NEW HORIZONS IN HEALTH

World Health Organization
Regional Office for the Western Pacific

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Foreword

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO Constitution)

“Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.” (WHO Constitution)

While the above statements might have sounded utopian in 1948, they have become more relevant. Now, towards the end of the century, our aspirations of ensuring the right of all people to realize their full potential for positive health seem more realistic. With conflicting claims on the attention and resources of governments, the need for reviewing our past work, assessing the parameters and targets for health set earlier and questioning the appropriateness of our directions has been intensified.

The Western Pacific Region has developed economically and socially to a point where the basic health infrastructure and educational levels are now more or less in place. This now allows for an approach that emphasizes individual responsibility in the context of supportive environments.

Many closely interrelated factors influence health and well-being. Our approach must reflect the recognition that lives are led in complex and ever-evolving circumstances. There is a growing role for the individual, the family, the community, and the nation to participate in health matters. Public policies must reflect this and must protect people from harmful elements in the environment.

Given the right circumstances, people have the potential to make long-term differences in their health. It is the role of WHO to support them in achieving this. A more people-centred, human-development approach is evolving from the former disease-centred approach.

A major question for the future is how to ensure that health and the environment are not damaged by the economic progress for which people have worked so hard. What is the best way to encourage and enable people to help themselves to avoid disease and disability and to develop lifestyles and environments that support positive health? Simple actions for health can start from the first days of life and have an impact throughout life.
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All the vaccines in the world will not stop childhood disease unless parents want their children to be immunized, take them to health centres and ask for the vaccine. Impregnated mosquito nets will not stop malaria unless families use them. Whenever there is a choice, we must help people make healthy decisions and ensure that sound public policies support these decisions. These policies might concern health legislation; they might just as easily concern municipal planning or product labelling laws.

If we are to respond effectively to these developments, a change is necessary in our way of operating. It is not enough simply to realign, or even develop new programmes. It is unlikely that dealing only with individual elements will make a sustainable difference. We have to go further, recognizing the limitations of the traditional programme approach in responding to problems as they arise. We need multisectoral and multidisciplinary approaches that are mutually supportive in solving human development issues in sustainable ways.

The ideas in this document are presented to Member States as a catalyst for discussing and planning future directions. An earlier version was endorsed by the forty-fifth session of the Regional Committee for the Western Pacific in September 1994. Those initial discussions determined the steps now being taken to locate and structure the actual activities in countries through which this approach is taking shape in the Region. It is our intention that with this document and ideas for projects to realize the approaches, countries now take the lead, supported by appropriate resources from WHO and other agencies. The activities will be conducted by groups which cluster relevant skills. The assembling of the groups will provide a means for professionals in fields such as education, architecture, economic planning and development to identify with health issues and to recognize them as their concerns also. In the Western Pacific Region, groups are dealing with issues relating to three themes: preparation for life, protection of life, and quality of life in later years. The identification of particular lead issues for each country then becomes a way for the health sector to interact more closely with other sectors.

Working together within this framework, I believe that we can look forward to new horizons in health beyond the year 2000, where self-reliant individuals prepare themselves for healthy living, are vigilant in protecting their environment, and continue to live comfortably and securely until the end of their lives.

People need not die prematurely; the living can lead productive lives, age gracefully, and die with dignity.

S.T. Han, MD, Ph.D.  
Regional Director
1. Directions for the future

"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." (WHO Constitution)

Although health is a right, it is not automatically possessed. The human organism is vulnerable and the ecosystem appears increasingly hostile. As fast as control over diseases such as smallpox, poliomyelitis, or leprosy is reached, new threats such as AIDS appear or old threats such as tuberculosis and malaria recur. At the same time, as old environmental issues, such as sanitation, are successfully addressed, and nutritional issues, such as iodine deficiency disorders, are brought under control, new issues emerge: hazardous waste, air pollution in cities, and diets leading to heart disease, a variety of noncommunicable diseases, and early mortality.

The necessary basic health infrastructure is now in place in all countries and areas of the Region. A major concern is how to use this infrastructure more efficiently and effectively to deal with the new and emerging issues as well as the old. There must be a shift in emphasis from the illness itself, to the risk factors which contribute to the problem and further, to what will constitute good health. A single disease may be associated with many risk factors; and a single risk factor may cause or influence many diseases or conditions.

The definition of what causes ill-health has expanded. The scope of what is recognized as supporting good health has also grown. This enlarged view of responsibilities and involvement encompasses people outside the traditional health sector, including politicians, employers, planners, developers, economists, architects and teachers.

Health professionals must work closely with a wide range of other groups and disciplines to plan and execute health-related activities which ensure the best use of limited technical and financial resources; and to influence health-related considerations in development decision-making. Rather than simply responding to immediate needs, resources must be used for ensuring sustainable improvements in health and a better quality of life. Health interventions must be people-centred and wellness-centred, not disease-focused and must focus on positive health as part of human development.
Two central concepts will be particularly important in meeting the challenges of the twenty-first century: health promotion and health protection.

Health promotion refers to measures that can be taken to encourage healthy behaviour and enhance what people can do themselves, in conjunction with their families, communities and nation, to improve and manage their own health. The focus is on intrinsic strengths enhanced by education and motivation, in the context of living and working conditions that foster improvements in health.

Health protection recognizes the fragility of human life, and the need to provide whatever reinforcement science and other advances in learning and understanding can bring. Its activities are based on the assumption that there is a constantly growing number of external factors that influence health status, such as the environment.

Increasingly, there are partners for health promotion and health protection in sectors which have not traditionally seen health as a priority issue in their work. The health sector must seek to combine its resources and efforts towards positive health and quality of life with those of other sectors. The combination of individual action with involved communities and supportive public policies is a key element in successful and sustained action. Increasing evidence shows that economic benefits result from improving quality of life, such as increased productivity and decreased costs to health care services. Gradually, a whole network of interrelated institutions and disciplines is forming, including schools, industry, transportation, energy, agriculture and environmental groups. There is great scope for effective complementary action among these. In the area of socioeconomic development, people are increasingly aware of the need for making thoughtful decisions on sustainable development, which fully integrates health and environment considerations. A more tangible example is provided by the many transportation companies which are vigorously implementing no-smoking policies. Many related parties are involved: individuals, families, communities, nongovernmental organizations, health services and others.

The development of a multisectoral and multidisciplinary emphasis is an essential step in the movement towards integrated health promotion and health protection activities in countries.
2. The Region: emerging issues and the need for a response

"Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger." (WHO Constitution)

"The people have the right and duty to participate individually and collectively in the planning and the implementation of their health care." (Declaration of Alma Ata, 1978)

One of every three people in the world today lives in the Western Pacific Region of WHO - approximately 1600 million people. No other region is developing economically and socially as fast, or raising as many expectations and questions for the future.

The health profile of this Region reveals a combination of diseases associated with poverty and those associated with affluence.

Malaria, tuberculosis, diarrhoeal and parasitic diseases, micronutrient deficiency disorders; these and other afflictions traditionally associated with the developing world, are being joined now by lifestyle-related diseases - heart disease, cancers and diabetes.

Even within the broad category of "developing countries", there is a tremendous divergence in the pace of improvement among and within countries. While there are significant health benefits associated with socioeconomic development, levels of diseases and conditions related to population growth, rapid urbanization, unhealthy behaviours and lifestyles, and a damaged and damaging environment are emerging as formidable obstacles. This is particularly the case in those situations where development is not proceeding in balanced, sustainable ways.

Although the basic health infrastructure is now in place throughout the Region, there are still urgent health needs in many countries. Many people are living and working in seriously polluted environments, without adequate food and shelter. High fertility in some countries is leading to high mortality among women and children.
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The few affordable luxuries available to people in these conditions often have serious long-term health sequelae leading to further ill-health. Tobacco and alcohol use is rising throughout the Region, despite intensive health education campaigns against smoking and drinking.

Heightened educational levels and decreased infant mortality rates correlate well with not only absence of disease but with good health. These indicators depict a steadily improving health situation in most countries of the Region.

<table>
<thead>
<tr>
<th>Key indicators for selected countries in the Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality (per 1000 live births)</td>
</tr>
<tr>
<td>Japan</td>
</tr>
<tr>
<td>Lao PDR</td>
</tr>
<tr>
<td>New Zealand</td>
</tr>
<tr>
<td>Papua New Guinea</td>
</tr>
</tbody>
</table>

Source: Western Pacific Region databank on socioeconomic and health indicators (June 1994)

Adult literacy, especially among women, is one of the most telling indicators from the point of view of assessing development and likely health needs. In the countries with the highest morbidity and mortality rates, female literacy is commonly less than 50%. In the other countries, however, this polarization is not so extreme.

However, although in general the picture has improved, there are still major inequities. Infants, children and pregnant women in some of the poorest countries in the Region are dying at more than twenty-five times the rates of those in the wealthiest countries of the Region. Differences in life expectancy at birth can be as much as thirty years.
Several of the major targets for health for all by the year 2000, such as infant mortality rates, maternal mortality ratios, life expectancy and adult literacy, have been reached by most countries and areas of the Region. Only three countries have maternal mortality ratios higher than the global target of 300 per 100 000 live births, and in all but nine countries and areas, the rate of infant death is below the global target of 50 per 1000 live births.

Adult literacy ranges between 32% and 100% in the Region. The average life expectancy in the Region has increased, from 63 years in 1980, to 68 in 1990. Similarly, the average infant mortality rate has decreased, from 40 per 1000 live births in 1980, to 31 per 1000 in 1990.

Where life expectancy has increased, new areas of need have emerged, coupled with other demographic changes. The rapid increase in numbers of the elderly raises significant issues, including their health care, the financing of their needs, their accommodation, and their role in a fast-changing and increasingly urban community.

Japan provides an example of this kind of situation. In 1977, the aged accounted for 8.4% of the total population, and 27.1% of the nation's health care costs. In 1985, although the aged accounted for only 10.3% of the population, the percentage of health care costs attributable to them rose to 37.5%.
Urban populations are growing at many times the rates of populations in rural areas. Rapid population growth, overuse or misuse of the land, and environmental degradation in rural areas have resulted in significant lifestyle changes and have prompted increasing numbers of the rural population to move to larger towns and cities in search of better opportunities and improved standards of living. For some, this has resulted in positive contributions to health associated with increased personal incomes and improved services. However, this urban migration is also accompanied by tremendous overcrowding and poor living conditions which are destroying the lives, health and social values of millions of people.

Low incomes, inadequate access to health care services, daily exposure to pollution and toxic substances, and a highly stressful environment have made these disadvantaged populations especially vulnerable to disease and ill-health.

While the most impact is seen on the urban poor, the stresses of urbanization are also seen in more affluent sectors of society. Poor environmental conditions and other urban pressures (such as noise and heavy traffic) also contribute to stress, mental problems, accidents, violence, antisocial behaviour and drug and alcohol abuse.

**Representative examples of disease trends in the Region**

*Figure 3. Reported diphtheria cases Western Pacific Region 1984-1994*

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>8,366</td>
</tr>
<tr>
<td>1985</td>
<td>6,006</td>
</tr>
<tr>
<td>1986</td>
<td>4,092</td>
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<tr>
<td>1987</td>
<td>2,516</td>
</tr>
<tr>
<td>1988</td>
<td>1,557</td>
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<td>1989</td>
<td>1,108</td>
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<tr>
<td>1990</td>
<td>1,134</td>
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<tr>
<td>1991</td>
<td>1,307</td>
</tr>
<tr>
<td>1992</td>
<td>634</td>
</tr>
<tr>
<td>1993</td>
<td>51</td>
</tr>
<tr>
<td>1994</td>
<td>0.5</td>
</tr>
</tbody>
</table>

*Provisional data based on annual trends and information available as at June 1995 (Source: CES/WPRO 1995)*

*Figure 4. Trends of leading causes of deaths in Peninsular Malaysia 1975-1989*

- Diseases of the circulatory system
- Neoplasms
- Mortality of the perinatal period
- Infectious and parasitic diseases

*Source: Department of Statistics, Malaysia (1975-1989)*
Urban migration separates people from the stabilizing influence of their cultural background and traditions, encouraging new lifestyle patterns. These patterns, compounded by persuasive marketing, promote poor nutrition and detrimental habits such as smoking and excessive use of alcohol. These, in turn, can lead to undernutrition in lower age groups and increasing rates of degenerative disease in the middle-aged and elderly.

As a general trend in the Region, vaccine-preventable communicable diseases are decreasing sharply, while the noncommunicable diseases are increasing. This strongly suggests what interventions have been successful, and where future action needs to be directed.

Looking at the health issues emerging in the Region, it is clear that the responses must be timely, creative, and an integral part of public policy. Rather than tackling each issue separately, on a programme-by-programme basis, the issues must be looked at holistically, taking into account the larger context in which people live and work and which helps to shape their health status. Management of problems arising from man-made or natural disasters is one instance of this.

As well as involving other non-traditional partners in health and human development, this approach will require different ways of using resources and expertise. It also requires willingness and interest to look for, or create, opportunities to work with each other in new ways. An example of this is to group activities by issues which deal with specific aspects of health promotion and health protection. These groupings would not necessarily affect the existing structures but would link them into a common approach. They provide a means of coordinating and implementing joint approaches and activities on particular issues. Through such groupings, the health sector would have a natural interface with other sectors on issues of common concern.

This is the approach that the WHO Regional Office for the Western Pacific has been exploring, and is inviting the countries of the Region to join.

The factors that influence the achievement of health have been analysed, in an attempt to minimize and even prevent the impact of detrimental elements and support the positive ones. This approach requires specialist groups to work together.

Three such groupings are proposed and elaborated in section 3 of this document: the first aims to direct resources to aspects of preparation for life, focusing on the child. It seeks to encourage what the child and family can do themselves, and stimulates them to seek support from the health services. Interventions are analysed and planned that influence later years such as antenatal care, nutrition during pregnancy, safe delivery, immunization and child development.
In the same way, the factors that suppress or inhibit good health throughout life, such as poor eating habits, lack of recreation and exercise, unsafe sexual behaviour, alcohol or drug abuse, etc., coupled with environmental factors such as unsafe working conditions, polluted air and water etc., need to be addressed. The second grouping tackles issues such as those relating to prevention of diseases and the protection of life.

Thirdly, the importance not just of survival, but of quality of existence is recognized. With the increasing proportion of elderly populations, ways of sustaining and preserving health in this large group are becoming an even more significant consideration. It is not enough just to live longer; the concept of adding life to years, and increasing the number of years lived free from ill-health, needs to be addressed. The third grouping deals with later years of life and quality of life.

Each of these three groupings requires core support from specialists skilled in health infrastructure and human resources development. This approach builds on current programmes and resources available in countries, emphasizing the whole individual and the measures each individual can take to protect and improve his or her life.

Indicators

The proposed new approaches to health do not require extensive structural changes within health systems. To ensure a fully supportive health infrastructure, however, the health sector needs to view its activities from a new perspective. In particular, health information systems have to be modified to take into account the different components that make up the physical, mental and social well-being of individuals at different times in their life.

Thus, while traditional health indicators such as infant mortality rates, maternal mortality ratios, and life expectancy at birth will continue to be useful, these must be supplemented by measures of the different factors which make up the complex concept of quality of life. In the preparatory stages of life (childhood and adolescence), educational and social factors must be incorporated in the assessment of health. During adulthood, opportunities for social and cultural advancement as well as the provision of harmonious work surroundings should be included in the evaluation of healthy lifestyles. In later years, healthy aging must integrate freedom from disability with continued productivity and the ability to make meaningful contributions to society.
Activities to develop traditional and non-traditional indicators have begun and will continue in preparation for the 21st century. This document focuses on the quality of life of the individual during preparation for life, infancy, youth and adulthood to culminate in a high quality of life in old age. Many influences on the individual which are not directly related to health but have a considerable impact on quality of life will have to be monitored and evaluated.

New indicators will therefore assume an important role in meeting the challenge to enhance quality of life. There are many types of indicators which reflect quality of life in terms of physical, mental and social well-being. Some examples are: health status indicators (e.g., mortality, morbidity, nutritional status and disability); health services indicators (e.g., percentage of health budgets spent on care of the elderly); environmental health indicators (e.g., availability of safe water, sanitation and adequate housing); population and socioeconomic indicators (e.g., percentage of families with adequate child timing and spacing; percentage of all children by gender completing a primary and secondary education); psychosocial indicators (e.g., incidence of suicide among elderly); and healthy lifestyles indicators (e.g., the number of people taking regular exercise).

In this document, a representative selection of the indicators necessary to obtain baseline data, monitor progress and evaluate outcomes are listed under the specific objectives of each theme group. However, adapting and refining existing indicators and identifying new indicators to meet these objectives is a continually evolving process. The indicators listed are not intended to be prescriptive, but exploratory. Work is in progress, particularly to develop new indicators to reflect those non-health components that contribute to quality of life, such as the environment, socioeconomic factors and healthy lifestyles. New targets will be required for the indicators set out in this document.

The process of identifying indicators and setting targets will be participatory between the Regional Office and individual countries. Some indicators and targets will be set for the Region, while others will be decided on by individual countries, taking into account a variety of factors such as the culture of the country, and the human and financial resources required for the population to be covered. It is therefore expected that the range of indicators and targets applied for each country will not be uniform throughout the Region, but will reflect the particular situation of each country.

By the end of 1995, it is anticipated that a sufficient number of indicators will have been identified to begin data collection. Targets can then be defined for the year 2000 and beyond.
3. Operationalization

This section outlines the main issues to be confronted and resolved in the Region, grouped into the three concerns of: preparation for life, protection of life, and quality of life in later years. Each of these concerns has a rationale outlining the main issues, the aims and objectives, and samples of the types of indicators that might, after fuller specialist development, be used in countries. The approaches to be taken in achieving the aims and objectives are also outlined.

It is clear that every country has different needs. It is likely that the activities undertaken in each country will draw on different combinations of resources, in response to the particular level of development and scale of the problems to be approached. The emphasis of the approach is not on individual programme elements, but on the priority issues to be addressed and on the need to arrive at a situation where people are better able to take care of their own health.

This document suggests that each country should carefully assess the scope of activities needed for their particular situation in the light of the themes proposed. Each country will have a range of possible activities, among which there will be one or more most appropriate to launch the initiative, and gain familiarity and experience in the practice of working in multidisciplinary groups. These “entry point” projects will be very carefully selected by countries themselves in collaboration with WHO and other agencies.

1. Preparation for life

Rationale

Historically, the principal goal of health programmes concentrating on children has been child survival. As soon as life is conceived, it needs supportive physical and social environments. Survival alone, however, cannot be an acceptable aim of health policies.

Health policies and practices have to ensure that a child’s health potential and psychological development are strengthened in the course of the growth process.

A healthy mother, able to breastfeed the child and give emotional security within a supportive family, lays the foundation of healthy development.

A low-birth-weight child or a child exposed to environmental pollution and poor living conditions is more susceptible to diseases which have a substantial influence on physical, mental and social growth. Infectious diseases such as poliomyelitis or streptococcal infection can permanently reduce a person’s health potential.
The ways of life which shape health-related behaviours during childhood and adolescence are likely to influence behaviour patterns in other stages of life. A child which grows up with an adequate education, a balanced diet, safe space for play and exercise, and emotional support for the development of his or her personality is best equipped to meet the challenges of later life. An informed young person will be more likely to have self-esteem and respect for his or her own body and to avoid tobacco, drugs and alcohol abuse. A young person who understands the close linkage between health and the environment will help the family and community to engage in activities contributing to the reduction of health hazards.

Therefore, it is appropriate, and essential, that health services extend their scope of activities and ensure, in collaboration with other sectors, that children not only survive but are then given the best support possible for developing healthy behaviour in environments conducive to health.

Identification of major issues

In spite of the progress made during the last decade, maternal, infant and child morbidity and mortality are still high in many of the developing countries in the Region. Ignorance and certain damaging traditions still take a high toll of potential future life years.

1. One of the major health problems is a continuing high level of maternal and infant morbidity and mortality. High fertility, a serious problem in several countries, contributes significantly to the loss of lives of mothers and children. The vicious cycle of poverty, infectious diseases and malnutrition, leads to infants and children failing to develop fully their physical and mental potential. A high rate of disability among mothers and children, mostly as the result of unplanned, unwanted or badly timed and spaced pregnancies, malnutrition, inadequate care, including unsafe delivery and abortion, and economic and environmental influences, also suppresses the quality of life in several of the countries and areas of the Region.

2. Continuing high levels of morbidity from infectious diseases among infants and children are also causing concern. This includes vaccine-preventable diseases such as measles, neonatal tetanus, and Hepatitis B, as well as acute respiratory infections, diarrhoeal diseases, and malaria, which remain leading problems. Particular attention is often required for the prevention and management of diseases with epidemic potential, such as dengue fever. The increasing threat of HIV infection and other sexually transmitted diseases is a major new challenge. Rapid uncontrolled urbanization is bringing degradation of living environments in its wake, with environmental pollution, and disruption to traditional societies. All of these elements have an impact on children and future generations. Inadequate sanitation
and water supply, often compounded by poor hygiene, still pose threats in many areas.

3. Children and adolescents are not achieving their full physical, mental and social potential. They are exposed to stressful environments and factors such as inappropriate nutrition, lack of exercise, and may develop risk-taking behaviours and harmful habits, which prevent them from achieving their full potential as adults. Health and behavioural problems among adolescents are increasingly a cause of considerable concern. It is in childhood and early life that many lifestyle patterns are developed that subsequently either support healthy aging or lead to the development of chronic degenerative diseases in adulthood.

Aim

To ensure that infants and young children not only survive the first years of life, but are suitably prepared to enable them to realize their health potential throughout their lives.

Objectives

1. To ensure that every mother has the best opportunities for appropriate timing and spacing of pregnancies, safe delivery of a healthy infant in an environment conducive to health, with adequate antenatal care, sufficient nutrition and preparation for breast-feeding her child.

2. To increase child survival and decrease infant morbidity by promoting healthy environments, immunization, and by providing adequate case management for communicable diseases which are the major causes of mortality.

3. To support the development of healthy lifestyles through promoting education, supportive and safe environments for health and healthy behaviours during childhood and adolescence to establish lifelong healthy practices.

Operations

Objective (1) - To ensure that every mother has the best opportunities for appropriate timing and spacing of pregnancies, safe delivery of a healthy infant in an environment conducive to health, with adequate antenatal care, sufficient nutrition and preparation for breast-feeding her child.

Indicators

- infant mortality rate
- maternal mortality ratio
- percentage of pregnant women within the normal range of weight for height specific for the country
- percentage of pregnant women with anaemia
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- percentage of adolescent pregnancies
- percentage of infants in the healthy birth-weight range
- percentage of infants exclusively breast-fed for four to six months after birth
- percentage of children with normal weight and height for age
- coverage of antenatal, delivery and postnatal care by trained personnel
- percentage of families with adequate child timing and spacing
- percentage of couples using modern contraceptive measures
- percentage of children attending school by gender at the ages of 12, 15 and 18 years
- proportion of complicated obstetric cases managed at health centres and district hospitals providing essential obstetric care (EOC) facilities
- proportion of caesarean-sections to all births
- gender-specific literacy rate
- micronutrient status of mothers and children

**Approaches**

Responsible parenthood will be promoted through information and education. Community awareness, especially among adolescents, women and their husbands, and community leaders, will be increased with regard to reproductive health and child health issues. This awareness will be maintained at a high level so that women can access and utilize quality clinical services, be aware of the consequences of pregnancy and high fertility, and can go safely through pregnancy and childbirth. The community will be mobilized to provide necessary services and care for mothers and children. All infants born should be wanted children whose parents take them for immunizations and other health protecting activities, and ensure that they are adequately nourished and securely nurtured.

Provision of quality health care for women, children and adolescents will be promoted and supported through better training of health staff and dissemination of up-to-date technical knowledge and information. This will particularly apply to management of pregnancy, delivery practices and the care of the newborn by qualified and well equipped personnel.

The mother will be made sufficiently aware of safe food preparation and good nutritional practices so that she will take the initiative to obtain vitamin A and iodine supplements when necessary, seek out and comply with iron supplementation regimens during pregnancy, and decide to breast-feed her infants.

Appropriate educational material will be developed to help women identify their own risks during pregnancy and to seek medical advice accordingly.
At the same time, steps will be taken to equip medical staff better to deal with normal and high risk pregnancies, and to perform the required procedures for a clean and safe delivery, including tetanus toxoid immunization during pregnancy. Joint activities will be undertaken to inform women and their partners of the consequences of unprotected sexual behaviour and to encourage the use of safe - and culturally acceptable - contraceptive methods.

Empowering women to make their own fertility choices - and providing the means to do so - will significantly reduce the recourse to abortion (and to the related maternal mortality) as well as the number of unplanned pregnancies and unwanted children.

Existing health policies and practices will be reviewed and revised, bearing in mind the changes required to improve the "preparation for life" period.

**Objective (2) - to increase child survival and decrease infant morbidity by promoting healthy environments, immunization, and by providing adequate case management for infectious diseases which are the major causes of mortality.**

**Indicators**

- infant mortality rate
- under-five mortality rate
- percentage of children with normal weight and height for age
- incidence of measles and malaria among children
- incidence of severe acute respiratory infection and severe diarrhoeal disease treated at health facility
- case-fatality of severe acute respiratory infection and pneumonia admitted to health facilities
- percentage of children fully immunized
- knowledge, attitude and practice of mothers regarding infant and child diseases, nutrition and healthy lifestyles
- percentage of children six months to six years with adequate vitamin A status in suspected high-risk areas, based on clinical symptoms
- health-related quality of life indicators, such as DALY, DFLE, and WHOQOL

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1 DALY - Disability-adjusted life years  
DFLE - Disability-free life expectancy  
WHOQOL - WHO Quality of Life Assessment
Approaches

Prevention of disease and disability in infants and young children will be enhanced by immunization against the target diseases of the expanded programme on immunization (including hepatitis B); provision of safe water and adequate sanitation; appropriate weaning and nutrition practices, and adequate diet; and protection from insects and other disease vectors by use of insecticide-treated mosquito nets, destruction of breeding sites and other environmental health measures.

Promotion of better care of the sick child will be achieved by improving health services; early diagnosis and treatment; and the knowledge and ability of individuals (i.e., caretakers and other family members) to give appropriate home care, recognize severe illness, and take such children promptly to health services for treatment.

Both the preventive and curative approaches are best achieved by increasing the awareness of the caretakers, family and the entire community of how prevention and case management measures have an impact on the health of their children.

Where appropriate, multiple disciplines will coordinate the approach to specific problems affecting child health and survival. For example, in the effort to eliminate neonatal tetanus, immunization teams and maternal and child health personnel will work together to ensure that pregnant women are immunized with tetanus toxoid during antenatal visits and that birth attendants are identified and trained during neonatal tetanus case investigations. Similarly, cooperation between immunization teams and nutrition personnel is needed to develop the most efficient means for the delivery of micronutrients (i.e., Vitamin A and iodine).

As regards promoting healthy environments, individuals and public health authorities, supported by related disciplines, will share responsibility for reducing environmental risks. Safe water and food, adequate sanitation, appropriate shelter, clean air and soil, open green spaces to play for recreation, are all important elements of this.

Objective (3) - To support the development of healthy lifestyles through promoting education, supportive and safe environments for health and healthy behaviours during childhood and adolescence to establish lifelong healthy practices.

Indicators

- percentage of primary schoolchildren with normal height and weight for age
- percentage of adolescent pregnancies
- incidence rates of sexually transmitted diseases, including HIV, in adolescents
• healthy teeth index (index of decayed-missing-filled teeth - DMF)
• percentage of recognized health-promoting schools
• gender-specific literacy rate
• suicide rates among youth (10-24 years of age)
• extent of selected healthy behaviours, including safe sex practices, a balanced diet and physical activities among adolescents
• percentage of injuries and death due to road-traffic accidents involving children and adolescents
• percentage of children and adolescents in adequate housing with safe water and sanitation

Approaches

Learning about health, which includes establishing positive concepts about one's body during childhood and early life and taking care of the environment, will be emphasized with the aim of stimulating a sense of responsibility for health in all individuals in the Region.

A major thrust will be to ensure that adolescents are secure enough and properly informed so that they can make their own choices about lifestyles relating to drugs, diet, and sexual behaviours, despite peer group pressure to indulge in high-risk behaviours. Another principal emphasis will be to develop suitable educational and health promotional materials, with particular emphasis on adolescent health as an integral part of secondary school curricula.

Achieving a tobacco-advertising-free Region will be a major emphasis. This will help young people not to start smoking and will make smoking less attractive for women. Comprehensive national policies and programmes need to be established which address alcohol, drug and tobacco issues, especially with regard to children and adolescents.

Another emphasis will be the development of awareness in adolescents and adults of safe sexual behaviour, including the understanding of sexually transmitted diseases and condom promotion.

Through health promotion, the majority of children and families will take the initiative to seek annual dental check-ups for their children. They will have easy access to affordable basic curative services, and adequate knowledge of sound preventive dental practice.

Other major health promotion activities will focus on appropriate food and eating habits in early life, including attention to micronutrient deficiencies and obesity; mental health and mental development of the young; and prevention of accidents among young people.

These approaches have practical implications and require new forms of multisectoral cooperation. Children and adolescents can be very well prepared for life in schools. Schools and communities can be encouraged to
support children with disabilities. Integration of health issues into the curriculum, extracurricular activities, a supportive school environment and appropriate school health services, will all contribute to the development of children's health potential. This requires that the health and education departments work together and that the school community, through school staff, students and parents, is actually involved with the wider community in issues such as the provision of basic sanitation facilities and safe water. Health-promoting school projects would provide a framework for collaboration and encourage the optimal use of scarce health and education resources.

2. Protection of life

Rationale

Rising standards of living and health care have resulted in improved health and increased life expectancies throughout the Region. However, these same changes have led to a demographic shift to older populations and an epidemiological transition to changing lifestyles. These changing lifestyles and unhealthy environments are major factors in the dramatic rise in the Region of the chronic and degenerative diseases. These are now the commonest causes of death in most countries.

Giving a child the best start in life will prepare the young adult for the most productive and creative phases of his or her life. However, the maturing adult is also under considerable stress, in both physical and mental terms, from the environment and the workplace. Where there is an emotionally supportive environment, rates of mental illness are likely to be lower. To promote mental well-being, it is necessary for young adults to learn to be sensitive and responsive to their own and others' feelings and to have adequate access to emotional help when needed. Early adult morbidity and mortality takes some of the most economically productive and experienced people from the community. It is also the time when the quality of life in older age is being prepared for, and the results of earlier and present lifestyles become evident.

The emphasis will therefore be on health promotion, encouraging healthy lifestyles to prevent disease and disability, and on the protection of life through promoting healthy environments and reducing the impact of disease. Several countries have already experienced declines in deaths from some of the noncommunicable diseases, especially cardiovascular and cerebrovascular disease. It is therefore clear that public health measures can have a significant impact. Other countries, on the other hand, have not yet experienced rising noncommunicable diseases rates, the result of changing diets, lifestyles and smoking patterns. It may be possible to avert this rise if action is started now.
Identification of major issues

1. Diseases caused by changing lifestyles are increasing, including those related to different stresses, resulting from high-risk behaviours, such as alcoholism, smoking and the psychosocial problems of cultures in transition.

2. The prevalence of obesity is increasing and levels of physical activity are decreasing. At the same time, women in the reproductive age group continue to be at risk for nutrition-related diseases such as anaemia and iodine deficiency disorders.

3. In over two-thirds of the countries and areas in the Region, the noncommunicable diseases are the commonest causes of adult mortality. Prevention of noncommunicable diseases needs to be confronted as a major public health concern.

4. Sexually transmitted diseases, including newly emerging diseases such as AIDS, are a growing problem in this Region among young adults.

5. People in the workforce continue to be at risk from accidents, injuries and occupational diseases. Suicide rates appear to be increasing among middle-management in highly industrialized countries.

6. Death and disability, in poor urban communities, continue to be from infectious and environmental causes e.g. tuberculosis, other chronic lung diseases and malaria.

7. In virtually all countries and areas, there are limitations on the resources that can be devoted to health care. Issues of allocation of resources, quality of care and equity need to be confronted.

8. All societies, but particularly the most disadvantaged segments, face increasing problems of toxic wastes, environmental degradation, and ingestion of chemical residues or contaminants through food and water.

Aim

Having progressed through childhood and adolescence, individuals must then be supported in fully developing and maintaining healthy lifestyles, and be protected from illnesses caused by a potentially hazardous and degraded environment. The overall aim is to prolong productive, healthy and disability-free lives in the most cost-effective and equitable ways possible.

Objectives

1. To establish comprehensive national policies and programmes which promote healthy lifestyles throughout the lifespan of all individuals.

2. To improve the nutritional status of all sectors of the population, especially mothers and other vulnerable groups, and to promote appropriate, balanced diets and safe food preparation.
3. To decrease the transmission, morbidity and mortality rates of diseases such as tuberculosis, malaria and other diseases of public health importance, including vectorborne diseases.

4. To prevent or delay the onset of the noncommunicable diseases, including reduction in occupational diseases, in order to maximize disability-free and productive lives in older age.

5. To promote environmentally sound practices and technologies for the effective prevention and management of environmental health-related disease and disability.

6. To enhance people’s quality of life by preventing disability, including blindness and deafness, and by rehabilitating the handicapped, infirm and disabled.

Operations

Objective (1) - To establish comprehensive national policies and programmes which promote healthy lifestyles throughout the lifespan of all individuals.

Indicators

- percentage of countries with legislation, promotive, preventive and corrective programmes relating to environmental pollution, water quality and food safety
- number of countries with environmental health policies incorporated into national development plans
- prevalence of the use of alcohol, addictive drugs and tobacco use, by age and gender, social class, education, occupation, employment status and other relevant social factors, including data on economic impact
- incidence and prevalence of sexually transmitted diseases
- incidence and prevalence due to HIV/AIDS
- days of absenteeism from work

Approaches

Support for health goals will be enlisted from all government sectors, nongovernmental organizations and the private sector to strengthen health promotion activities and health-supporting living conditions and environments.

Focus will be directed towards individual behaviour change and will aim to support health through a variety of measures. These will include improved health legislation; health sector reform; strengthening supportive environments for health through a strategy focused on settings for health, such as healthy schools, health-promoting workplaces and healthy cities; ensuring community involvement, and intersectoral action. Health education and health promotion components will be incorporated in all
other health programmes. Policies and programmes will be established to deal with priority psychosocial and behavioural problems, including the development and implementation of comprehensive national policies and programmes to increase awareness of problems related to alcohol, drugs and tobacco.

Achieving a “tobacco-advertising-free Western Pacific Region” will be one major thrust of implementing the Regional Action Plan on Tobacco or Health for 1995-1999. This will help young people not to start smoking and will make smoking less attractive for women.

Learning about health, which includes establishing positive concepts about one’s body and taking care of the environment, will be emphasized.

Sexually transmitted disease activities will aim to develop the individual’s responsibility for, and awareness of, safe sexual behaviour and the role played by individual behaviour in disease transmission. Interventions will be specifically targeted at youth, who represent a highly vulnerable group with regard to HIV infection. Safe sex behaviours will be promoted, including condom promotion and avoidance of injecting drug use.

The promotion of mental health in youth will be addressed. Special emphasis will be placed on the further development of community-based mental health services and related family training, to help the patient and the family to understand the disease treatment, patient care and rehabilitation and to take an active part in it. The role of leisure activities, including sport and entertainment will be addressed, as will the importance of supportive social networks.

Objective (2) - To improve the nutritional status of all sectors of the population, especially mothers and other vulnerable groups, and to promote appropriate, balanced diets and safe food preparation.

Indicators

• percentage of men and women, by ten-year age groups, overweight and obese
• number of people taking regular exercise
• percentage of women of child-bearing age with iron deficiency anaemia
• percentage of women of child-bearing age with evidence of iodine deficiency disorders
• incidence of air, water and foodborne diseases

Approaches

The major thrust will be to develop programmes which promote the benefits of healthy diets and exercise and help lead to healthy older age with improved quality of life. These measures will start in childhood, as well as targeting adolescents and adults. Community-
based programmes for the prevention and control of cardiovascular and cerebrovascular diseases will be strengthened. There will be a special emphasis on adults and the elderly taking active and continuing responsibility for appropriate exercising, not smoking, and eating a healthy diet. Food safety measures will be promoted through improved information on issues for both consumers and providers. Priority will be given to improving technical capabilities for monitoring, assessing, preventing, controlling and managing food-related risks to health; to the development of national and city-specific health and environment plans; and the formulation or revision of food safety policies, strategies and legislation, adopted into administrative regulations.

Objective (3) - To decrease the transmission, morbidity and mortality rates of diseases such as tuberculosis, malaria and other diseases of public health importance, including vector-borne diseases.

Indicators

- the number of users of insecticide-impregnated mosquito nets
- malaria morbidity and mortality
- incidence and prevalence of other diseases of national or local significance
- coverage of BCG
- incidence, prevalence and mortality due to tuberculosis
- cure rate of smear positive tuberculosis
- prevalence of leprosy
- case fatality rate (CFR) of cholera

Approaches

Mothers will be stimulated to ensure that their infants are immunized with BCG. All adults will be encouraged to ensure that those with a persistent cough are investigated for tuberculosis. If found to have tuberculosis, all adults should complete the full short-course chemotherapy treatment. For malaria control, the focus will be on individual behaviour and on promoting national, regional and community action for controlling malaria (e.g., use of impregnated mosquito nets, destruction of breeding sites and environmental control). Revitalization of malaria control programmes will include efforts to reduce morbidity and mortality through improving early diagnosis and treatment of the disease; improving appropriate and sustainable community-based vector control measures; and greater community involvement and awareness of the life-threatening nature of *Plasmodium falciparum*. Efforts to prevent the re-establishment of diseases in countries or areas where they have been eliminated will also be important.
Objective (4) - To prevent or delay the onset of the noncommunicable diseases, including reduction in occupational diseases, in order to maximize disability-free and productive lives in older age.

Indicators

- Disability-Free Life Expectancy (DFLE)
- life expectancy at birth
- percentage of countries with legislation relating to:
  occupational health and safety;
  and incidence and prevalence of hypertension
- age-standardized cardiovascular disease mortality
- age-standardized cerebrovascular disease mortality
- incidence and prevalence of diabetes mellitus
- incidence and mortality due to cancer
- percentage of countries which have screening programmes for common country-specific illnesses
- the prevalence of work-related diseases, disabilities and accidents

Approaches

Three principles will be used in addressing noncommunicable diseases:

1. healthy lifestyles at all ages, including during pregnancy, have an impact on both present and future health;

2. the purpose of health promotion activities is to extend both the quality and length of life, by compressing the period of disability; and

3. reduction in noncommunicable diseases prevalence requires healthy and health-promoting environments, including the control of stress, pollution, advertising of harmful products, and the management of preventable cancers.

Links will be strengthened between nutrition and noncommunicable disease activities, such as reductions in intake of fats, encouragement of individual behaviours such as eating of fresh fruits and vegetables rich in antioxidants, avoidance of smoking and known carcinogens, taking exercise, etc.

Activities will be developed to address lifestyle factors which, if moderated, will help lead to healthy older age with improved quality of life. Health-promoting and health protecting activities will be important, such as improving working conditions, particularly in small-scale enterprises and agriculture. This will help to protect and promote the health of working populations. Industrial
accidents will be reduced through comprehensive occupational health and safety measures and workplace health promotion.

**Objective (5)** - To promote environmentally sound practices and technologies for the effective prevention and management of environmental health-related disease and disability.

**Indicators**

- extent of resources in countries to effectively implement health and environment plans
- extent of environmental health indicators such as those for pollution levels, and blood lead levels in vulnerable groups to monitor progress in resolving health, environment and development issues
- percentage of countries with legislation relating to: tobacco and alcohol advertising; tobacco and alcohol purchase by minors; tobacco smoking in public places; acceptable alcohol blood concentrations while operating a motor vehicle
- percentage of countries with legislation in regard to occupational health and safety
- percentage of population with access to a twenty-four-hour supply of drinking-water through a reticulated system available in the home or within reasonable access
- percentage of population with access to excreta disposal facilities
- percentage of population with access to waste disposal facilities

**Approaches**

The awareness of individuals and communities will be increased regarding the interaction between the environment, health and socioeconomic development. This will enable them to act individually and collectively in efforts to improve the environment, and to participate more effectively at all levels in socioeconomic decision-making.

Apart from advocacy and informative activities, another focus will be on improving technical capabilities for monitoring, assessing, controlling and managing the health risks resulting from the environmental consequences of socioeconomic activities, and enhancing methods of protection from such health risks.

Consistent with Agenda 21 (the global plan of action from the 1992 United Nations Conference on Environment and Development), emphasis will also be placed on further developing and implementing approaches which ensure that health and environment issues are integral to national and urban plans for sustainable development.
Objective (6) - To enhance people's quality of life by preventing disability, including blindness and deafness, and by rehabilitating the handicapped, infirm and disabled.

Indicators

- prevalence of people with handicaps, impairments and disabilities using a database on rehabilitation
- percentage of countries with defined welfare services for the physically and mentally handicapped and disabled
- percentage of countries with legislation in regard to the safe use of motor vehicles including: road worthiness; overcrowding of motor vehicles, the compulsory use of seat belts, and permissible blood alcohol levels while driving
- percentage of persons disabled due to a work injury
- percentage of patients with access to rehabilitation services

Approaches

There are two principal directions for the activities. One is to prevent disabilities, including those due to unnecessary injuries, through health promotion activities, (e.g., road safety campaigns) aimed at reducing disability from injuries, diseases and accidents, and from preventable and curable blindness (e.g., cataract). The other is to promote individual actions that maximize quality of life. This involves using the best methods to live productively with handicap and disability (e.g., hearing impairment and deafness) through community-based rehabilitation services and appropriate rehabilitation technology. Particular emphasis will be given to underserved rural and urban communities.

3. Quality of life in later years

Rationale

While organized interventions by governments and communities at all levels can partially alleviate many of the problems associated with illness, disability and old age, much more can be achieved if such efforts emphasize ways of enabling individuals to contribute to the improvement of their own health status. Individual contributions to quality of life in the later years of life should begin even before older age is reached.

A healthy childhood and adulthood is probably the most important determinant of healthy aging. Likewise, healthy living prevents many illnesses, and the disabilities resulting from them. Individuals must provide for their own future health care while they are still in their economically productive years.
As the percentage of the elderly in the population is increasing, the health costs (proportionately higher for the elderly) will necessitate reform in financing health systems. Thus, the maintenance of a high quality of life is directly linked to many of the issues being addressed in the current debates on health systems reforms.

The projected increase in the Region of life expectancy at birth from 67.7 years in 1990 to 74.7 years in 2020 has heightened concern for maintaining a high quality of life for the elderly. In addition, many of the emerging disease problems are chronic in nature and associated with increased levels of disability. The detrimental effects of these on the physical, mental and social capacities of individuals are associated with losses of productivity, creative opportunities, and increased vulnerability to further illnesses.

Even as the technologies and knowledge to deal with the many biomedical problems of the chronically ill, the disabled and the elderly are developed, high costs have kept them from being equitably accessible to all but the most affluent. Also, urbanization of rapidly growing populations has further reduced the social and material support mechanisms available through the extended families of formerly rural societies.

Thus, while modernization has brought gains to individuals in terms of the prolongation of life, for many it has taken a toll in terms of perceptible reductions in the quality of living.

Identification of major issues

1. The elderly population is expected to increase as promotive, protective and curative health interventions continue to have a positive impact on the life expectancies of populations.

2. Urbanization, population growth and other socioeconomic changes have altered the level and character of family, community and institutional support which enable individuals to attain a high quality of life.

3. The numbers of people with chronic illness and disabilities in all age groups are increasing due to the rise of degenerative diseases, accidents and other health problems associated with modernization.

4. Technology-based interventions required to allow individuals to live lives of good quality are expensive, complicated and, in many instances, of doubtful effectiveness.

Aim

To enable all individuals to acquire and maintain the physical, social and mental capabilities required to lead fully creative, productive and meaningful lives.
NEW HORIZONS IN HEALTH

Objectives

1. To improve the well-being and quality of life of the elderly.

2. To ensure that health systems are organized, managed and sustained so that appropriate, accessible and affordable services, including those that promote the achievement of personal health potentials and a high quality of life, are available to all people.

3. To develop the potential for healing and health in people who live with chronic illness and disabilities, including their supporters.

4. To ensure the rights of everyone to enjoy a good quality of life, and to promote equity in access to resources necessary for optimal health.

5. To provide a physical and social environment that enhances quality of life.

Objective (1) - To improve the well-being and quality of life of the elderly.

Indicators

- Percentage of countries with national policies for the elderly
- Percentage of countries with a focal person, department or unit within a government ministry to care for the elderly
- Disability-Free Life Expectancy (DFLE)
- Incidence of suicide among the elderly
- Incidence of major depression among the elderly
- Incidence of senile dementia
- Number of community facilities available to the elderly
- Percentage of health budget spent on care of the elderly
- Percentage of non-health budget spent on care of the elderly
- Percentage of elderly who receive retirement benefits from the government or private sector

Approaches

Countries and areas will be supported in the formulation of policies and implementation of programmes focusing on the concerns of the elderly. In particular, the strengthening of social and community support systems will be encouraged. For example, healthy community, city and island projects will especially focus on the well-being of the elderly as the outcome of community interventions in particular, availability of opportunities for appropriate exercises, smoking cessation courses, or classes in the conditions requiring self-management of care and maintenance. This will require collaboration between different sectors and the involvement of
local governments, as well as communities such as other elderly people.

Care of the elderly will be stressed in the curricula for all levels of health workers. Special attention will be paid to development of skills that will support continued productivity and participation of the elderly in community and family life.

Objective (2) - To ensure that health systems are organized, managed and sustained so that appropriate, accessible and affordable services, including those that promote the achievement of personal health potentials and a high quality of life, are available to all people.

Indicator

- availability of quality of care instruments and their use in hospital services

Approaches

Health systems reform will be encouraged to emphasize orientation of health services and facilities to people-centred health maintenance and improvement through the promotion of healthy lifestyles, in addition to traditional goals of disease prevention, treatment and rehabilitation. Activities will aim to support implementation of plans to achieve national health development goals. This will emphasize three concerns: equal access to and use of facilities; improved quality of care; and containing the cost of care.

At the country level, health sector reform approaches will concentrate on three areas; finance, organization and management. The financial measures include resource allocation schemes and health insurance or other financial incentives to direct resources towards desired facilities and services. The organizational measures involve defining responsibilities by central or district level; optimally balancing the provision of services by the public and private sectors; and using internal markets. The management measures will typically relate to quality of care and accountability or transparency issues.

Training programmes will be encouraged to strengthen health promotion and protection of present and future health personnel, and will focus on the need to enhance health workers' abilities to transfer health knowledge and skills to individuals and communities, recognizing the limited impact of traditional biomedical technology on emerging health problems.

For example, as concerns heart disease, health systems need to have health workers who can provide not only care for the treatment and rehabilitation of heart disease, but can also provide community leadership and support to promote behaviour that prevents disease, and yet leads to increased positive health and well-being. These programmes and resources need
to be in place not only for treatment and rehabilitation but for prevention and promotion. Additionally, health workers need to look beyond the specific disease to provide holistic leadership and support for positive health and well-being.

**Objective (3)** - To develop the potential for healing and health in people who live with chronic illness and disabilities, including their supporters.

**Indicators**

- extent of community-based rehabilitation programmes in countries and areas throughout the Region
- number and extent of domiciliary-care facilities in communities and countries
- number, type, and periodicity of services provided for the disabled, and elderly with chronic illness

**Approaches**

Greater involvement of the community and employers in health care will be promoted in order to facilitate the rehabilitation and reintegration into society of the disabled, and people living with chronic illness including psycho-social disorders.

Professional support to the public by initiating self help and self care activities will be increased through the transfer of knowledge and skills according to their needs to families and self-help groups, supporting the community in rehabilitation activities for the disabled, caring for people suffering from illness and providing support to the individual and community livelihood projects.

**Objective (4)** - To ensure the rights of everyone to enjoy a good quality of life, and to promote equity in access to resources necessary for optimal health.

**Indicator**

- availability of adequate health care facilities within a reasonable distance from the elderly person's residence

**Approaches**

Individuals' awareness of how better health is achieved will be increased, as well as increasing the resources available, encouraging lifestyles that promote health, and practices that result in health. These include clean air, nutritious food, adequate recreation, protection from infection due to unsanitary conditions and access to adequate economic
resources. Legislative support will be provided when necessary to avoid discrimination due to a past or present health condition.

For individuals with debilitating chronic diseases such as cancer, the emphasis will be on achieving maximum quality of life through appropriate supportive and palliative treatment including monitoring and controlling pain relief.

All health professionals will be encouraged to promote healthy behaviours in all settings of the community and act as role models for personal health improvement.

Quality of care begins with the individual and in the community although support will be encouraged at all levels. The principal emphases will be on training and the establishment of quality assurance activities in different health care settings such as hospitals, clinics, health centres and home-based care in communities. In addition, models need to be developed for evaluation of quality of care procedures in order to improve existing procedures and facilities.

Research will be promoted in critical areas related to improving the quality of life of individuals and communities and strengthening institutions to carry out these activities.

**Objective (5) - To provide a physical and social environment that enhances quality of life**

**Indicator**

- the number of specialized welfare services available for the elderly in the community

**Approaches**

Activities will aim to support the development and implementation of plans which integrate physical and social environment considerations in ways that achieve health-related quality of life goals throughout the Region. Emphasis will be placed on creating and sustaining physical and social environments that enhance the quality of life of the elderly, particularly those experiencing chronic illness. Among other things, this would involve promoting efforts to develop living and working conditions that are safe, stimulating, satisfying and enjoyable; and changing social attitudes to help ensure the integration of the elderly (particularly those experiencing chronic illness, their families and support systems) with the rest of society.
Examples of activities that reflect these approaches include the following:

- Comprehensive health care facility planning that recognizes the physical and social environment needs of the elderly. This approach is being successfully implemented in a number of communities. Architects, health care providers, community leaders and the elderly themselves work together to establish a more user-friendly, restorative and supportive atmosphere.

- The integration of health and environment issues in the development planning and decision-making process. This involves not only developing comprehensive health and environment plans, but also ensuring that the health and environment components of all development plans adequately address these concerns. Quality of life issues figure prominently in this process. Projects to encourage this type of systematic approach have been initiated in a number of countries throughout the world.
Conclusion

The issues discussed in this document are by no means all new. What may be of interest is the modus operandi proposed. This is a time to take stock of what needs to be achieved, in the light of what is known, and what can be predicted.

Looking towards the 21st century, we cannot be certain what the challenges in the health field will be. Strategic changes can, however, be made now which provide direction for WHO and countries to respond quickly and effectively to those future challenges. These changes are evolutionary, not revolutionary. They have wide-ranging consequences for the Organization's role as the directing and coordinating authority on international health work. They also have important consequences for the way in which countries think about, discuss and plan their programmes, not just in health but in human development.

A new pattern of threats and opportunities for health in the Western Pacific is emerging. It is influenced by many factors, including the continuing improvement of health status in most countries, achieved through collaborative health-for-all efforts. Human behaviour is being recognized as one of the primary determinants of health, while the often-hostile changes taking place in the environment have recently regained prominence as external influences. In view of this, it is clear that the framework for meeting the health challenges of the future must emphasize health promotion and protection, which will result in improving the quality of life. Individuals must be convinced to take charge of their own future by behaving in healthy ways. Their social and physical environments must be made less hostile to and more supportive of human development through better health.

The resulting need for a process of developing new indicators for achievements in health must be a participatory one. It will require multidisciplinary work as well as close interaction and communication between WHO and countries.

If together we succeed in fostering and managing all these developments, we have a chance of securing a future where we live longer, healthier, and better quality lives.
At the global level, the necessity for assessment and reevaluation has been reflected in a number of major exercises. Important among these have been the deliberations of the governing bodies of the World Health Organization on the WHO Response to Global Change which recognized the need for organizational reform. There have been several specialized forums in which aspects of this document's concerns have been raised, such as the 1990-1992 work of the WHO Commission on Health and Environment; the 1992 United Nations Conference on Environment and Development; the 1992 Ministerial Conference on Malaria; and the 1992 International Conference on Nutrition. Each of these forums, as well as others, have emphasized the critical need to move in a new direction.

A great deal has been written on health promotion and protection. This document does not quote directly except from WHO's own basic documents, but the existence of many learned debates on the subjects is acknowledged. The source material for the observations and plans made is the work of WHO in the Region, present and past.