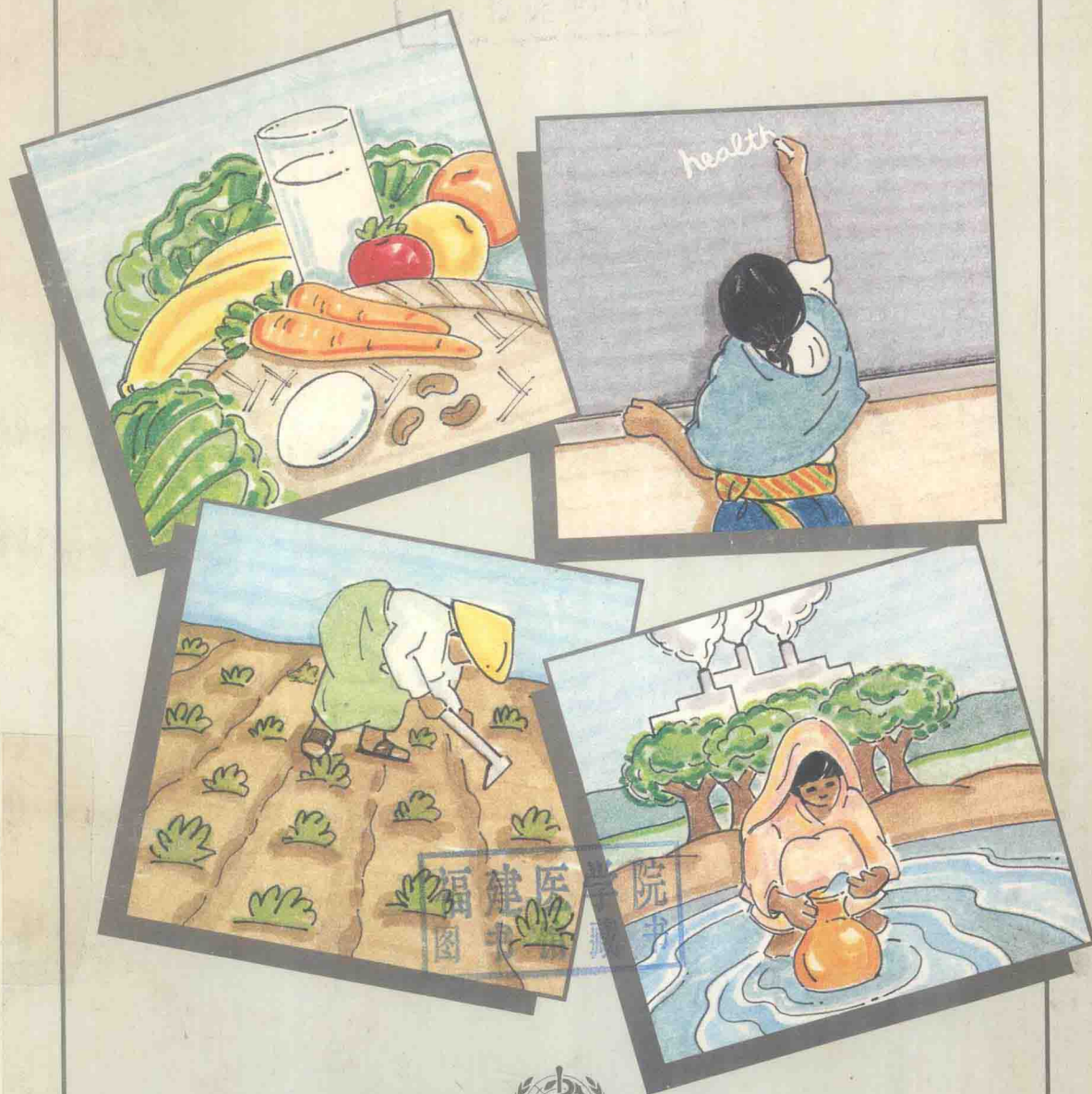


# Intersectoral Action for Health



World Health Organization, Geneva

# Intersectoral Action for Health

## The Role of Intersectoral Cooperation in National Strategies for Health for All



World Health Organization  
Geneva  
1986

ISBN 92 4 156 096 7  
© World Health Organization 1986

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. For rights of reproduction or translation of WHO publications, in part or *in toto*, application should be made to the Office of Publications, World Health Organization, Geneva, Switzerland. The World Health Organization welcomes such applications.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

PRINTED IN SWITZERLAND  
86/6980 — Impresa — 7000

# Contents

	Page
<b>Foreword</b>	7
<b>Resolution WHA39.22</b>	9
<b>Introduction</b>	13
Promoting health as a goal of development	14
Vulnerable groups as the main target of the strategy for health for all	15
The place of health in resource allocation and adjustment policy	16
Institutional mechanisms	16
<b>Chapter 1 Equity and health</b>	19
Background	19
Disparities in health between and within countries	20
The global distribution of health and ill health	20
Differences in health risks in rich and poor countries	20
The inequalities in health within countries	23
Equity and health in the poorest countries	24
Income levels, food availability and health status	24
Current trends and the health-for-all targets in poor countries	26
The lessons of the special cases	27
Threshold conditions for health improvements	33
Priority for social development	35
The identification of vulnerable groups and the analysis of disparities	37
Identifying inequalities in health status	39
Health disparities between the sexes	40
Disparities in developed countries	42
Disparities at the household level	45
Resources for health and adjustment in times of crisis	45
Priority for health in the allocation of resources	45
The health budget	46
Equity and resources for health in times of crisis	47
The implications of adjustment policies for health	48
<b>Chapter 2 Agriculture — food and nutrition</b>	53
Agriculture and health — the interrelations and issues	53
The link between agriculture and health	53
Impact of agriculture on health	53
Impact of health on agriculture	54
Working together	54

<b>The product mix in agriculture</b>	54
Food crops before cash crops?	55
Nutritional vulnerability	55
Investment in productive or poor regions?	56
Expensive crops at the expense of health?	56
High yields or dependability?	58
Can crops with harmful effects on health be managed?	58
Foods with direct health hazards	58
Diets deficient in nutrients	58
Agricultural products with major health risks	58
Food and nutrition policies in developed countries	61
<b>Farm labour, land systems, and technology</b>	61
An equity-oriented agricultural strategy	61
The health of farm labourers	61
Land systems and the vulnerable groups	64
The health impact of technology	65
<b>Macro-policies in agriculture and food</b>	67
<b>Making agriculture more responsive to health</b>	69
Institutionalizing interaction between health and agriculture at the national level	69
Strengthening existing institutions	70
Improving the health information system	71
Subnational policy-making, administration and politics	72
Participation and pressure from below	72
<b>Chapter 3 Education, culture, information and life patterns</b>	75
<b>Background</b>	75
<b>Education as a decisive factor in health improvement</b>	75
The impact of formal education on child survival	75
Interaction between health and formal education	79
Functional literacy, non-formal education and health	79
<b>The creative role of the school in health improvement</b>	82
The school as the focus of health care of the young	82
The school and its role in community health	87
The school — the child's example of a healthy environment	90
<b>Higher learning institutions and health</b>	91
<b>The relationships between culture and health</b>	91
Culture-linked health risks	92
The vulnerable groups in relation to cultural change	92
<b>Communicating health knowledge — the role of the media</b>	95
<b>Chapter 4 Environment — water and sanitation, habitat and industry</b>	99
<b>Background</b>	99
Policy implications	100
<b>Water and sanitation as determinants of health</b>	101
Linkages between water, sanitation and health	101
Using and maintaining community water supplies	102
Alternative technologies	104

<b>Housing</b>	104
Hazards in urban slums and rural villages	106
Housing hazards in developed countries	108
<b>The new problems: development, urbanization, industrialization and health</b>	108
Health problems of urbanization	108
Industrialization, technological change and health	111
Economic development, water resources and health	114
<b>Lessons learned and persistent problems</b>	120
<b>Chapter 5 Summary and conclusions</b>	123
<b>Chapter 6 Recommendations</b>	127
<b>Bibliography</b>	139
<b>Acknowledgements</b>	145
<b>Annex 1</b>	147

# Intersectoral Action for Health

## The Role of Intersectoral Cooperation in National Strategies for Health for All



World Health Organization  
Geneva  
1986

ISBN 92 4 156 096 7  
© World Health Organization 1986

Publications of the World Health Organization enjoy copyright protection in accordance with the provisions of Protocol 2 of the Universal Copyright Convention. For rights of reproduction or translation of WHO publications, in part or *in toto*, application should be made to the Office of Publications, World Health Organization, Geneva, Switzerland. The World Health Organization welcomes such applications.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

PRINTED IN SWITZERLAND  
86/6980 — Impresa — 7000



# Contents

	Page
<b>Foreword</b>	7
<b>Resolution WHA39.22</b>	9
<b>Introduction</b>	13
Promoting health as a goal of development	14
Vulnerable groups as the main target of the strategy for health for all	15
The place of health in resource allocation and adjustment policy	16
Institutional mechanisms	16
<b>Chapter 1 Equity and health</b>	19
Background	19
Disparities in health between and within countries	20
The global distribution of health and ill health	20
Differences in health risks in rich and poor countries	20
The inequalities in health within countries	23
Equity and health in the poorest countries	24
Income levels, food availability and health status	24
Current trends and the health-for-all targets in poor countries	26
The lessons of the special cases	27
Threshold conditions for health improvements	33
Priority for social development	35
The identification of vulnerable groups and the analysis of disparities	37
Identifying inequalities in health status	39
Health disparities between the sexes	40
Disparities in developed countries	42
Disparities at the household level	45
Resources for health and adjustment in times of crisis	45
Priority for health in the allocation of resources	45
The health budget	46
Equity and resources for health in times of crisis	47
The implications of adjustment policies for health	48
<b>Chapter 2 Agriculture — food and nutrition</b>	53
Agriculture and health — the interrelations and issues	53
The link between agriculture and health	53
Impact of agriculture on health	53
Impact of health on agriculture	54
Working together	54

<b>The product mix in agriculture</b>	54
Food crops before cash crops?	55
Nutritional vulnerability	55
Investment in productive or poor regions?	56
Expensive crops at the expense of health?	56
High yields or dependability?	58
Can crops with harmful effects on health be managed?	58
Foods with direct health hazards	58
Diets deficient in nutrients	58
Agricultural products with major health risks	58
Food and nutrition policies in developed countries	61
<b>Farm labour, land systems, and technology</b>	61
An equity-oriented agricultural strategy	61
The health of farm labourers	61
Land systems and the vulnerable groups	64
The health impact of technology	65
<b>Macro-policies in agriculture and food</b>	67
<b>Making agriculture more responsive to health</b>	69
Institutionalizing interaction between health and agriculture at the national level	69
Strengthening existing institutions	70
Improving the health information system	71
Subnational policy-making, administration and politics	72
Participation and pressure from below	72
<b>Chapter 3 Education, culture, information and life patterns</b>	75
<b>Background</b>	75
<b>Education as a decisive factor in health improvement</b>	75
The impact of formal education on child survival	75
Interaction between health and formal education	79
Functional literacy, non-formal education and health	79
<b>The creative role of the school in health improvement</b>	82
The school as the focus of health care of the young	82
The school and its role in community health	87
The school — the child's example of a healthy environment	90
<b>Higher learning institutions and health</b>	91
<b>The relationships between culture and health</b>	91
Culture-linked health risks	92
The vulnerable groups in relation to cultural change	92
<b>Communicating health knowledge — the role of the media</b>	95
<b>Chapter 4 Environment — water and sanitation, habitat and industry</b>	99
<b>Background</b>	99
Policy implications	100
<b>Water and sanitation as determinants of health</b>	101
Linkages between water, sanitation and health	101
Using and maintaining community water supplies	102
Alternative technologies	104

<b>Housing</b>	104
Hazards in urban slums and rural villages	106
Housing hazards in developed countries	108
<b>The new problems: development, urbanization, industrialization and health</b>	108
Health problems of urbanization	108
Industrialization, technological change and health	111
Economic development, water resources and health	114
<b>Lessons learned and persistent problems</b>	120
<b>Chapter 5 Summary and conclusions</b>	123
<b>Chapter 6 Recommendations</b>	127
<b>Bibliography</b>	139
<b>Acknowledgements</b>	145
<b>Annex 1</b>	147



# Foreword

This publication is the outcome of a series of activities initiated in 1981, which included research, consultations and meetings designed to improve understanding of the relationship between development activities and changes in people's health and well-being, at different socioeconomic levels. These activities provided a valuable input to the Thirty-ninth World Health Assembly Technical Discussions on the role of intersectoral cooperation in national strategies for health for all. These Discussions were co-sponsored by the following organizations and bodies of the United Nations system: the Office of the Director-General for Development and International Economic Cooperation, United

Nations; the United Nations Environment Programme (UNEP); the United Nations Centre for Human Settlements (Habitat) and the International Year of Shelter for the Homeless (IYSH); the Food and Agriculture Organization of the United Nations (FAO); and the United Nations Educational, Scientific and Cultural Organization (UNESCO)<sup>1</sup>. During the Discussions a number of important recommendations were made (see Chapter 6), which formed the basis for Resolution WHA39.22 adopted by the Thirty-ninth World Health Assembly in May 1986.

---

<sup>1</sup> A list of the Officers of the Technical Discussions and of the specially invited participants is included in Annex 1.



**Resolution WHA39.22 adopted  
by the Thirty-ninth World  
Health Assembly, May 1986**

**Intersectoral cooperation in national  
strategies for health for all**

*The Thirty-ninth World Health Assembly,*

*Recognizing that factors which influence health are found in all major sectors of development;*

*Appreciating the active participation and support through cosponsorship of the Technical Discussions by the Office of the Director-General for Development and International Economic Cooperation (United Nations), UNEP, the United Nations Centre for Human Settlements (Habitat), FAO and UNESCO in the preparation and conduct of the Technical Discussions during the Thirty-ninth World Health Assembly;*

*Recalling that existing inequalities in health between socioeconomic groups are — as stated in the Declaration of Alma-Ata on primary health care — politically, socially and economically unacceptable;*

*Having considered the report on the evaluation of the Strategy for Health for All,<sup>1</sup> which emphasizes the importance of intersectoral actions for health, and the background documents for the Technical Discussions on the role of intersectoral cooperation in national strategies for health for all, as well as the report of the Technical Discussions on this issue;*

<sup>1</sup> Document A39/3 (to be published as the first volume of the Seventh report on the world health situation, Geneva, World Health Organization, in press).

**1. CALLS ON Member States:**

*(1) to identify and develop health objectives as an integral part of sectoral policies for agriculture, the environment, education, water, housing and other health-related sectors, and to include health impact analyses in all feasibility studies of health-related programmes and projects;*

*(2) to include in their health-for-all strategy specific equity-oriented targets expressed in terms of improved health among disadvantaged groups such as women, the rural poor, the inhabitants of urban slums, and people engaged in hazardous occupations;*

*(3) to use the health status within the population, and in particular its changes over time among disadvantaged groups, as an indicator for assessing the quality of development and its impact on the environment;*

*(4) to ensure, in cooperation with international financing institutions, that the health and nutritional status of the most disadvantaged social groups are protected when economic adjustment policies are designed and implemented;*

*(5) to encourage and support action-oriented multidisciplinary research focusing on socioeconomic and environmental determinants of health in order to identify cost-effective intersectoral actions for improving the health status of disadvantaged groups;*

*(6) to review the training of economic planners, agricultural extension workers, water engineers, teachers, environmental specialists, and other*

*professional groups who are to work in health-related fields, in order to secure an adequate understanding of intersectoral relationships with health within their sphere of competence;*

*(7) to strengthen the capacity within the health sector at national and local levels to identify vulnerable groups, assess health hazards as experienced by different groups, monitor health conditions within the population, and assist other health-related sectors to formulate and evaluate intersectoral actions for health;*

*(8) to ensure that the training of health professionals at all levels encompasses an adequate awareness of the relationships between environment, living conditions, life-styles and local health problems in order to enable them to establish a meaningful collaboration with professionals in other health-related sectors;*

*(9) to develop appropriate mechanisms within the overall development process to promote intersectoral actions for health at national and local levels in order to facilitate an efficient use of existing resources for achieving multisectoral health-for-all targets;*

- 2. CALLS ON the relevant United Nations agencies and organizations to continue their collaboration with WHO and Member States through concrete intersectoral activities, in particular at country level to ensure that socioeconomic development promotes the well-being of the people;*
- 3. CALLS ON national and international nongovernmental organizations to promote and support intersectoral actions for health, particularly at the*

*community level — for example, as carried out by local self-help groups;*

- 4. REQUESTS the regional committees to further develop specific regional health-for-all strategies fostering intersectoral actions in order to achieve equity-oriented health targets and to strengthen support to Member States in formulating, implementing and evaluating country-specific intersectoral health policies;*

*5. REQUESTS the Director-General:*

- (1) to develop and strengthen the Organization's activities as regards:*

*(a) support to Member States in their efforts to formulate, implement and evaluate intersectoral actions for health at national and local levels and to establish effective national intersectoral mechanisms that will ensure that development initiatives in any sector will not have adverse effects on health;*

*(b) the promotion of equity-oriented health targets within the context of the Global Strategy for Health for All and the use of health indicators — in particular as related to disadvantaged groups — in assessments of socioeconomic development and quality of life;*

*(c) the role of universities and nongovernmental organizations in promoting intersectoral actions for health in accordance with resolutions WHA37.31 and WHA38.31;*



- (d) support to action-oriented research focusing on socioeconomic determinants of health and the coordination of such activities — for example, through the establishment of a scientific working group on intersectoral actions for health;
  - (e) the further development of interagency cooperation at international, national and local levels, as envisaged in the Global Strategy for Health for All, and in pursuit of the implementation of activities recommended by the Technical Discussions;
- (2) to mobilize available resources and develop an appropriate organizational structure within WHO in order to secure firm support to Member States as regards intersectoral action for health, particularly as related to the improvement of health conditions among vulnerable groups;
- (3) to include in progress reports on the health-for-all Strategy in-depth reviews of achievements within countries in formulating and implementing country-specific equity-oriented intersectoral health strategies, and thus reducing inequities in health between different socioeconomic groups;
- (4) to report to the Forty-first World Health Assembly on the implementation of these activities.