特 別 講 演

12月5日（金） 13:00～13:50

第1会場（神戸国際展示場 コンベンションホール）

「ヘルスプロモーションと看護 ～グローバルな視点から～」

Health Promotion and Nursing Part.1 Global Vision

Dr.Miriam J. Hirschfeld (WHO,Geneva,Switzerland)

座長 高 野 順 子（大阪府立看護大学）

通訳 輪 湖 史 子（東京都神経科学総合研究所）

Nursing for the 21st Century
Dr Miriam J. Hirschfeld
Chief Scientist for Nursing, World Health Organization

At the brink of a new century WHO's vision statement addresses three major concerns: Health for All (HFA) in spite of economic uncertainty, renewal of our commitment to health as a human right, and contract with all the people of the world for HFA as a basic political ethic for the 21st century. But to follow an old Maori saying, we have to "move into the future backwards, using the strengths of the past to guide us forward".

What were the difficulties in achieving Health for All by the year 2000, the goal of the Alma-Ata Conference which changed the direction of international health efforts in 1978? What were the difficulties in sustaining policies which were meant to help countries achieve health for all?

Some of the major restraints were: a worldwide economic recession; inadequate infrastructure in support of health; human resource constraints; new technologies: costs and inappropriate use; the information explosion: opportunities and problems; a lack of awareness or denial of global change; a lack of political commitment at central, provincial and district levels; diversion of resources to political priorities including complex emergencies; emerging diseases.

If we want change, two of the major issues which have to be addressed are: 1) education, and in particular the education of girls and women, and 2) the growing numbers of people living in poverty, and the increasing inequities among rich and poor countries and among the rich and the poor within countries.

In light of the above, WHO has embarked on a major initiative called "Health for All in the 21st century".

The next two decades will see dramatic changes in the health needs of the world's populations. In the developing regions where four-fifths of the planet's people live, noncommunicable diseases such as circulatory and heart disease, cancer, mental illness, and diabetes are fast replacing the traditional enemies of infectious diseases and malnutrition, as the leading causes of disability and premature death. By the year 2020, noncommunicable diseases are expected to account for seven out of every ten deaths in the developing regions, compared with less than half today. Injuries, both unintentional and intentional, are also growing in importance, and by 2020 could rival infectious diseases worldwide as a source of ill health.¹ By the year 2000, roughly two out of three of the world's 600 million elderly people will be living in the developing countries compared with 50% in 1960. While the total population of the developing world is expected to increase by 95%, their elderly population will probably rise by almost 240%.² At the same time, unacceptable levels of maternal and infant mortality and morbidity, and the emergence and re-emergence of infectious diseases, will continue to give rise to concern amongst some of the poorest sectors of the world population.

These changes require a new approach to health services. A disease-specific approach, assuming one specific cause of disease with one specific medical or nursing treatment, is no longer appropriate. Chronic conditions such as depression, heart disease, cancer, and injuries,

as well as HIV/AIDS, have their roots in a combination of social, economic, environmental, behavioural and bacterial/viral causes. Similarly, the roots of some of the most intractable pockets of infant and maternal mortality and morbidity can be traced to socioeconomic and cultural origins.

Future approaches to health care must take this multifactoriality into account, and promote horizontal communication and collaboration in service delivery across the different sectors of countries' economies. Health care needs to be linked to social services and environmental concerns with a need for close collaboration among those working in health care services with education, industry, agriculture, transport, etc.

The new policy needs in addition to take post Cold War political and economic changes into account as well as environmental crises. Our understanding has broadened to perceive health not only as an end in itself but as central to human development. This of course does imply that there are many potential areas of conflict where rapid economic development overrides concern for health. For example, destruction of the environment³ through deforestation and the development of industries or production of food for the export market have left thousands of small farmers without land and livelihood for their families. These trends have led to rural migration and the creation of huge slums in many urban centres of the developing world.

Some of the more specific objectives of the new health for all policy are:

1. **The prevention and control of disease.** The policy emphasis here is upon strengthening community-based prevention, establishing a life-span approach and developing global efforts for preventing and controlling specific diseases. This is of particular importance since the last decade has seen many outbreaks of old and new infectious diseases, as for instance, cholera, diphtheria, Ebola, and salmonellosis.
2. **Quality of care across the life span.** In order to reach this objective there is a need to create a wider range of services in community settings which are genuinely responsive to local needs and are led and monitored by the people themselves. In view of the demographic changes and the increase in number of elderly and rates of chronic disease, genuine continuity of care must be planned for, including non-institutional and home-based care.
3. **Foster science and technology.** Since the half-life of scientific knowledge is no more than four years, life-long learning must become an accepted practice for all. Knowledge must be shared with the population. The appropriateness and cost of technology needs to be carefully evaluated.
4. **Human resources for health.** All health care workers will require a broad understanding of health and must develop far more effective communication skills. There is a need to continuously upgrade professional skills and knowledge to be pro-active in a world where technology, epidemiology and social and political realities change at lightening speed.
5. **The role of the state.** With growing globalization, privatization, and decentralization, the state has a major role to 1) develop policies which will ensure equity and sustainability so that vulnerable populations as the poor, often women, children and minorities, receive quality care; and 2) develop regulation, legislation and standards which will protect the population receiving health care services, as well as health care providers.

Implications for nursing

All of the areas mentioned above need to be considered for their implications for nursing education, practice and research. At their best, nursing and midwifery have a tradition of providing an integrated and comprehensive approach to the provision of high-quality nursing care which takes into account: changing demography and changing health needs; available resources; political, cultural and social factors; overall human resource development; interdisciplinary collaboration; all levels and sectors of the health system, including public, private and NGOs; environmental concerns; ethical concerns; the five principal components of primary health care, namely: a) universal coverage of the population, with care provided according to need, b) promotive, preventive, curative and rehabilitative services, c) effective, culturally acceptable, affordable and manageable services, d) involvement of the community in the development of services so as to promote self-reliance and reduce dependence, e) approaches to health that relate to other sectors that contribute to development.⁴

All of these must be reflected in nursing education and in the practice of nurses and midwives in all sectors and at all levels of health care services. They must also be reflected in our research questions, which must lead to answers for tomorrow's problems.

¹ C.J.L. Murray & A.D. Lopez, eds. *The global burden of disease (Summary)*. Geneva, WHO, 1996.

² *Health of the elderly*. Geneva, WHO, 1989, TRS 779.

³ *Health and environment in sustainable development: Five years after the Earth Summit*. Geneva, WHO, 1997.

⁴ *Nursing Practice: Report of a WHO Expert Committee*. Geneva, WHO, 1996 (WHO Technical Report Series, N° 860).