is a comprehensive labelling for improving health throughout the European Region. WHO had a major impact on health development through the increase of a stronger solidarity in health development among the Member States of the European region and a better health justice among the groups of each country.

Reducing health inequities between countries. Poverty is a major cause of illness and social belonging. One third of the population of the Eastern part of the region, 120 million people, live in extreme poverty. Health suffered much there where economies were unable to provide adequate income for all, where the social system was collapsed and where the natural resources were poorly used. This is clearly demonstrated by the

large difference in health between East and West. Infant mortality increased from 3 to 43 per 1000 live newborns and life expectancy at birth from 79 to 64 years. To minimize these differences, a large and collective effort must be made by the international institutions of the donor countries, humanitarian agencies, in order to increase efficiency in health development in the countries with more needs. The 20 initiatives stated in the Social Summit of the United Nations held in Copenhagen, 1995, deserve all considerations. 20% of total development assistance should be allocated to activities in the social sector. External support should be better integrated into government development programmes.

Objective 2: To reduce health inequities in each country. Poverty is the greatest health risk factor, whose span and different hierarchical levels is a serious injustice and reflects one of the most powerful influences of health. Financial deprivation results in prejudices and social exclusion, with a growth of violence. And there are also differences in health status between men and women.

The educational level produces a similar health risk as the one produced by the social class. A key strategy is to remove the financial barriers, the cultural and other barriers that prevent the equal access to education. This applies particularly to women, but to poor children and other disadvantaged groups, too. It is very important to introduce special programmes to help the poor children improve their initial handicaps.

Companies that include all citizens in a useful role in terms of social, economic and cultural spheres will be healthier than the others where people are confronted with security, exclusion, deprivation.

All sectors of society must take responsibility to reduce differences in social terms and improve their influence in health. Critical periods of change, childhood, the transition from the primary school to a higher education, early labour, leaving the house in order to make a family, changing workplace and possible accidents, all affect health. An important basis of adult health is the life lived before birth and early childhood.

Objective 3: Healthy debut in life. Genetic and dietary consult, pregnancy without smoking and highlighted antenatal care will prevent births with low weight and congenital anomalies.

The policy should create a support for families with wanted children and with sound capabilities in order to raise the children, in order to care and look for them. A social environment that protects children's rights should also exist. Health and social services should be involved in raising awareness and treating the cases of child abuse.

Objective 4: Young people's health. On the one hand, there is a tendency to reduce accidents, the effect of drugs and unwanted pregnancies; on the other hand, the health policy should help the children and the young people choose health, which otherwise, is an easy choice. Education and employment policies must make it possible for the young people to take advantage of the best education and most productive work. Health education and the support of the young people will reduce the risk

of unplanned pregnancies and sexually transmitted diseases, including HIV. Strong action must be taken to promote a healthier work environment through better legislation and better binding mechanisms.

Companies should adopt health awareness campaigns, a concept with three elements:

- Health promotion for their staff;
- Their products should be health-supportive;
- Assuming social commitments by supporting the community health programmes.

Objective 5: Health of the elderly. Health policy must prepare the old people for the old age health by planned, systematic promotion and protection. Social, educational and employment opportunities, together with physical activity, will improve the health of the elderly, their confidence in themselves, their independence and active contribution to society.

The programmes for the regeneration and maintenance of physical health, acuity, hearing and mobility before the old man becomes dependent are of particular importance. Social services and the community need to provide support services to the elderly in our daily lives. Needs and desires related to their home, income and other factors that circumscribe their autonomy and social productivity must be taken into account.

Reducing the incidence and prevalence of diseases and other causes of illness and death at the lowest levels.

Reducing illness and injuries. Cardiovascular disease is the most common cause of death in the European Member States, while cancer is on the second place. Infant and maternal mortality remains an important issue in many countries. Other key issues for health are: mental health problems (10% of all illnesses), abuse and violence (more than 1/2 one million deaths per year and the main cause of death among the young people). There are also other cases, already forgotten, such as: malaria, tuberculosis, syphilis, which seem to relapse now.

Objective 6: Improving mental health. Improving mental health and reducing suicide in particular, require the attention, promotion and the protection of the mental health in life, in particular in the socio-economic groups which are disadvantaged. The rate of suicide can be reduced substantially if physicians are trained to detect depression early and treat them as early as possible. In many countries, to refresh the protection of the mental health, there is a need of a broader and a more balanced activity in the psychiatric departments within the general hospitals and a closer and a more accessible primary health care. Improving the working conditions will lead to a healthy working class that will increase productivity; unemployment places at risk the physical and the mental health. An unsafe and unsatisfactory work can be harmful, just like the unemployment. To permanently have a job is not enough in order to ensure physical and mental health, quality work is also important.

Objective 7: Transmissible diseases. Improving the conditions of basic hygiene, water quality and food safety are essential, as well as effective programmes of

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immunization and effective treatment. Poliomyelitis, neonatal tetanus, mumps should be eliminated from the European Region (polio and mumps as part of the global eradication), while congenital rubella, hepatitis B, whooping cough, mumps and invasive diseases caused by *Haemophilus influenzae* should be controlled through immunization.

Prevention programmes under treatment for tuberculosis, malaria, HIV and sexually transmitted diseases are needed.

Objective 8: Non-transmissible diseases. Cardiovascular diseases, cancer, diabetes, chronic obstructive disease and asthma bring about the biggest concerns in the region. Many of these problems can be eliminated if programmes are held at country or community level to reduce the risk factors common in these diseases, such as smoking, unhealthy food, sedentary life, stress and alcohol.

Objective 9: Violence and accidents. Reducing violence and abuse due to accidents require improved emergency services and a better knowledge of preventive measures. A higher priority will be assigned to the major causes of violence, including domestic violence, with particular attention to alcohol.

Many diseases have the same risk factors such as poverty and socio-economic depression. It is important that low-income societies should also have less deeds of violence.

Objective 10: Healthy and safe environment. Environmental taxes promote health by reducing pollution. The costs for eradicating the harmful effect of pollution are higher.

Objective 11: Healthy lifestyle. Industry and agriculture should promote health by ensuring safe food and protecting the environment.

Objective 12: Reducing the harmful effects of alcohol, drugs and smoking.

Objective 13: Healthy Environment (physical, social, home, school, workplace, community).

Objective 14: Responsibility of all health sectors in ensuring health.

Objective 15: Integrated Health Sector. Ensuring accessible and appropriate addressability regarding the world population, to support primary health focused on family and community and supported by a flexible hospital system.

Objective 16: Health management. Member States must ensure that the individual's health management and the population's health are targeted towards high standards.

Objective 17: Health services and the allocation of resources for health. Member States must have a mechanism for allocating the health financial resources based on the following principles: equal access, solidarity, and optimum quality, cost/effectiveness adequate proportion.

Objective 18: Development of human resources. All Member States will have provided professional resources, means and skills to promote and protect health.

Objective 19: Development of research for health. All Member States must have data, information about health and communication systems as a support for the collection and the effective use and dissemination of the notions of health support.

Objective 20: Developing multidisciplinary partnerships. Mobilization of all those involved in the public health insurance (individuals, groups and organizations including public and private sectors, civil society).

Objective 21: Insurance and strategies. All Member States should have introduced health insurance for all people at local and regional level, supported by appropriate infrastructure and management processes.

Goals can be achieved if:

- Member States should invest in social and economic welfare of parents and families, by implementing a policy that should create support for families with desired children and parental skills ensuring a healthy start in life for all children;
- Member States develop a comprehensive policy and local, community programmes, to ensure adequate services for family planning and reproductive health;
- Women's Health should be a priority in policy at national and sub-national level;
- Services of primary health care should include a network of services for family planning, prenatal health care based on essential technologies, promoting child health, preventing childhood diseases - including immunization in at least 95% of the children, appropriate treatment for sick children;
- Encouraging breast-feeding, so that at least 60% of new born to be breast-fed during the first 6 months of life;
- Community supported legislative actions to achieve reductions in the abused, mistreated, marginalized children;
- Observing and protecting the children's rights;
- The community should support the family by creating a safe living environment and by facilitating the child health promotion programmes;
- Collaboration between the education, health and decision factors for the support of children during family crises;

II. WHO strategy for the period 2003-2007 regarding HIV / AIDS

Aims:

- to provide health advice on the main components of effective response;
- to support health ministries in developing a general policy framework, planning, establishing priorities, implementing and monitoring, necessary to generate a response that should be included in the national health strategy;
- to strengthen and promote by comparing advantages, experience and expertise, so that health ministries can develop a strategic plan on HIV/AIDS;
- to help the health sector achieve the targets set in the

Declaration of the UN General Assembly regarding the responsibility assumed for HIV/AIDS.

III. Strategy of UNESCO to prevent HIV/AIDS through education

- advocacy, raising awareness and increasing abilities;
- adapting the message and finding the right messenger;
- reducing risk and vulnerability;
- ensuring the right to care and access of those infected and affected.

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