The Context of the 1988 Edinburgh Declaration of the World Federation for Medical Education in Health Policy - "Health for All by the Year 2000"

S. Wilm, Institute for General Practice and Family Medicine, Frankfurt a.M. FRG

Since the beginning of the seventies world-wide a trend to return to or consider new a broader primary health care developed. It found its roots in the criticism of the exclusively biomedically oriented, curative, uncontrolled cost exploding, tertiary care preferring health care system. The most important international manifestation of this development is the conference of the World Health Organization (WHO) on primary health care in Alma-Ata, USSR, in September 1978; the Declaration (7) has been signed by all European nations. Primary health care is not meant only as medical care but as a comprehensive health care close to the community and as a treatment of each member of the family in an acceptable and also financially attainable way deliberately stressing self responsibility.

Already since 1973 this fundamental change has been outlined in the ideas of the WHO. The World Health Assembly in May 1975 adopted the programme of "primary health care" growing from international studies (2,4). By this adoption the reorientation of the worldwide health policy was officially performed. The aim of this reorientation was summed up in the motto "Health for all by the year 2000" and accepted during the 30th World Health Assembly in May 1977.

Between 1975 and 1978 the new concepts were discussed in all of the six regions of WHO, and the reports of the regional directors of WHO (5) formed a basis for the 1978 Alma-Ata conference.

The participants of this conference knew very well that the Alma-Ata declaration was not applicable as a model for organization to all nations worldwide. It was meant as a first strategy to reach the aim "Health for all by the year 2000". Explicitly the formulation of adjusted regional and national strategies was called for (8).

The WHO Regional Committee for Europe passed the regional strategy for Europe in 1980 in Fes, Morocco (11), and since then it was detailed out in several papers.

In 1984, 38 targets for "Health for all" were compiled, each to be used to monitor and evaluate the progress being made to reach the goal "Health for all" (13).

Four principles mark the European regional strategy and can be condensed from the Alma-Ata declaration suitable to Western developed countries (3):

- Health care should be related to the needs of the population;
- consumers should participate, individually and collectively, in the planning and implementation of health care;
- the fullest use must be made of available resources; primary health care is not an isolated approach, but the most local part of a comprehensive health system.

Already in 1975 the OECD-Report "New Directions in Education for Changing Health Care Systems" (1) had declared that a reorientation in the scope of health care is closely connected to a corresponding reorientation of the educational system. By its "Mobilizing Universities for Health"-programme, WHO is trying to utilize the rich and vast untapped resources of universities for the "Health for all 2000"-concept. Theme of the technical discussions during the 37th World Health Assembly therefore was "the role of the universities and the strategies for health for all". In a resolution (9) member states were urged to support universities in orienting the education and training of workers in health and related fields towards the attainment of health for all. Universities throughout the world were invited

- to provide the kind of education and training for students and postgraduates in the health and related disciplines that will prepare them socially to meet the health needs of the people they are to serve;
- to conduct biomedical, epidemiological, technological, social, economic and behavioural research required to prepare and carry out strategies for health for all;
- to place themselves at the disposal of communities to the maximum of their

capacity for the promotion of health and provision of health care.

By this, the three major components of the health sector - services, manpower, universities - are to be connected.

In the European region the field of primary medical care is to be the root from which the new elements of primary health care can grow (12).

Primary health care is the main instrument with which to reach the 1977 WHO goal "Health for all by the year 2000". Essential components of the new public health movement are
- community orientation,
- participation,
- cooperation and
- intersectoral action.

Growing concern has been given to the importance of strengthening prevention and health promotion in public health. This has led to the 1986 Ottawa declaration on health promotion (10). Health promotion is the process of enabling people to increase control over and to improve their health. This perspective is derived from a conception of "health" as the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.

The main principles of health promotion include the following:
- Health promotion involves the population as a whole in the context of their everyday life, rather than focussing on people at risk for specific diseases.
- Health promotion is directed towards action on the determinants or causes of health.
- Health promotion combines diverse, but complementary methods or approaches.
- Health promotion aims particularly at effective and concrete public participation.
- Health professionals - particularly in primary health care - have an important role in nurturing and enabling health promotion.

These principles are to be applied to the following areas:
- access to health;
- development of an environment conducive to health;
- strengthening of social networks and social supports;
- promoting positive health behaviour and appropriate coping strategies;
- increasing knowledge and disseminating information (14).

The World Federation for Medical Education in 1988 has pledged to work for reaching a reorientation in medical education outlined in the Edinburgh Declaration (6). It states that many improvements can be achieved by actions within the medical school itself. It is possible to
- enlarge the range of settings in which educational programmes are conducted, to include all health resources of the community, not hospitals alone;
- complement instruction about the management of patients with increased emphasis on promotion of health and prevention of disease;
- persue integration of education in science and education in practice, also using problem-solving in clinical and community settings as a base for learning.

Other improvements require wider involvement in order to:
- encourage and facilitate cooperation between the ministries of health, ministries of education, community health services and other relevant bodies in joint policy development, programme planning, implementation and review;
- increase the opportunity for joint learning, research and service with other health and health related professions, as part of the training for team work.

These recommendations were discussed during the World Health Assembly at its meeting in Geneva in May 1989. It is expected that the Edinburgh Declaration will have the influence in medical education which the Alma-Ata Declaration has had in the field of health care.

References

1. **Centre for Educational Research and Innovation (CERI) (ed.)**: New directions in education for changing health care systems. Organisation for Economic Co-operation and Development, Paris 1975.

2. **Djucanovic, V.; Mach, E.P. (ed.)**: Alternative approaches to meeting basic health needs in developing countries. WHO, Geneva 1975.

3. **Kaprio, L.A.**: Primary health care in Europe. WHO/EURO, Copenhagen 1979.

4. **Newell, K.W. (ed.)**: Health by the people. WHO, Geneva 1975.

5. **Primary health care in the WHO regions.** WHO Chronicle 32 (1978) 11, 431-438.

6. **World Federation for Medical Education**: World Conference on Medical Education. Report. Edinburgh, 7-12 August 1988. WFME, Edinburgh 1988.

7. **WHO**: Primary health care. Report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. WHO, Geneva 1978.

8. **WHO**: Formulating strategies for health for all by the year 2000. WHO, Geneva 1979.

9. **WHO**: The role of universities in the strategies for Health for All. Resolution during the 37th World Health Assembly, 17 May 1984 (WHA37.31).

10. **WHO**: Health and Welfare Canada; Canadian Public Health Association: Ottawa Charter for Health Promotion. International Conference on Health Promotion, November 17-21, 1986, Ottawa, Ontario, Canada.

11. **WHO/EURO**: Regionale Strategie zum Erreichen des Ziels "Gesundheit für alle bis zum Jahr 2000". WHO/EURO, Copenhagen 1982.

12. **WHO/EURO**: Primary health care in undergraduate medical education. Report on a WHO meeting, Exeter, 18-22 July 1983. WHO/EURO, Copenhagen 1984.

13. **WHO/EURO**: Einzelziele für "Gesundheit 2000". Einzelziele zur Unterstützung der europäischen Regionalstrategie für "Ge 2000". Deutsche Zentrale für Volksgesundheitspflege, Frankfurt 1985.

14. **WHO/EURO**: Health promotion - concept and principles/in action/a policy framework. WHO/EURO, Copenhagen 1986.