

# ORGANIZATIONAL AND MEDICAL INVOLVEMENTS AS REGARDS THE WORLD'S DISADVANTAGED GROUPS OF PEOPLE

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**Abstract:** *The paper presents the dynamics of the main legal provisions regarding the health care services awarded to the unprivileged population of the world.*

**Keywords:** *unprivileged population, health care*

**Rezumat:** *Lucrarea prezintă dinamica principalelor prevederi legislative cu privire la îngrijirile de sănătate acordate populației defavorizate în lume*

**Cuvinte cheie:** *populație defavorizată, îngrijiri de sănătate*

## INTRODUCTION

It is well known that "the members of a community ensure its development. The large proportion of the poor entails the impossibility to progress, not only because of economical difficulties, but also because of mentalities, education and attitudes".(6)

"The roots of state's involvement in providing the individuals' social welfare belong to the old pre-Christian civilizations."(7). States with a powerful civilization which disappeared later on, such as Sumer, used to pay special attention to the aid given to those in need. Nanshe, the Sumerian goddess, was concerned with social justice and equity. The codes of Hamurabi and the regulations of Ancient Greece stipulated "the obligation of the social organization forms of that time (the city, the state) to support those in need in the event of calamity, starvation, war, etc."(7). For a while the Romans had a kind of charity offices, where they distributed aids to the poor citizens. In the 4<sup>th</sup> century A.D. there were high officials with minor privileges, called "archiatri populares", whose mission was to cure the poor sick people for free.

The beginning of the modern state in terms of provision of individual welfare was marked by two events: the poor's law adopted in 1601 during the Elizabethan period in Great Britain and the introduction of social insurance model in the time of chancellor Bismark in Germany in 1880. "The poor's law of Great Britain defined the state's responsibility for dependent people in general, while the concrete activities to prevent begging and attract the poor into work fell under the responsibility of local communities, of parishes."(7)

The subsequent versions of the law adopted in the 19<sup>th</sup> century paved the way for the major social

reforms of the 20<sup>th</sup> century, which led to what the western industrialized countries called "social welfare status".(6)

Chancellor von Bismark remains the "promoter of the first laws regarding social insurances, the first involvement of the modern state in the social protection of individuals based on contributions."(9)

Many European countries immediately followed the German model. Other countries like USA, Canada and Austria introduced such laws much later.

In USA there was an involvement of the church and of the religious communities in people's mutual assistance. During the colonial period, families took care of their poor and needy fellows. The church often provided volunteer assistance when it was necessary. Volunteers were recruited and placed within certain programmes to help the people in need: sick people, children, homeless, handicapped and poor people. The Charity Organization Society was established in 1877 with the objective to prevent and fight against poverty.

The financial crash of New York stock exchange in the 30s determined some very serious social problems: mass unemployment, poverty, starvation, etc. Both the stakeholders and the state realized the need to establish some appropriate social insurance and social protection systems, which would provide protection against poverty, misery or ignorance to those in need. The law adopted in 1935 put the basis of the American social insurance and social assistance system, creating the so called American "half-state of welfare".(7)

"After World War I most countries faced a wave of social changes, most often contributing to the reduction of social inequity: compulsory education for children (or the extension of compulsory education time in the advanced countries), universal vote, increase of women's number on the labour market, substantial decrease of unemployment, etc. Despite all these changes, during the inter-war period social inequities were maintained in most countries of the world.(7)

In the period following World War II was extremely favourable to the development of social policies. In the states engaged in the war, conditions were created for the extension of the existing social programmes and the implementation of other new programmes.

In 1942 in Great Britain was published the famous report of Lord Beveridge where he “proposed, as an objective of the post-war British state, to defeat the “five giants: shortcomings, illness, ignorance, misery and idleness”.(6). The most important laws were the law of education adopted in 1944 and the law of a national health service adopted in 1946. The law of national securities and the law of national assistance were adopted in 1946 and in 1948, respectively, and they provided a system of fixed universal aids for pensions, illness and unemployment, or the men and women insured and their spouses, as well as a national social assistance scheme based on testing of means, as a safety network for those uncovered by the social insurance system.

In the last years the international community has shown itself ready to approach the poverty issue, one of the biggest problems mankind is facing nowadays.

In 1992 at the summit of Rio de Janeiro held under UNO’s care, the developed countries, that is the 22 members of OECD, established the so called Committee for Assistance and Development where they adopted the decision providing that each country of the group should allot 0.7% of its gross domestic product to support poorer countries to get rid of poverty. Starting with 2003 the OECD countries decreased the aids directed to their own social needs on the rationale of intention to pay more attention to the economic development of the poorer countries. The aimed countries would then dramatically experience the deepening crisis in the field of social services: education, health, social assistance, etc.

To the end of 1999 the World Bank and the International Monetary Fund introduced a new modality to help the poor countries in their effort to reduce poverty. The new modality also includes a new concept of partnership between the countries with low incomes and their foreign partners, giving these countries the possibility to guide the donors’ assistance to where necessary. At the same time, at international level, a number of organizations support the cancellation of poor countries’ debts of billions of dollars.

At the millennium’s summit in September 2000 regarding the United Nations’ role in the 21<sup>st</sup> century, 147 state and government heads, including Romania’s, adopted the millennium’s declaration where one objective was the “eradication and foreign starvation”. The target was to reduce by half the percentage of people with incomes below 1 dollar a day between 2000 and 2015.

At the end of 2001 the European Commission developed an action plan of the Community where the operational objective was to significantly reduce poverty, to reduce, by 2005, from 18% to 15% the ratio of those living below poverty threshold and further to 10% by 2010 and to also reduce by half children’s poverty by 2010.

At the Nice Conference (2000) the European Council established that in 2001 all EU Member States should develop anti-poverty strategies and social inclusion promotion strategies. Four global objectives were then formulated, representing the general directions

of action: 1. Facilitation of employment and the access of all citizens to resources, rights, goods and services, 2. Prevention of exclusion risk, 3. Support of the vulnerable people, 4. Mobilization of all relevant institutions.

Lately we have felt the globalization of social policies, which means taking over the problems and decisions from a national level to a super-national one, a decrease of national governments’ influence upon social policies and an increase of the influence of some super-national, regional or global institutions such as: EU, UNO (UNESCO, UNICEF), USAID, World Bank, International Monetary Fund, NATO, etc.

Among the millenary development objectives formulated by the United Nations one can mention: to eliminate poverty and starvation at world level, to reduce the number of maternal deaths and infants’ deaths, to stop HIV/AIDS epidemics, to strengthen gender equality, to promote sustainable development.

UNFPA’s report on “World population 2002” states that actions against poor health services, unwanted pregnancy, illiteracy and women’s discrimination are necessary to achieve these objectives in the developing countries. The report recommends more money to be spent for prevention and for basic health assistance, which are however cheaper than treatments, so that efforts could be more efficient.

Politicians’ interest in health systems appeared rather late in time, initially the government’s role being limited to coordinating high medical education, public health and, where possible, quality control. Then “the need was felt for more appropriate, more efficient and more harmonized organization, structuring and planning, not only to the purpose of controlling the system’s costs, but mainly to appropriately respond to the population’s needs for health.”(3). Health systems are designed to satisfy the population’s need for health in a global and equal manner, great attention being paid to the peripheries of the cities.

“In Western Europe the health systems of the European Community and the European Association of Free Commerce can be either “Beveridge” or “Bismark” type.(2). The Beveridge type system provides free access for all citizens, while services covering level is general, resulting in a better equity regarding the access to health service. The Bismark type health systems provide better coverage of population by health services and have better results and positive impact on people’s health.

“In Central and Eastern Europe health systems were inspired from the ideas of Semasko during the 20s. Actually most of the former socialist countries are crossing a transitional period towards alternative health systems”.(3) This provides general access to health services, a large coverage of population, but with a shortage regarding the countryside sanitary sector.

In USA operates a health system based on private volunteer insurances. The poor’s assistance is 10% supported with the programme “MedicAid”. Unfortunately a big part of the population remains uncovered.

Globally, the problems regarding the right to health fall under the responsibility of the World Health Organization whose main goal is to lead all the world's peoples to the highest health level. WHO organized intensive campaigns of fight against catching diseases and carried out a vast programme of technical assistance in the developing countries which extended to all aspects of public health. WHO priority objectives are: vaccination and combat of infectious diseases, hygienic actions regarding maternal health, prevention of diseases through information and education.

As regards education, "the modern education is the result of long developments reflecting the dependency of the educational processes and structures upon major social phenomena".(4). At the end of the Middle Ages a range of school institutions subordinated to no central unit. "Irrespective of the authorities supporting them, schools were quite poor and provided the education specific to that time only to a minority of youths".(4) the schools established by the monastic orders (Jesuits and Piarists) had a great role in providing access to education to many youths with modest material situation. These schools often took over the municipal schools which the civil administrations could no longer maintain and organized free attendance schools. The religious schools established by the Basque monk Jose Calasanz (1557-1648) accepted only students holding a poverty certificate issued by the minister of the city.

In the 19<sup>th</sup> century governments adopted compulsory education up to a limit age which was then gradually increased. Despite the big differences which maintained, as regards educational opportunities, between the children of the working class and peasantry and the children of higher classes, the increased access to education for the lower classes was very important during that period. It was the age of "mass primary education" in the industrialized countries of Europe and the United States of America."(4)

Based on some resolutions adopted by the General Meeting, ECOSOC and UNESCO dealt with this problem, so that in 1965 ECOSOC called the states to include teaching women to read and write as a permanent priority within the national programs for liquidation of illiteracy.

In 1990 UNESCO developed a strategy regarding general education at global level.

The problem of investments in education is differently raised for the industrialized countries and, respectively, for the developing countries. Therefore in the poor countries high education was underfinanced to the benefit of the primary and secondary education. In 1992 in OECD states, former Soviet Union, Israel and South Africa the average cost per student was 828 USD, while in the developing countries it was 49 USD (International Work Organization, 1996).

In the developed countries of Latin America such as Chile or Argentina school abandonment is quite alarming. The reforms implemented in these states aimed at decentralizing decisional mechanisms and financing

schools, which left their governments without authority, educational policy falling entirely under the responsibility of local authorities.

The countries of South-East Asia, with poor natural resources, spent enormously to provide high quality universal education and oriented school curricula towards the practical side of learning (science and technology). Education was planned and managed by a powerful central administration which served the needs for industrialization and general economic development.

EU Member States have tried "to adjust their educational system in such manner that it could successfully respond to the needs and particularities of children coming from disadvantaged groups, to prevent school abandonment, to reintegrate the abandoning youths into education, as well as to extend continuous education so that to create appropriate opportunities for education and professional training accessible to those groups of children and youths found in a hazard situation."(21)

The world celebrates 8 September as the international day of teaching to read and write.

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