

## Integrated Health Care: A Holistic Approach to Public Health

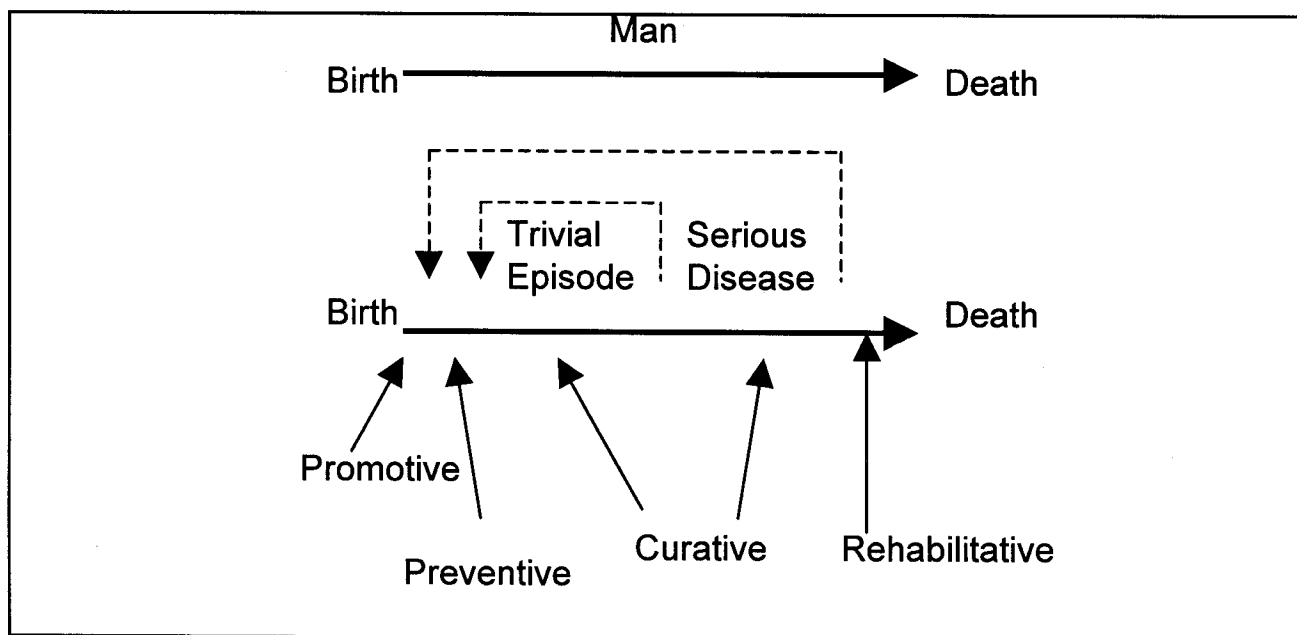
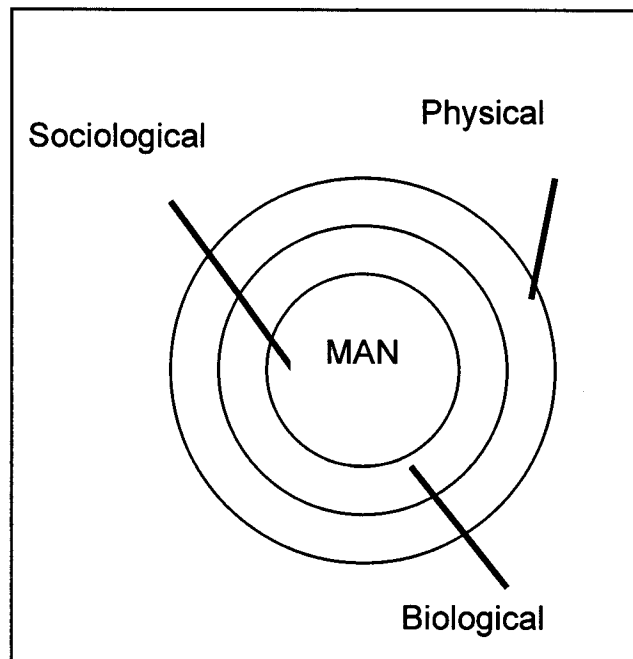
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The Constitution of the World Health Organization enshrines the principle, "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic, or social condition." The Alma Ata Declaration of 1978 on Health Care identified primary health care as the key for attaining "Health For All," a component of overall development.

### Man, Environment, and Health

The history of mankind represents integrated action to combat, control, change, and improve the environment, as well as mass action and interaction to adapt and challenge the environment. Now, this action has extended to address broader ecological issues, agro-industrial and urban health problems, and even stratospheric issues. The Rio Earth Conference in 1993 focused on environmental concerns and sustainable development in Agenda 21.



## **Integrated Care Concerning the Natural Progress of Disease**

Integrated Care—preventive, curative, and rehabilitative—can be provided by an individual, a team, or by co-ordinated efforts of both.

## **History of Health Sciences**

In earlier times, medicine was considered equivalent to heresy, sorcery, and witchcraft. The existing medical systems included Sumerian, Vedantic, Chinese, Ayurveda, Unani, Greek, and Persian/Arabic thought. In the seventh century, Arabic medicine evolved with the first hospitals. People in the second millennium experienced the gradual discovery of modern medicine. Medical sciences in the twentieth century had meteoric advances with the development of specialization.

The following list outlines the evolution of medicine and public health.

### **Development of Public Health**

Ancient days-ancestral teachings

Observations – experiential knowledge

Religious teachings

Physicians – Indians, Chinese, Greek, and others, but action by individuals/the community

Episodic actions – fourteenth century quarantines in Venice and Brioni

Nineteenth century-International Sanitary Conference

Eleventh Congress – OIHP, Paris, 1907

### **Socialized Medicine**

Eighteenth Century Patankorfar – Merasma Sanitation

Great Britain

Jeremy Bentham, Edwin Chadwick, and William Farr – statistics, poverty, sanitation, health

John Snow, Broad Street Pump – cholera, communicable disease control

Poor Law Commission Report, 1842

Other elements evolved – maternal child health, nutrition, occupational health, mental health, etc.

Parallel developments in the USA - eighteenth and nineteenth centuries

City Boards of Health, Baltimore, 1788 (then other cities)

Lamual Shattack Report, 1850

### **Social Medicine**

Mythical polarization – a dichotomy

Lord Dawson, 1919

J.A. Ryle, Regius Chair Medicine, to lead Institute of Social Medicine

Lord Horder, FAE crew, René Sand

Logo Galston, H.E. Sigerist, Rosen – USA

Following World War II, lofty dreams concerning social medicine existed, which were overshadowed by other developments. Many health workers and policy makers had begun to believe their primary task was “fitting clinical medicine into social context and creation of techniques to fulfil this task.” Hence *socialized medicine* was viewed as the most reasonable, acceptable, and workable approach.

### **Health For All Movement**

A dichotomy between preventive and curative medicine, failure of scientific advances in serving people, and gaps between needs and resources spurred the search for *alternative approaches* to meet basic health needs. The salient landmarks in this endeavor were the World Health Assembly (WHA) Resolution 30.43, targeting Health For All (HFA) in 2000, the Alma Ata Declaration of 1978, and the WHA resolution 32.30 of 1979, detailing the Global Strategy on HFA. Health For All aims at the realization of WHO’s objective: “attainment by all people of the highest possible level of health,” stating that all people should have at least a minimal level of health in order to work productively and participate actively in community actions. To attain that objective, every individual should have access to primary health care (PHC) and, therefore, to a comprehensive health system.

Primary health care is essential health care made universally accessible to individuals and families by acceptable means, through their participation, at a cost that community members can afford. It was designed to include at least eight basic elements, and expanded PHC had additional elements. Operationally, the district health system is the basis of the comprehensive health system and also an intensification of PHC. In practice, a district may be designated as a district, Tsp, county, Aimak, upazila, parishad, or others. This comprehensive, interrelated health care system is formed by governmental, private, and NGO institutions, with vertical integration among the center, district, local, and periphery (with a two-way referral system). Horizontal integration of all components of the health care system (clinical, preventive, rehabilitative, laboratory, outreach, programs, and campaigns), service-training mixes (education and teaching, health manpower development, health systems infrastructure, and special programs), and inter-sectoral aspects (health and other sectors) also exists.

### **WHO's General Programs of Work**

At its second executive board in 1948, the World Health Organization made a policy decision to work on specific programs, in accordance with Article 28(9) of its Constitution. This has been implemented through its various General Programs of Work (GPWs), which are excellent examples of integrated planning and program implementation. Each GPW has two major program areas: health systems infrastructure and health science/technology. GPW-7 was formulated shortly after the WHO resolution of HFA strategy in 1979. The impetus for HFA/2000 has been continued through successive GPWs (7 to 9) for the years 1984-2001. In mid-1990, when GPW-9 was formulated, concurrent with changes due to transition, the format/outline was also changed.

The focus now is on Health For All in the twenty-first century, and the Principles of the Constitution have been reaffirmed. Primary health care's elements have been accepted, and recognition of other societal values, such as human rights, democracy, equity, social justice, gender, and ethics, is more widespread.

### **Health and Sustainable Development**

Health and development are mutually supportive. Health, in sustainable development, should focus on promoting health in all settings, as well as integrating development to break vicious spirals of poverty and ill health. There are, at present, a plethora of lofty ideas and concepts, and new principles and approaches in a systematic/methodical manner are available. Refined coordination and collaboration are evolving, as well as intensified inter-sectoral coordination. The United Nations' Community Development initiative of 1950, *Nyayaya* by FAO and IRD in 1970, and HFA inter-sectoral action in 1977 exemplify these collaborations. Significant contributions have been made by NGOs, such as the Sri Lankan *Sarvodaya-Jana Saviya* movement. Thailand's MNP and India's Integrated Child Development Services Programs have been successful because they have been community-based.

In the twentieth century, the sixties, seventies, and eighties have been declared as the UN Development Decades. Following a global economic recession, the 1990s have seen the emergence of a new world order, and the reshaping and reorganization of the United Nations system. Several international meetings have been held, including the Children Summit (1990), the Earth Conference (1992), Human Rights (1993), Population (1994), and Social Development (1995). All of these conferences focused on specific sectors within the developmental frame, and included health.