

Promoting health in the human environment



WORLD HEALTH ORGANIZATION GENEVA

PROMOTING HEALTH IN THE HUMAN ENVIRONMENT

A review based
on the Technical Discussions
held during the Twenty-seventh World Health Assembly, 1974

With contributions by

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CONTENTS

	Page
Foreword by the Deputy Director-General of WHO	7
Preface	9
Opening statement by the General Chairman	11
The human environment	17
Personal life stresses	20
Socioeconomic stresses	23
Population pressures	25
Social change	28
Geographical and social mobility	30
Urbanization	33
Family patterns	35
The alienation of the elderly	39
Social institutions	40
Sociocultural differences	43
The role of the local health services	45
Health service philosophies	45
The health team	47
Citizen participation	48
Integration of the health, welfare, and social services	53
Conclusions and recommendations	55
Future role of the health services	55
Research and methodologies	59
International action	61
Annex. Selected bibliography of World Health Organization publications	64

FOREWORD

by

Dr T. A. LAMBO

Deputy Director-General

It has been made painfully clear in recent years that health services too frequently lack relevance to the total needs of people. In highly developed countries increasingly complex and costly medical interventions yield decreasing returns in terms of relief of human suffering, while in many developing countries even the most basic elements of health care are not available to many people. Medicine as a powerful instrument of social change has failed to meet new challenges that confront man. Faced with these failures, it is tempting to concentrate attention on the resources and technologies available to health care services and their distribution, hoping that some formula can be found to "solve the problem" in technical and material terms. Of course health services need material resources and they should be used and deployed in the most rational and effective way possible. If, however, we overlook the essentially human nature both of suffering itself and of our reactions to it, we risk further failures, disappointments and disenchantment.

The concepts of health and disease are based on human values and life's experiences. In considering these concepts, therefore, we must ask ourselves searching and agonizing questions—questions concerning the transformation of the basic human values—dignity, equity, liberty, security—into manageable objectives; questions concerning man's deeper needs, his motivations, and his reactions to new problems of technology and culture, to new challenges and concepts, to the magnitude and acceleration of change.

Health care and its philosophy are an expression of concern for fellow men, women and children. Health care and health action depend on a complex network of human relationships in which the separation between providers and recipients is largely artificial. Relevant and effective care can work only through effective human relationships in which the motivations of the individual patient, the health worker, the community and the health team are congruent. A purely mechanistic approach may avoid these difficult issues but it contains the seeds of alienation, meaninglessness, and disruption between health services and the community.

The health status of an individual becomes meaningful only in terms of his human environment, i.e., his social and cultural milieu. The lessons of the last few decades have shown that social and economic changes have at least as much influence on health as medical interventions. There is still much to learn about the health effects of the radical social and economic transitions in progress in the world today. We must be sensitive to the issues involved in these changes and relate them to the rhythms and needs

of individuals. New patterns of human thought are emerging, together with dramatic changes in population, political structures and technological potential. All have implications for health to which we must respond.

The careful consideration of the human environment in its totality in relation to health needs of the individual and the community which took place in the Technical Discussions is, therefore, of direct and practical importance to the current crisis in health care. For many this subject may appear as a soft option in relation to the urgent health problems we face ; a subject, moreover, in which some of the social and psychological concepts used lack clarity and where articulation is diffuse and lacks precision.

However, notwithstanding these constraints and the limited methods presently available, there are nevertheless a number of direct applications of the social and psychosocial approach which can be made now. Such action and the development of a humanistic approach to health is essential if health care is to remain a viable and acceptable form of human activity and a human institution.

PREFACE

The practice of holding Technical Discussions during the World Health Assembly was established by the Executive Board in 1950 for the purpose of enabling "more thorough discussion on a small number of subjects (of international interest) with a view to the application of existing knowledge in those fields to public health administration". Although the procedures have been somewhat altered over the years, their informal nature (they do not form an official part of the Assembly proceedings), the emphasis placed on information exchange, and the importance of the contributions made by Member States have been maintained.

A great variety of subjects have been covered, some specific and others of a broader nature. For the Technical Discussions during the Twenty-seventh World Health Assembly, the subject selected was "The role of the health services in preserving or restoring the full effectiveness of the human environment in the promotion of health". The large number of excellent contributions submitted by Member States as well as the active participation of over 250 delegates testified to the international relevance of the subject. Further, the importance of programme implementation in this subject area received official recognition in a resolution adopted by the Assembly suggesting that "the Organization should initiate programmes concerning the role of psychosocial factors and their influence on health in general, and mental health in particular, and on the part that those factors play in the functioning of health services".

In pursuance of this resolution and in response to the requests of many participants, it was considered useful to make available a publication based on all the documentation relating to the Technical Discussions. This included a suggested outline that was circulated, prior to the Discussions, to Member States, Associate Members, and intergovernmental and nongovernmental organizations in official relations with WHO, with a request for comments on the general topic as well as on specific questions. The outline was prepared and the sixty-two responses received were summarized by two consultants, Dr Karl Evang^a and Dr Peter Sainsbury,^b in collaboration with the WHO Secretariat. This material, together with the reports of the eight group discussions and the two joint sessions, has served as the basis of the present publication. With the aim of rendering it of maximum utility to the reader, it has been revised and restructured by Dr Peter Sainsbury and Miss Evelyn Meyer of the WHO Office of Mental Health.

^a Former Director of Health Services, Oslo, Norway.

^b Medical Research Council Clinical Psychiatry Unit, Graylingwell Hospital, Chichester, England.

The publication is divided into three main sections. The first describes the broad range of factors in the human environment that affect man's health, such as the role of personality development, culture, socioeconomic factors, and rapid social change. The second section considers the ways in which the health services can prevent the negative consequences of these environmental conditions and can exploit environmental characteristics to restore and promote health and wellbeing. Special emphasis is placed on the role of the local health services and on the importance of citizen participation. The final section is a summary of the conclusions and recommendations contained in the contributions of Member States and made by participants during the discussions. They have been set out under headings corresponding to several of the questions contained in the outline document : the future role of the health services ; the research and methodologies most effective and beneficial for the implementation of innovative health care programmes ; and the international action needed to expedite the more adequate delivery of health services.

The three sections are preceded by the Opening Statement presented by the General Chairman of the Technical Discussions, Dr C. E. S. Weeratunge of Sri Lanka, which gives a succinct account of the main issues on which the discussions were expected to focus. The Foreword to the publication has been written by Dr T. A. Lambo, Deputy Director-General of the World Health Organization, one of the pioneers of the application of psychosocial principles and methods to the organization and delivery of health services.

The names of the Chairmen and Rapporteurs and the Secretariat of the Technical Discussions are listed on page 5. A Selected Bibliography of WHO Publications, prepared for the Discussions, is reproduced in the Annex on page 64.

OPENING STATEMENT BY THE GENERAL CHAIRMAN

Dr C. E. S. WEERATUNGE
Secretary of Health, Ministry of Health,
Sri Lanka

We meet today in an age of many contradictions, in the midst of a world in turmoil, with many countries facing unprecedented crises, and with people striving for survival, torn by misery, disease, and starvation. On the one hand, we have a world getting closer in a cosmopolitan sense, a world of rapid technological progress never seen before in the history of man. On the other hand, we have people drawing away from each other, showing complete lack of concern for and understanding of their fellow beings, man's inhumanity to man becoming more than a mere catch phrase. This is the environment in which we live.

I am happy to see those entrusted with the responsibility for the health care and wellbeing of their fellow men showing increasing concern over man's social environment, which strikes me as the most important component of the human environment. Economists and community planners working side by side with medical personnel in many parts of the globe are giving their attention to this important facet of the human environment. Gone is the time when medical men worked in isolation. Apart from interdisciplinary cooperation within the medical profession, there seems to be much cooperation with behavioural scientists, which is a definite advance in the right direction. Good doctors are being identified as those who treat people, and bad ones as those who treat cases.

This increasing concern of man for the wider economic and psychosocial context in which we live has prompted the Executive Board of the World Health Organization to highlight the social and human aspects of our environment at the Technical Discussions this year. It is indeed a pleasant task and a great honour to be invited to chair these discussions.

The developing countries have spent a long time in planning, organizing, and implementing health services, very often at much expense, to achieve present-day levels of health and standards of living. It has been no easy task with the resources available. Indeed, it is only in recent times that technical talent became available in those countries. More developed countries, with their financial backing and achieved advances in technology, have been successful both in the curative and in the preventive fields of medicine. However, the methods adopted by those countries cannot always be applicable to all developing countries.

In the last decade or two, even the developing countries have made a more significant attempt to make the most of the meagre resources available

through better methods of planning and continuous evaluation to provide better health services to the people. In an effort to conserve their resources, they have had to resort to innovation, improvisation, and feasibility trials before launching upon major programmes.

Whilst developing countries are engaged in this struggle, the programmes of the more developed countries, blessed with better financial resources, technical personnel and equipment, are often outmoded. Having lowered their morbidity and mortality and increased their span of life, they find themselves faced with new problems. The pattern of morbidity is now shifting towards a higher incidence of cardiovascular diseases, psychosomatic diseases, and accidents. Problems of adaptation — to home, to school, and to work — make a significant contribution to both mental and somatic diseases.

Achievements in the health field also seem to have their price. Apart from the financial burdens developed countries must bear in maintaining their health services at present levels and providing the social benefits to which they are now committed, the mania that already over-specialized disciplines have for going into the minutest aspects has made the treatment of patients highly impersonal. More and more patients are treated as cases and less and less as people. Village rustics and sophisticated town dwellers all clamour for the services of specialists, very often bypassing the more comprehensive health care available at the grass roots level. Whilst medical administrators should consider the adoption of better management techniques, university medical teachers will have to make serious efforts to gear their curriculum towards providing the skills that are necessary for the various jobs to be performed at the various levels of the health services. Many countries are now considering the creation of new types of health personnel. All this means extra work — planning, programming, and pilot projects — over and above that of still maintaining the services to which they are committed.

Environment is often considered to be the natural environment in which man has survived and we tend to forget that man himself has created a multitude of problems, perhaps more than those contributed by nature. Moreover, family members, friends, workmates, and social groups in the community and neighbourhood all make their contribution to the physical and psychological health or ill health of the individual.

We should consider :

(a) the psychosocial and economic factors having an impact on the incidence of physical illness, mental disorder, and socially deviant behaviour in communities, and in individuals ;

(b) the role the health services can play in identifying, within the community, problems of social relationships, the social stresses affecting different categories of people, and those members whose needs are greatest ;

(c) how the health services and participating citizens might jointly implement an effective environmental health policy.

Note has to be taken of the interdependence of the physical and social environment and the psychosocial environment of man. Health services entrusted with the responsibility of promoting health have to study closely the relationship between health and the various facets of the social environment. Hence, the basic requirement is to examine the role that both familiar and more innovative health services might play in enhancing health conditions in the environment of the home, workplace, school, and community.

Our discussion will be concerned with the relation of poverty to human misery and disease, the impact of rapid social change on health, the common sources of stress arising from the individual's everyday social experiences, and their impact on the incidence of mental and physical illness. The law of the land, customs, beliefs, and traditions all regulate the interactions among groups of individuals and families. Cognizance will have to be taken of the harmful effect of mass poverty and gross social inequalities on the health services. It is necessary to identify those aspects of the social environment that affect people's psychological and physical health and wellbeing and design the administrative strategy accordingly. We need not be despondent and look only at the gloomy side ; the social environment can also improve health, add to the quality of life, and provide opportunities for man to achieve a sense of fulfilment. Customs and traditions favouring health must be preserved. Beneficial social behaviour, such as community participation, should be restored where it has disappeared owing to social changes. Rapid industrialization has left a trail of urban squalor and alienation, whilst technical advances may have contributed to monotony and loss of job satisfaction. These harmful influences on health need our urgent attention in the present context of rapidly changing social and cultural patterns, particularly in the developing world.

In many countries we still have to understand that, if standards of living are raised, better planned housing provided, and more attention paid to education and the organization of activities to cater for people's hours of leisure, it will be a significant contribution to human contentment and happiness. But if we allow malnutrition, poverty, and alienation to take their toll, then fatigue, illness, despair, and overt mental disorder will be our lot.

In considering the role of the health services, we have suggested that we should concern ourselves with the local level, taking into consideration all types of services responsible for dealing with the health of the smallest administrative unit in a country. However, the problem of varying demographic and social groups among countries still exists.

If we are to discuss a national health policy for the human environment, we shall have to take note of the health needs, the financial and human

resources available, and the administrative structure, all of which differ from country to country. Strategy will have to be devised to share the functions and responsibilities at the various levels: central, regional, and local; administratively, technically, and financially. Professional, "traditional", paramedical and nonmedical personnel, as well as volunteers, both skilled and unskilled, will have to be recruited and educated in adequate numbers and deployed at the correct places to implement a programme for environmental and general health care. The role of the non-medical specialists (e.g., economists, administrators, lawyers, architects, etc.) will have to be worked out. Finally, the extent to which technological development and rationalization of management might increase the effectiveness of health services will also have to be considered.

Citizen participation and the role of the health team in involving the community have paid ample dividends in many countries. With increased participation some countries have even witnessed a demand by citizens for involvement in decision-making at technical levels. Assistance from volunteers, when directed into correct channels, helps more effective implementation of projects as participation makes citizens feel that achievement comes to them through their own efforts. Financial constraints are often overcome through volunteer services. Insensitive officials can be given a better insight into the socioeconomic background if local citizens are encouraged to point out their own environmental priorities. Participation of citizens boosts community morale, giving a sense of "togetherness". Local participation could be activated by inviting community leaders to help decide on priorities or on the formation of citizen committees to assist health workers. The people may even form joint committees with health workers. Citizens so motivated who are elected to political bodies, whether local, regional or national, and who occupy positions at decision-making levels, could form a very effective lobbying force to see through environmental health programmes.

So called "scientific" truth in fashion today may tomorrow prove to be far from the truth. In a world of continuous flux and change, with an exponentially growing population, increasing constraints on non-renewable resources, dwindling food reserves, and increasing pollution, priorities are constantly changing. However good and well-intentioned long-term plans may be, new problems always arise. These are the problems that need immediate solution if the people are to be satisfied. For countries struggling to develop, all this means precision planning. The health services have to accept this challenge. It is not possible to define a fixed role for health services when the socioeconomic pattern of one country differs so much from another. The pattern of change also varies. It is against this background that preservation or restoration of the full effectiveness of the human environment in the promotion of health in a country has to be worked out by the health authorities of that country.