



HEALTH DEVELOPMENT POLICY

A HOLISTIC APPROACH



SDC advocates a *holistic* approach to health development. This policy considers the *basic determinants of health* and is designed to improve balance in action for health. The determinants of health lead to *three policy dimensions* which are defined as the human, the intersectoral and the sectoral dimension. Activities aiming at health status improvement of a partner population *should address the three dimensions simultaneously*, putting particular emphasis on the human dimension:



human + intersectoral + sectoral

= a Holistic Approach to Health Development

SDC'S VISION FOR HEALTH DEVELOPMENT

Holism in medicine recognizes the human organism as systemic: a living system with interconnected and interdependent components; in continuous interaction with its physical and social environment; capable of acting upon and modifying its environment. This definition fits with modern scientific thought as well as the teachings of mystics of many traditional cultures and natural philosophies.

Health progress analysis has continued to focus on disappearance of certain diseases and a decrease in mortality. This focus has led to a limited view of health, has reduced the effect of health development efforts and led to a widening gap in health status between the rich and the poor. In SDC's understanding many people are sick and unhealthy, **because they are denied the essential rights which would enable them to live a healthy life**. A holistic approach to health, recognising health as a human right, is consistent with SDC's North/South policy, which supports **non-discrimination, participation and empowerment, defence of Human Rights**.

SDC's vision is based on a **broad understanding of the determinants of health and health development**. These determinants have been grouped into three categories leading to three conceptual policy dimensions:

Social Values and Individual Behaviour	>>>	HUMAN DIMENSION
Environment and Disease Pattern	>>>	INTERSECTORAL DIMENSION
Health Care Delivery System	>>>	SECTORAL DIMENSION

SDC'S OBJECTIVES FOR HEALTH DEVELOPMENT

With the following objectives SDC'S Health Development Policy actively promotes a holistic approach to health and healing and calls for the collaboration of all agencies.

- **Promote and protect health through the promotion and protection of human rights.** These two are complementary for the advancement of human well-being.
- **Reduce inequities in health status, health risks and access to health between the poor and the privileged.** Individuals cannot take all of the responsibility without a supportive environment.
- **Empower women and improve their status.** Thus enabling them to make free, informed responsible choices, improving their ability to protect their own health and that of their families and communities.
- **Achieve a satisfactory balance between popular, folk and professional medicine as well as between curative and preventive approaches in the health care system.** This is expected to improve the quality and sustainability of health care.
- **Increase the synergy between humanitarian aid and health development programmes to make the best use of available resources.** Immediate relief should facilitate future development efforts and minimise the adverse impact of disasters on health¹.

THE THREE DIMENSIONS OF HEALTH POLICY

THE HUMAN DIMENSION

This dimension literally permeates all actions for health and is concerned with the ability and responsibility of people to make informed choices for better health. This means that an environment which is favourable for health development must be created by addressing:

- the **practical consequences** of the relationship between health and human rights;
- all interdependent determinants of health;
- **gender balance** in health development;
- the need for a continuous **collective negotiating process** with the **participation of all actors** in their various roles and responsibilities.

Therefore SDC will put major emphasis on inducing social and behavioural changes. Without this emphasis, any initiated changes will not be sustainable.



THE INTERSECTORAL DIMENSION

The intersectoral dimension has to do with the health effect of non-health sector programmes. By their very nature, development programmes have the potential for Cross-EFFECTS and Cross-ACTIONS on health:

- **cross-effects** = avoidance of harmful consequences of change as well as the establishment of favourable conditions for health development;
- **cross-actions** = active health promotion through integration of preventive measures in non-health sector programmes.

The intersectoral dimension is most obviously linked to health development through water supply and sanitation (hygiene), education, habitat (waste disposal, indoor pollution), agriculture and nutrition, income generation (employment, labour conditions, credit); in addition, sectors such as legislation, environment and culture should also be considered. Collaboration between sectors is necessary to solve major health problems and cross-effects and cross-actions should be fostered.



THE SECTORAL DIMENSION

The sectoral (or medical) dimension of health comprises three overlapping elements of health care:

- **The popular element**, where non-professionals first acknowledge ill-health and initiate health care (self and home-treatment).
- **The spiritual element**, especially large in non-Western societies, with sacred or secular forms of healing.
- **The professional element** comprising the organised, legally sanctioned healing professions such as modern scientific medicine as well as the other professional medical traditions (Ayurvedic, Chinese, Arabic-Galenic medicine).



Health development programmes must consider the sectoral dimension in its entirety in order to overcome a biomedical bias. Public health care systems must be reorganised and improved, health care reform must be supported. Services have too often been of uneven quality and unequal accessibility; prevention and promotion should be emphasised not only in the western oriented 'health sector', but also in the other elements.

¹ For details see 'Humanitarian Aid of the Swiss Confederation during the second half of the nineties: its strategy' (June 1995).

THE PRINCIPLES OF OPERATION

- **Policy Dialogue**
 - necessary for negotiations on designing, planning, and programming health interventions.
- **An Attitude of Mutual Respect**
 - for a fair sharing of tasks and responsibilities.
- **Co-operation**
 - an imperative.
- **Capitalisation**
 - an aim and a means.
- **Integrated Research**
 - as part of health programmes.
- **Evaluation of the Human Dimension**
 - new concepts elaborated and applied.
- **Concentration on Approach**
 - rather than on technical issues.

STRATEGIES

- Stimulate open policy dialogue at all levels, achieving a comprehensive understanding of health.
- Advocate congruence between respective health systems and values in the North and in the South.
- Promote a gender balanced approach in health development.
- Empower households and communities to take action for health.
- Foster collaboration with relevant non-health sectors.
- Support SDC's partner countries in initiating and/or implementing health care reform.
- Facilitate the development of sustainable financing of health care and health promotion.
- Strengthen client service by enhancing management, communication and professional skills of health workers.
- Reinforce collaboration between humanitarian aid and health development programmes.