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**BEYOND MEDICAL CARE: POLICIES FOR HEALTH IN THE
NEXT CENTURY**
(Montreal, Canada)**

Mr. Chairman, Minister of Health of Quebec, ladies and gentlemen.

I was very intrigued by the topic of this Conference "Beyond Medical Care: Policies for Health in the Next Century." One interpretation might have been that we were indeed entering a kind of brave and happy new world in which there would be no illness and pain and therefore no need for any kind of medical care. But on reflection I preferred to believe that the idea was to explore what it would be like when there would be less dependence on care given by traditional medical personnel in traditional medical institutions.

In that sense we will or should think on the policies that governments and institutions and organizations like mine should adopt to deal with health — very broadly conceived — and its determinants.

I have a suspicion that this kind of debate and discussion is becoming increasingly frequent as we approach the end of the century and the millennium. On the one hand there is a certain optimism and spirit of self-congratulation abroad. There is a feeling that we have done reasonably well and are experiencing a mild euphoria similar to that which marked the end of the Victorian era in England. This was a period when A. E. Housman could feel so comfortable about the future and the past that he could write at the time of the Jubilee with a certainty of the continuation and improvement of the good times

*Oh, God will save her, fear ye not:
Be you the men you've been,
Get you the sons your fathers got,
and God will save the Queen.*

On the other hand — and I perceive that this is the more common feeling — there is grave concern that in spite of all the numerous advances in certain parts of our world, all is not well. There is still much to be done and we still have to show that our stewardship has been a good one.

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** **9th Congress of the International Association of Health Policy (IAHP)**

One of the major reasons for this *fin de siècle* pessimism is that there is still too much ill health on earth as a whole and a lot of it is uncomfortably present in parts of our own countries. It is partly for this reason that there is some angst about new policies for health. Whether we agree or not, one of the major driving forces for new policies in health will be the aspect of care — individual care given by individual care services and we might look at the reasons for this.

First, there is widespread concern about the economics of health care. This concern is present in those countries spending 14% of their GNP on health and also in those spending 1.4%. National economies are finding it increasingly difficult to support the cost of health care as it rises faster than increases in national wealth. And even more frightening is the tendency for public expenditures on health to rise disproportionately as personal income rises. Much of the effort behind health reform is directed to filling the resource gap that is appearing or is present as governments strive for equity in the provision of health care services to their citizens. Of course, economics is about resource allocation as well as costs, and governments are having to decide whether to continue to invest in institutional care or whether, in addition, to pay more attention to more basic ambulatory care. If equity is a goal, how are we going to allocate resources to those persons and places in greatest need?

The second reason is that individual health care is a politically charged issue. Access to health care is a topic that has driven much political rhetoric, and satisfaction of health care demands is an important aspect of consumer satisfaction. Lack of social amenities, including health care, can create the kind of domestic instability that undermines governments — not to mention potential economic investments.

This third reason relates to the inevitable demographic changes that will occur, and these refer back also to the issue of cost. Within the next 15-20 years the proportion of the developed world's population over the age of 65 will have doubled to reach 20-25%. In Latin America and the Caribbean the population over 65 years will reach about 8% in the year 2020 and 80% of people will survive to see their 65th birthday. In Canada, for example, we estimate that in the year 2025 there will be three persons over the age of 65 for every child less than 5 years of age. This brings in its train the need to deal with all the health problems of the older population and the issue of who will pay for it. But aging populations are not the only demographic changes that affect health policies. There will be massive urbanization and much of the basic primary health care strategy that was predicated on a heavy rural concentration may no longer be applicable. The health consequences of the social pathologies attendant on urbanization and changes in family structure will also bear heavily on us.

And finally, the nature of the disease scenario is changing or has changed. The arrogance that attended the development and application of vaccines and antibiotics has been doused. About one third of all deaths in the world are due to infections, old infectious diseases are reemerging and resurging and we face episodic panics as new and strange diseases appear for which we have no more magic bullets.

But in many of these instances, can we go beyond medical care? Can other approaches give a better possibility of greater efficiency, reduction of costs and perhaps a more permanent solution? The first and most obvious reply is to examine modes of removing much of individual care from the traditional medical establishment. The greatest hope I have for this is through the application of the growing communication technology. The democratization of health information will make it possible for individuals to take more informed decisions about their own care. There is evidence that because of increasing pressure from all sides, more episodes of illness are treated in the formal care system than before. This phenomenon is not restricted to the developed countries: I saw recently data from Jamaica that showed the clear tendency for increasing health care search. The involvement of individuals in their own care through modern communication technology is not futuristic. It is taking place now and there are already self-diagnosis software packages available to the public.

We are hearing of computers being used to give individuals their medical data base and access to information to enable them to take informed decisions. This will reduce the scope of the medical marketplace but it is never envisaged that there will be a system in which the personal contact of physician with patient will disappear.

In spite of the importance I give to policies on health care, I do believe that the near future will see more account taken of the other determinants of health that you know quite well. The policies are even now addressing more the social and physical ecology that we know to impact on health. The relation of the microenvironment to health is well-known and all countries are aware and pay some attention to the need for control of the environmental hazards to health. One of the most striking is the acknowledgement that the success of vector control in all countries depends more on environmental management than on chemical intervention. The control of cholera in the Americas when it appeared four years ago has been due mainly to environmental management and proper case control. The recent outbreak of plague in one of our countries showed the efficacy of control by sound environmental management.

It is less well appreciated that there may be significant health effects of macro environmental changes and in a converse manner some of the argument being made for there to be more attention paid to climate change is that it may produce deleterious health effects both directly and indirectly.

Policies for health in the next century will increasingly deal with the social ecology and I will give only two examples. There will be more concern for the use of addictive substances — tobacco, alcohol and drugs. The efforts being made in some developed countries to control the use of tobacco will be taken up by the developing countries now being targeted by tobacco companies. There will be more State intervention and support from the health sector itself as more and more citizens appreciate the health consequences and costs of tobacco use. It is not scare tactics to have people know that if the present trends continue, tobacco related deaths will soon be more than deaths caused by AIDS, tuberculosis and those related to reproduction combined.

The other issue is violence against the person. The policies will deal with intervention in terms of education, and legislation in non-health sectors that affect such things as use of seatbelts and alcohol use by drivers. But the most important will be the decision to carry out the kind of research that determines the epidemiology of violence and tries to evaluate the interventions being tried.

The most important new policies for health however — and these go beyond medical care directly — will be those that emphasize at the highest level the importance of the health of the country as a national resource. There is general acceptance at a philosophical and moral or ethical level that it is good to have healthy citizenry but many of us wish to see a greater appreciation of why health is important. It is part of our responsibility to show that investment in health is profitable. We should have more of the data that are available for education which show clearly the returns on investment in that sector. The investment in health and nutrition do not only increase the value of human capital, but as I have argued elsewhere contribute to the formation of the social capital we have and should preserve, or we need and should create. The healthy public policies that we wish will see health considered not only in relation to medical care. I will not go to the extreme and propose that health should be at the center of all or most public policy, but it should certainly figure more prominently. I can envisage the policy debate in the future being as much about health and the economics of health as it is about the economics of health care.

In the next century policies for health will be of national concern and not only sectorally determined. Indeed, I could go further and propose that health policy will be even more important at the international level. It is not only the threat of global spread of a new Ebola virus that should drive the concern for an international dimension of health policy. The health and social conditions of nations create conditions that favour or are detrimental to global peace. All nations will be affected by the mass movement of people and the preventive or therapeutic aspects of humanitarian assistance for health. Global health, its causes and consequences, will be matters of global and international concern. I say international concern deliberately, because the day is fast approaching when those other segments of society that make up a nation will take as much interest in these matters as governments as we know them today. The approaches to many of these issues will not only be intergovernmental, but truly international.

It is proper to ask what conferences like this can do to affect the kinds of policy issues that have been sketched out here and over the last three days. You may have seized on one or another presentation as being germane to your own personal or organizational interest. I do believe, however, that it is most relevant for you to see how you can, by discussions and writing, seek to inform policy decisions in your immediate sphere of influence, and all of us have spheres of influence.

Because my own sphere of influence relates to the Pan American Health Organization (PAHO), I will end by describing some of the approaches being taken to affect these policies. PAHO is the world's oldest international health organization and although it has changed in size and terms of its affiliations, it has remained firm in relation to the guiding principle that is enshrined in the legal treaty that establishes it. That is the Pan American approach — that

the countries of the Americas could work together in the cause of health of all persons. On more than one occasion the countries have also emphasized that a guiding principle for our collective work should be equity and I see this continuing into the next century.

Guided by these principles we have established five strategic and programmatic orientations for our work and the first of these is Health and Human Development — the others are Health Systems and Services Development, Health Promotion and Protection, Environmental Protection and Development, and Disease Prevention and Control. There are policy implications in all of these areas but I will stress only two. It is part of our Organization's policy that we will aggressively seek to engage public dialogue about the place and importance of health in national concerns. We are attempting to produce the kind of data that will strengthen the arguments of the health sector that it be considered a development sector. Our efforts to engage public dialogue about the policies that might be followed in this regard include our contacts and discussions with the highest political authorities as well as engaging the other major social partners. I include within the public sector the whole body politic. We are also engaging the private sector, the nongovernmental organizations and the press. These partners will play an increasingly important role in the next century as I have mentioned already.

I stress the press because it has been our experience in the majority of our countries that the health sector as a whole and particularly the public authorities have not dedicated sufficient attention to dialogue with the media. Such dialogue is not the only, but certainly one important way of changing public debate about health. The formation of public policy that goes beyond medical care will be influenced strongly by the public perception of what is, and what is not important in health. To the extent that public concern is focussed predominantly on the needs for personal care and the deficiencies of the national system as compared with some idealized foreign one, to that extent will public policy dwell on medical care. Even within the realm of medical care, there are enough examples of the use of the media and social marketing methods to induce public acceptance of and participation in new modes of organizing and financing care. We assist countries in defining their own policies in the vital area of health sector reform that I mentioned. Perhaps to end I can describe what we do, no better than to cite to you our mission. It says

The Pan American Sanitary Bureau is the Secretariat of the Pan American Health Organization (PAHO), an international agency specializing in health. Its mission is to cooperate technically with the Member Countries and to stimulate cooperation among them in order that, while maintaining a healthy environment and charting a course to sustainable human development, the peoples of the Americas may achieve Health for All and by All.

I hope that through the participation of my colleagues and myself in this Conference we are in some small way fulfilling that mission which I suspect will remain as valid well

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