

Public Health Aspects of Global Population Health and Well-being in the 21st Century Regarding Determinants of Health

Abstract

Why did I recall the details about public health aspects of global population and well-being in the 21st century regarding the determinants of health? Most of all because today, at the end of 2017, we are talking about the same principles from the “Declaration on Primary Health Care” from 1978, and the same goals as those in “Health for all” which are still current or perhaps even more current than when they were published for the first time in scientific and professional literature. This is a notorious fact, even though we are talking about “Global Health” and its determinants, in all countries of the world, regardless of their social wealth, and all existing resources, especially those, intended to organize health care. In the field of practice, public health has advanced in knowledge and methodology. Biomedical scientists have identified many causes of infectious diseases and developed methods to put them under control. Epidemiologists have identified risk factors that favor many chronic illnesses and information that can be used to reduce the risk of disease. Efforts to cleanse the environment have resulted in air and water that are far safer than half a century ago. Intensive educational efforts have convinced the health-care organizers to improve their health behavior that is to quit tobacco use, and a combination of drinking and driving. The ability to assess the populations’ health behaviors and assess the share of health interventions has also significantly improved the availability of health-care databases and computer software capable of analyzing them. However, much of the targets from the World Health Organization declarations are not improved or in some countries provided by official institutions responsible for public health activities.

Keywords: *Global health, public health, public health determinants*

Introduction

The author of this article had a chance in 2006 to participate at a very important scientific conference in Taipei (Taiwan) on the topic “Global Forum for Health Leaders,” where among 250 participants, more than fifty ministers of health participated from all continents. At the final session, there was a discussion on which steps each country should take to have a well-developed and quality national health-care system. One of mine publicly pronounced thought was that each country MUST HAVE national health protection goals and that every health manager at any level of the health-care organization must apply the principle of “minimizing expenditure and maximizing the effect,” which will be quoted later in the World Health Organization (WHO) Bulletin.

I appealed to the thoughts of a genial health organizer and founder of the WHO, whose follower I was from the age of 25,

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when as young physician, I was diving to his postulates for prerequisites about well-organized health care, which are included in the WHO Constitution. Listening to the lectures of his colleagues, who together with him, as health experts in Yugoslavia at that time, created the health-care system, I realized that they organized one of the best health-care systems in the world.^[1]

Today, at the age of 66, as a pensioner who has spent 40 years of academic work, I have realized the foresight of Štampar’s ideas, because in a time when more than fifty world countries are at war, the very same concept which was advocated by Andrija Štampar, in 1925, as the Minister of Health of the Government of the Kingdom of Yugoslavia, and in his book, “Social Medicine” published in 1932 should be promoted. It is like history repeats itself. I know that I said another important fact – how in the future “the technology will dehumanize medicine” and that Štampar’s thought should be followed that

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“a doctor should go to the people and look for diseases and not wait for the sick to come to the health-care units.”^[1]

Why we should Prefer Public Health Aspects of Health Care

Challenges for global public health in the 21st century

There are six basic principles of “Health for all...” (a) reducing inequalities in health; (b) disease prevention and health promotion; (c) cooperation between different sectors of society; (d) community participation; (e) primary health care; and (f) international cooperation.^[1] Improving quality in all spheres of life and work, in most countries, has a major role in reforming health-care systems and providing services.^[2-5] Definition of health by the World Health Organization is as follows: health is a state of complete physical, mental and social well-being and not merely the absence of disease and exhaustion. Prof. Andrija Stampar, founder of the WHO in 1948, used the phrase that will fight for health for everyone (“Health for everyone,” “Health for everybody”). Today, the term has changed to “Health for all” in 1977 whatever. Declaration on Primary Health Care in 1978 in Alma-Ata is clearly mapped out the road to progress, not only buildings, but also its main development factors. Definition and quality assessment was previously a task of technology, professionals, and economists, and today in the context of health systems.^[6-10] In addition, the definition and the rating are increasingly in the patients’ domain, well-informed public and voters, and a competitive market that compare the effects with other countries.^[1] Each WHO member country is obliged to describe and implement the reform of its health system in accordance with the internationally recognized standards of structure, process, implementation, and results. There is no definition of how quality should be measured, because different cultures have different values and priorities. The challenge for each country is to acknowledge different expectations and connect them to a balanced public health system that suits the needs. The WHO argues for public health that it is “Optimism in the unprecedented challenges.”^[1]

Professor Shih wrote: “This is well-known campus from the past. These reasons have brought back memories of good educational experience. The time I spent at the university, building a degree in Public Health, helped me upgrade my career and take on more responsibility.”^[10]

Public health landscape has become more and more complex in the last 10 years. Landscape is a crowd, with multiple partners and actors running programs in countries that sometimes overlap, sometimes not, and should share the overall care. Furthermore, it is plagued with health problems – both new and older problems – which are increasing or occurring in unexpected places. Public health borders have become blurry, stretching in other sectors that affect health and possible health outcomes. The importance

of economic, social, and political determinants of health has increased. Responsibilities of certain classes of society are unclear. The health sector regulates the quality and safety of food and pharmaceuticals. But, who regulates marketing, TV, promoting an unhealthy lifestyle, including the youngest age groups of the population? Which sector is responsible when it comes to danger, because the Earth’s ozone layer is damaged, which consequently increases the risk of skin cancer, for example?

Globalization and urbanization play increasingly influential roles. Demographic and epidemiological transitions are now combined with nutrition and habits that lead to new trends in health that lead to disease. Chronic illnesses, long believed to be the followers of rich societies, have now expanded and are changed in a sense that the poorer populations suffer more. Countries with low and middle income now bear the greatest burden of these diseases. Qualified health-care professionals, in large number, leave the countries who have invested in their training and knowledge. Today, it is estimated that there is a need for 4,000,000 health-care professionals to provide medical assistance in more than a quarter of the world’s countries. New illnesses have become a much greater threat to the world characterized by high mobility and narrow interdependence of the economy. Magnitude of recent illnesses and their impact on the economy and financial markets are also problematic.

Health systems in most countries have proven to be inadequate to perform public health tasks as they should. Developing countries cannot manage chronic diseases at constant high rates of mortality from contagious diseases. The society cannot cope with the growing epidemic of obesity, which, unfortunately, is increasingly beginning at early age. More and more developing countries and richer countries by growing and developing are becoming the hub of urban and poor settlements, often inhabited by immigrants, who use health resources in the social welfare system. Current trends show that no country in the world will have adequate compensatory ability to cope with the next pandemic of flu, or the corresponding number of hospital beds, medical supplies, and public panic control measures.

Most biomedical studies focus on product development for market forces and focus on the needs of the population that can pay for it. The health needs of the populations have come down to the socioeconomic status of the individual. Let’s say: developing countries experience 300–500 million clinical episodes of malaria each year. Only this information is enough to tell how much and what is the impact on economic productivity, not to mention the suffering and the annuity of more than a million deaths. On the other hand, the arsenal of treatment for this disease is limited to just one class of widely effective drugs.

Globalization creates wealth, but there are no rules that guarantee its fair distribution. The huge gap in health

outcomes is growing, and these failures are divided precisely into the trajectory of poverty and wealth. In terms of fair access to care, there is a law, the so-called “Inverse Care Law,” first described in 1971, in which it prevails: the availability of good medical care is likely to vary with the need for care in the population.^[1] If we look at these gaps in health outcomes, we must conclude that the public health landscape is out of balance and there is no justice here. On the other hand, we can see that the concerns of the international community are convergent that there are visible signs of growing solidarity in health care, visible goals with a common desire for a fairer distribution of health chances and outcomes, and shared responsibility for decision-making. The WHO uses the six basic agenda items to simplify the way to view these complex challenges as follows:^[1] (a) the first two items are solving basic health needs: for development and safety; (b) the other two items are strategic: building health systems and generating the evidence needed to define the strategy and measure the results; and (c) two items that are operational: partnership management, to obtain the best results in the countries, and improve the WHO’s performance.

List of public health achievements in the 20th century

The strength of the public health system originates from its ability to efficiently deliver these ten services, and the specific instruments can estimate how well public health systems deliver these services:^[1]

1. Monitoring the health system and identification of health problems
2. Diagnosing and exploring health problems and health hazards in the community
3. Notify and educate people about health problems
4. Mobilize partnerships, identify and solve health problems in the community
5. Develop policies and plans that support individual and social health efforts
6. Implementing laws and regulations that protect health and ensure safety
7. To provide basic health-care services and to provide health care when it is inaccessible
8. Evaluate relevant public health and own health-care strengths
9. Assess the efficiency, availability, and quality of health services
10. Research new insights and innovative solutions to health problems.

Public challenges for the principle of treating “Global Health”

Public health aspects have power and passion about the potential of population health and well-being optimally applied around the globe to help create a world that is healthier, safer, more just, and more sustainable. Nowadays, both in developed and developing countries, in the center of public health experts and researchers interest

are public, global, clinical and social health aspects. Special attention has been given to major initiatives of the United Nations (UN), in particular its Sustainable Development Goals (SDGs) 2016, and the priorities of the WHO and the World Bank with an imperative to adopt “One World, One Health,” for recognizing the interdependence and dependence of humans, animals, plants, and the environment.^[1] The WHO and other associations in the world promote innovative and transformative paradigms for global public health practice, curricula, workforce training, and leadership.^[1,2]

Although this small and fragile planet exist for billions of years, and the universe is even older and is constantly expanding, the history of modern Homo sapiens is rather short.

History of scientific approach for caring of the sick is precisely determined. Going back in history, it is interesting to know that, just from some 70 years ago, we can treat infections by effective drugs, antibiotics. From that time onward, the development of technology has become immeasurable. In the last few decades, we have witnessed many changes, caused by different triggers of genomic revolution, including pharmacogenomic discoveries, molecular diagnostics, regenerative medicine, and newly designed vaccines. Unfortunately, the same cannot be seen in the area of sociohumanitarian advancement, despite the global undertaking in these areas, in particular through the Universal Declaration of Human Rights, which was adopted in 1948.^[1]

One interesting thing to point out is that although the progress in deciphering the human genome is measured in days and accelerating, we fall on the field of understanding the rights for well-being and life satisfaction for all people; although this is something that should be generally accepted. Globally, there are a few rich, Observed globally, there are a few rich, while there is a large number of those who live in both social and economic poverty, faced with the fear of mere existence.

Moreover, it seems that we are faced with what is presented as “gap of ingenuity,” which can be defined as the inability of handling many global problems related to inequality in health care, which include unequal distribution of power, money, and resources.

All things considered, it seems that it is needed to look from the time distance at the state of health of the global population and try to find options that are best for the most glaring today problems in these fields. All this are in order to improve health and well-being of the planet and the people who live on it.^[2]

Methods that can lead to this target, if taken seriously, are as follows:^[1,3]

- To raise awareness about the problems of the global population and provide information in the field of contemporary challenges facing us
- Propose ways of action on solving some of the global

health problems

- Highlighting public health as one of the forces that can lead to global social change
- To share views and aspects of individuals from different parts of the world, in order to promote health priorities, strategies, and issues
- Advocate for better understanding of the interdependence complexity between natural, socioeconomic, and political systems at local, national, and global level
- Assist in the transformation of public and global education and learning along with changing social needs through the application of innovative pedagogical approaches, but also providing modern scientific and research tools
- To help raise awareness and encourage the implementation of UN policy and practice in creating comprehensive picture of the global population's well-being.

With special emphasis placed on the major initiatives of the UN, on the highlighted priorities of the WHO and the World Bank, in the book "Global Population Health and Well-Being in the 21st Century" Dr. George R. Laudekke^[2] place imperative to adopt "One World, One Health" view and the aim which recognize and explain mutual interaction and dependence of humans, animals, plant life and environment. This book and its containing topics, promote innovative and transformative paradigm related to the practice of global public health, which stimulate innovative health workforce and management in order to improve the global image of the human well-being.

Health and Well-being in the Future

Health and well-being are the goals of every person.^[1] They are now considered as the most important human rights, the main components of a fair human, economic and social development, as well as a resource for everyday life [Figure 1]. More and more prevalent is the belief that these objectives are essentially important for human development and safety.^[2,3]

Health is no longer observed only as an item in the consumption for which should provide funding, but as a value to be cherished and justly improved. Health is perceived as one positive concept, which emphasizes social and individual resources, as well as physical capacities. The focus is the life of every resident, and the challenge today lies in the fact that these ideals should be made influential in a way that justly promote health in all countries, with the active participation of the WHO.^[1,2]

Taking into account all the knowledge and available technology, we can and must do more, more than ever before, because health is now at the center of our attention. Health is a key component of the debate on trade, diplomacy, and security.^[1] The health sector is a kind of key economic sector and an important employer and driver

of science, research, and technology. The dimension of human rights in health is extremely important, but often overlooked. For example, when caring for mobility and migration, we forget the prejudice and stigma. These are just some of the reasons why health is so important.

People want and expect to be able to influence their health and health determinants within their political, social, economic, and physical environment. Such influence will contribute to community development and improvement of health. Due to the broad scope of its determinants, health cannot be the sole responsibility of the health sector, although this sector and health systems can play an important role. Models that are based on cooperation and the priorities that are common to different sectors are necessary.

The action on the determinants of health that represents outcomes in these sectors has a positive effect on the whole society, including the economy.^[1] Factors that contribute to the burden of disease today are very complex and interconnected. Among these factors are, for example, aging, migration, the dominant representation of noncommunicable diseases, including mental health problems; remaining challenges related to infectious diseases; performance and financial challenges that impact on health systems; and insufficient development of public health services in many regions.

However, there are convincing evidences that rational policies can be created which directly improve the health and well-being of the population by approaches linking government leadership and support environment and promote a sense of control and empowerment. A new type of governance for health in the 21st century is necessary which will be based on the social determinants of health, justice, and sustainability; achieving global and social objectives through new and interrelated forms of formal and informal management and through new strategic relationships, in which the focus is on strongly expressed voice of the population and its involvement.^[2]

Determinants of Health in Plans and Programs of Actions on the Global Population Well-being

The original target of any health policy is to significantly improve the health of the population. To develop health policy at local, regional, national, or international level, it is necessary not only to understand the main determinants of population health, but also social and economic environment in which such policy is developed and applied in practice.^[1,2]

A significant element in the context of health policy is also the concept of how to develop or destroy health. Since the beginning of modern public health in the mid-19th century, the health of the population and individuals has immense progress. With changes in the epidemiological situation in Europe, also was changing the understanding of the leading determinants of health, major medical interventions and policies. The time until the mid-20th century was a

period in which infectious diseases dominated Europe and thus were directed toward population health interventions and environmental measures. The second half of the last century resulted in the era of chronic and noncommunicable diseases and conditions, in which the understanding of individual behavior has become the main determinant of health. Health policy has resulted in a focus on individual health interventions and “medicalization” of health, ignoring the social and environmental determinants of health and well-being.^[3]

In our century, a major public health challenge is to effectively respond to new challenges for health (e.g. climatic changes, new technologies, materials, etc.) so that health policy includes complex interactions between biological, social, and environmental determinants of health and disease (including disparities between social and economic groups and the differences in the development of individual nations and countries), and how to translate into practice the notion that the quest for public health solutions is inseparable from promoting a global economic, ecological, and social sustainable development.

Health for All Policy for the 21st Century

The resolution “Health for All,” which was adopted in 1977, can be considered the most important document adopted by the WHO during its existence.^[1] This resolution was targeted at achieving such a level of health that will enable each citizen of the world to lead a socially and economically productive life. Global strategy for achieving the targets set in “Health for All,” and following documents for its implementation, including indicators for the monitoring and evaluation and the decisions from 1981, had enormous role in the development of national strategies and health policies, virtually, in all countries of the world. Earlier, in 1978, at the International Conference in Alma Ata, a declaration was adopted on primary health care, which can be considered the most important instrument for achieving the target of “Health for All.”^[1] On the tenth anniversary year after Alma-Ata Conference on Conference in Riga (1988) was evaluated the implementation of the Declaration on primary health care, and in 1993 the second report on the implementation of the global strategy was reviewed. It was found that certain results are achieved, but not at the expected extent. The Director General of the WHO in such a situation commented by saying: “The dream of health for all, slowly, perhaps too slowly becoming a reality. We have to turn back and develop new approaches, new mechanisms, new partnerships, and new resources to speed up the process.” As of from this quote can be concluded, the experts and the WHO have not suggested a new strategy and some effective and radical change, but felt that should seek ways, but felt that we should seek ways to carry out more quickly and consistently already adopted health policy. Thus, we obtained the answer to the question that is often asked: “What after 2000?” In fact, before it

was clear that the target of “Health for All” is a permanent guideline that should not be changed.^[1]

However, to achieve this ultimate target, it is necessary to periodically correct the specific goals and adjust them to the current situation. Accordingly, in response to a number of changes at the end of the 21st century (aging population, the dominance of the Mislim da MNB treba da stoji MND Main Noncommunicable Disease?, poverty and the growth of inequality, urbanization, changes in the environment, environmental problems, etc.), in 1995, the process of innovation and strategy drafting of the document “Health for all in the 21st century” began. Taking into account all the global changes and experiences so far, new individual goals and defined policy directions for their implementation were formulated, and in 1998, the new document “Health for All-Policy for the 21st Century” was adopted.^[10]

The main objectives of this global policy were defined as follows:^[1,10]

- Increase the duration of healthy life for all people
- Ensuring access for all people to adequate and quality health care
- Equality in health between countries and within countries.

Also, ten global objectives of the WHO for the 21st century are defined as follows:^[1]

1. Increased equity in health
2. Increase the survival and quality of life
3. Stop global trends of leading pandemics
4. Eradication and elimination of certain diseases
5. Improve access to water, sanitation, food, and housing
6. Improve healthy lifestyles and reduce those harmful to health
7. Developing, implementing, and monitoring of national policies of “Health for All”
8. Improve accessibility of essential high-quality health care
9. Implementation of national and global health information
10. Support research on health.

In accordance with the objectives of the WHO, European region has established its policy known as “21 Targets for the 21st Century,” whose main target is to achieve full health potential for all. Toward achieving this target leads to two directions:^[1]

- Promotion and protection of human health throughout life and
- Reduction of incidence and morbidity of major diseases and injuries.

The objectives of the European region are as follows: ^[1,2,10]

Target 1: Solidarity for health in the European region

By 2020, the present differences in health between member countries of the European region should be reduced by at least 30%.

Target 2: Equity in health within countries

By 2020, the difference in health between socioeconomic groups within countries should be reduced in at least one quarter of all countries, primarily due to the improvement in the health of the most vulnerable categories of the population.

Target 3: Healthy start in life

By 2020, all infants and preschoolchildren from the region should have a higher level of health that allows them a healthy start in life.

Target 4: Health of young people

By 2020, young people in the region need to be healthier and more able to fulfill their role in the society.

Target 5: Healthy aging

By 2020, people aged 65 and older should get the opportunity to exploit the full potential of their health by playing an active role in the society.

Target 6: Improving mental health

By 2020, psychosocial well-being of people should be improved and better organized and more comprehensive services should be available to people with mental health problems.

Target 7: Reducing communicable diseases

By 2020, the health effects of communicable diseases should be substantially reduced through systematically applied programs of eradication, elimination, and control of infectious diseases of social and medical importance.

Target 8: Reducing noncommunicable diseases

By 2020, morbidity, disability, and premature mortality caused by main chronic diseases should be reduced to the lowest possible levels in the region.

Target 9: Reducing injury from violence and accidents

By 2020, there should be a significant decrease in the number of injuries, disability, and death caused by accidents and violence in the region.

Target 10: A healthy and safe physical environment

By 2015, all people in the region should live in a safe physical environment where exposure to hazardous pollutants to human health should be at the level of internationally recognized standards.

Target 11: Healthier living

By 2015, all people should adopt a healthier lifestyle.

Target 12: Reducing harm from alcohol, drugs, and tobacco

By 2015, health effects due to the use of psychoactive substances such as tobacco, alcohol, and drugs should be significantly reduced in all countries of the region.

Target 13: Settings for health

By 2015, all people in the region should have a better chance to live in healthy physical and social environment, i.e. home, school, workplace, and community.

Target 14: Multisectoral responsibility for health

By 2020, all sectors should recognize and accept the responsibility for health.

Target 15: An integrated health sector

By 2010, people in the region need to have better access to primary health care, accompanied by a flexible hospital system.

Target 16: Managing for quality of care

By 2010, all member states should provide such leadership in the health sector, which covers a range of population health programs to individual health care at the clinical level, focused to the effects and protect the health of the population or individual.

Target 17: Funding health services and allocating resources

By 2010, all member states should have stable funding and developed mechanisms for allocating resources in the health-care system based on the principles of equal access, cost effectiveness, solidarity, and optimum quality.

Target 18: Developing human resources for health

By 2010, all member states should ensure that all professionals in the health sector and other sectors have adopted the appropriate knowledge, attitudes, and skills necessary for the protection and promotion of health.

Target 19: Research and knowledge for health

By 2005, all countries should have developed research procedures in the field of health, information, and communication systems that help adoption, use and dissemination of knowledge in line with the strategy "Health for All."

Target 20: Mobilizing partners for health

By 2005, the application of the policy of "Health for All" should engage individuals, groups, and organizations within the public and private sectors in cooperation and partnership for health.

Target 21: Policies and strategies for health for all

By 2010, all member states should apply the policy of health for all at the national, regional, and local

level, supported by appropriate infrastructure, process management, and leadership.

Strategic Plans for Public Health

A large number of different agencies, organizations, and political levels involved in the public health implementation mission became visible back in the years when planning and coordination was needed. Besides the WHO and its branch offices at every continents and countries and members of WHO, special attention has been paid to the two most significant scientific associations in the world: The World Public Health Association and European Public Health Association (WPHA and EUPHA).^[10]

Health promotion is more relevant today than ever in addressing public health problems, especially key factors such as preventing mortality, illness and disability.^[13] The Health Promotion Center should perform coordinated and planned activities in the field of health promotion, monitor and study the health status of the population, work and develop health services, and propose and take appropriate measures to protect and improve the health of the population. Based on the available indicators, it monitors the effectiveness, efficacy, and quality of health care and to evaluate investment in health care.

The Center conducts its activity through three existing organizational units: (a) Health Promotion Department; (b) Department for Analysis, Planning, and Organization of Health care; and (c) Department of Biostatistics and Informatics in Health Care.

The quality and results of these three departments are unimaginable today without well-organized information systems with accompanying information and communication technologies (ICTs). ICT is very important for public health because of intensifying public health through the information aspect, then rising expectations and new partnerships in better and more effective access to information and better communication, and is essential for all changes and increased responsibilities in the context of reduced budgets.^[3] The reform of the health-care system focuses on prevention, efficiency, and effectiveness (cost control and quality), the ability to obtain health information based on the population, and the society needs unbiased information on population health assessment.

The possibilities of an information society are based on the following postulates: (a) hardware is now more accessible, more powerful; (b) easier application development; (c) there are great opportunities for networking hardware equipment and software applications on health information systems.

There are two approaches to public health informatics: one of them is the automation of the procedures that are being performed today (easy and ineffective), and the change in way in which the job is done today (unusual, difficult, and potentially big public health effects).

The role of information in public health is data collection and analysis, communication, and support for decision-making processes.^[1,3,14] Effective data usage skills are primarily analytical skills such as assessment, determination of usage and limitations of qualitative and quantization data, evaluation of integrity, and comparability of data in existing sources, application of ethical aspects and principles for collection, maintenance, and use, and dissemination of data and information in co-operation for the community. The meaning of the qualitative and quantitative data collected should be given. It needs to make relevant assessments based on these data, then generate and interpret the information obtained in relation to the risk and benefit in the community. It is necessary to recognize how the data illuminate the ethical, political, scientific, economic, and overall public health problems.

Conclusion

The primary goal of every health policy is to improve the health of the population.^[8] In order to develop a health policy at local, regional, national, and international level, it is necessary not only to understand the main determinants of the health of the population, but also of the social and economic environment in which such policy is developed and implemented.^[9] A significant element of the health policy context is the overriding concept of how it develops and destroys health.

Since the beginning of modern public health care in the mid-19th century, the health of the population and individuals has improved immaculately. With the changes in the epidemiological picture of Europe, our understanding of leading health determinants and the main pillars of health interventions and policies has changed. By the middle of the 20th century, there was a period of contagious disease dominated by Europe and the world, and thus calibrated health interventions by population and ecological measures. In the second half of the last century, the era of chronic, noncontagious diseases and conditions occurred, in which the perception of individual behavior became the main determinant of health. In health policy, this has resulted in focusing on individual, health-care interventions, and health “medicalization,” ignoring social and environmental determinants of the condition and well-being.^[8,10]

In our century, the main public health challenge is how to respond effectively to new health challenges (climatic change, new technologies, materials...etc.), as health policy encompasses complex interactions between biological, social, and ecological health and disease determinants (including inequalities between social and economic groups) and how to realize in practice that the quest for public health solutions is inseparable from the pursuit of global economic, ecological, and social sustainability.

When improving the health today, we must take into account the large and complex scope of the determinants

and effects on health, and the fact that policy needs to react and intervene in several sectors and levels.

New paradigms and policies take this fact into account and try to achieve a significant change in terms of investment in health, importance to the social determinants of health, and health promotion and disease prevention. In addition, a permanent work on the development of policies is necessary that incorporates the complete government and complete society in order to properly act on the complex determinants of health in today's societies are changing toward networked organization of health services based on the relevant information.^[9,12]

In modern terms, we have enough knowledge to improve health and reduce inequalities between nations and countries. The WHO now perceive the world as a place in which will be reduced the differences in health outcome; where everyone has access to health care; where countries have strong health systems, based on primary health care, which can meet the expectations and needs of their population; where there are internationally agreed targets on health issues and manners to combat noncommunicable diseases.

New policies represent powerful tools for joint action in the field of action of the WHO with whose help they can take advantage of new opportunities to improve the health and well-being of the present and future generations.

And, as recently stated by the WHO's Director General: "The World Health Organization exists to help member states to fully realize their potential for health, fair and on behalf of all its citizens. My vision is that this is an organization that realizes that impact, in cooperation with member states, through the coordinated action of our national and regional offices and headquarters."^[10]

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