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[Plenary Session 1]

**[The work of the WHO in championing health in development
By Dr David B. Evans, Australia; Director Global Programme on Evidence
for Health Policy (GPE)]**

WHO is Championing Health and Development

How the World Health Organisation is to reach its objectives

In a precise and accurate speech David B. Evans, the Director of Evidence of Health Policy from the WHO in Geneva, stated clearly that the WHO's constitution has (and has had over the past 50 years) one simple objective: the attainment by all peoples of the highest possible level of health. The WHO's definition of health is 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' and only this state, so Evans, covers the capacity and the opportunity for people to develop full means. Hence of all the 21 functions of the WHO the most pursued one is to assist in developing an informed public opinion among all peoples on matters of health. This function applies on all peoples and should ensure that health is spread widely.

So, how does the WHO carry out their activities?

Evans suggested three types of activities of the WHO:

Firstly, to ensure that the WHO does what it should to provide evidence and advocacy for the contribution of health to development and the need for adequate investment in health and intersectoral collaboration.

Secondly, they provide technology for the treatment of particular diseases on short notice and suggest ways to improve the performance of health systems so that they function at maximum level.

Finally, the WHO collaborates with member states to improve the performances of local health systems.

Known and new challenges

Among the challenges for the WHO Evans spoke of a major new challenge in preventing >30% of deaths caused by HIV/ AIDS, tuberculosis, malaria and childhood diseases. Communicable diseases are reducing life expectancy in some African countries and are still causing 180,000 deaths in Europe hence they must be dealt with quickly. New chronic diseases have arisen with ageing and provide difficulty with different patterns in epidemiological transitions.

Among the known challenges of the WHO health inequalities as a cause for social problems and vice versa are still to be tackled. Life expectancy for males, for example, varies from 35 to 78 years around the world.

Within countries professional and social class differences lead to a rise of health inequalities resulting in low life expectancy and poor health. The changing patterns of diseases such as AIDS impose a new version of an old problem, too.

Collaboration with other international organisations

Dr. Evans also pointed out the importance of intersectoral activities such as interaction of the department of Health and Development with the WTO, for instance, in matters of health and globalisation or health and poverty. The Commission on Macroeconomics and Health (CMH) is reporting on the impact of health on development stating that health is an outcome of increasing incomes – hence a reduction in poverty should lead to increased health. The main objective of the CMH is therefore to establish the role health can play to stimulate economic growth and allow people to escape from poverty. Ill health consequently reduces individual and household earnings, savings and investment (e.g. in education) and may lead to expenses that push families into poverty.

In matters of increased investment in health Dr. Evans states that poor countries are unable to provide essential health interventions to all people - 42 countries spend less than \$20 per capita each year on health.

A global fund on AIDS of \$8 - \$12 billion a year suggested to the UN general secretary would be a substantial improvement and save millions of lives, a workgroup of the WHO in collaboration with the UN and the EU's Transition Team in Brussels is currently working on this issue.

Investing effectively

Another recent issue of the WHO's Health and Development workgroup is to make improvements in what they are doing in the field of investments in health.

In order to make improvements here health system performance assessment objectives were set up. Among these are the monitoring and evaluation of a health system's outcome specifically not to pour more money into health systems, but to improve available resources. Another objective here is to compare outcomes and efficiency over time and thus build up a relationship between the design of the health system and its performance. In this field 14 technical and 6 regional consultations are to ensure that money is spent

efficiently- a Peer Review group will review approaches for the year 2002 and the links between measurement of outcomes and actions will be strengthened.

Every little helps

Dr. Evans conclusively summed up that the WHO has always championed health in development and will always pursue the objective of the attainment of all people of the highest possible levels of health. All countries that request it can therefore be sure of getting every help from the WHO in order to find ways of improving the levels of health for the available resources.