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Health Policy History, Evolution and Future: The Role of USA, UK and WHO

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Abstract

It seems that humanity has to touch its lowest point before actually accomplishing something good for its people. Public health is no exception. From extreme poverty in England in the 19th century, a glimpse of hope emerged with the creation of Poor Law Commissions which evolved to public funded hospitals, proper sewage and sanitation. From understanding infectious diseases and eradicating its impact as a preventive manner of stopping the spreading of diseases, to the important role that U.S. played in establishing state and federal responsibilities associated with responsible public health practices. Despite lacking a unifying historical framework, the U.S. made significant advances until the commercialization of health services under the private health insurance umbrella… a trap that still haunts the American dream of achieving public health nirvana. Perhaps, out of that need for a public health-based movement, comes the role of the WHO in promoting a human being's undeniable right to health.

Keywords: Health policy, History, Public health, World Health Organization

Defining the Term that Defines Health Impact at a Local, National and Global Level

Health policy is a statement of intended action, a framework that guides decision making and is undertaken to achieve specific health care goals within a society. The overarching intentions of health policies are equity, access and protection. An explicit health policy can achieve several things:

- Defines a vision for the future which, in turn, helps to establish targets and points of reference for the short and medium term.
- Outlines priorities and the expected roles of different groups.
- Builds consensus and informs people (1)

Health policy broadly describes the actions taken by governments--national, state, and local--to advance the public's health. It is not a single action but requires a range of legislative and regulatory efforts ranging from ensuring air and water quality to supporting cancer research.

Health policies, without a doubt, are the best tool for addressing the health needs of the population and accomplishing health equity. Furthermore, health policies serve to ensure accountability from governments and individuals and the host of stakeholders in between.

The intention of this paper is to demonstrate the evolution of health policies through history and how, as they accomplished the goals set out to achieve in partnership with new evidence that becomes available, have to evolve to new policies with new objectives. That analysis will set the stage for the discussion of health policies into the future.

A History of Successes and How Success Redefines the Challenge

No matter how critical we are of governments, health systems and health accomplishments, there is no doubt we have come a long way from the medieval days where people were expected to die in their early 40s. These accomplishments are not equal for all and still are limited by the determinants of health that affect an individual and the societal wellbeing and by the position of governments in their role to protect and promote health among their citizens.

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Any and every analysis of health policy through history has to recognize the role that England and the United States of America have had as pioneers of health policy making. And the unique role of the World Health Organization (WHO) in advancing evidence and calls to action to improve health and public health.

England…From Pauperism, To Sanitation, To Poor Law Boards, To Infirmaries, To Actual Health Impact

The inclusion of public health policies in the 19th century are as gray and cloudy as England's skies. In the 1840's a Poor Law Commission enquiry identified disease as a major cause of pauperism. After several Public Health Acts enacted and repealed, finally in 1866 a Sanitation Act created 'local boards of health which Scotland joined one year later. It took another 60 years for the creation in 1929 of the Local Government Act which replaced the Poor Law Boards of Guardians, first established in 1872, which among other things transferred responsibility for hospitals to the local authority.

Medical care in the nineteenth century was principally private or voluntary. However, sickness was a primary cause of pauperism, and the Poor Law authorities began to develop 'infirmaries' (publicly funded hospitals) for sick people.

By the 1930s, improvement was evident with policies that made local government responsible for a very wide range of activities including hospitals, social assistance, police, fire, gas, electricity supply, water, roads, housing, education, and public health. Most of these roles were subsequently removed or diluted [2].

But one thing is for sure, England saw the beginning of caring for the poor, basic sanitation via sewers and establishing Poor Law Boards that were the fundaments for health policy/services as we know it today.

Prevention as a Promoter of Public Health Regulation

It is no surprise that prevention should be at the center of the health system and, hence, at public policy planning but often it proves to be the elusive target. It is so important that it singularly was the propulsor of public health as we know it.

Early public health regulation was rudimentary, as there was no clear understanding of the causes of disease or its modes of transmission. But, during the nineteenth century, scientific discoveries established the link between microorganisms and infectious disease, leading to a greater understanding of the vectors of infectious disease and, hence, prevent its spreading through governmental action. Modern public health regulation was born.

Leaders of the sanitary revolution appreciated that governmental authority was necessary to implement the strong strategies required to clean up living conditions and prevent the spread of disease. In Europe and the United States, the industrial revolution, with its rapid urbanization and environmental degradation, brought great hardship for many workers with increased poverty and disease. Also, dislocations of people across oceans and continents triggered greater public health regulation.

From Local to the Federalization of Public Health

Not surprisingly, in the United States, the early public health advocates focused on the local public agency as the model for executing public health responsibilities. The first local health board was organized in Baltimore, Maryland, in 1793. By the early nineteenth century, local boards (state-level public health agencies) were established throughout the nation. To this day, that role remains as states continue to exercise primary responsibility for the regulation of the health professions.

Public health was an important concern to the framers of the U.S. Constitution, who envisioned protection and promotion of public health among the federal government's responsibilities. In 1798, Congress established hospitals under the Department of the Treasury to care for sick and disabled seamen in American ports. In the following two centuries the federalization of public health regulation progressed significantly in three stages:

1. Evolution of the **Marine Hospital Service into the Public Health Service** (1870) - a national hospital system with centralized administration under a medical officer was born. The Marine Hospital Service became the Public Health Service in 1912. Another important development was the establishment of rudimentary food and drug safety regulation within the federal Department of Agriculture which ultimately became the Food and Drug Administration (FDA).

2. Establishment and expansion of the modern regulatory and welfare states which required demonstrating the safety of new drugs, the creation of the National Institutes of Health in 1930 (which later included the Centers for Disease Control), Social Security in 1935, the Department of Health, Education and Welfare in 1953, and Medicare and Medicaid in 1965. These programs made health-care services available to vulnerable groups, dramatically raising their health status and greatly expanded the role of the federal government in addressing problems in the health-care sector.

3. Establishment of new regulatory programs to reduce risks to safety and health in the environment, workplace, and other settings (1960s and 70s) including the 1969 National Environmental Policy Act, which established a national policy for the environment that would guide federal environmental regulation and evolved into the Environmental Protection Agency (EPA) [3].

A Messy Road to American Health Policy "Nirvana"

Although those distinctive three major stages towards the federalization of public health regulation positively impacted public health, United States experienced a bumpy road towards health policy "nirvana".

Truth be told, the history of American health care over the past 60 years is as messy, disjunctive, and complex as its sprawling public–private health care industry. There is no single narrative of health care,a single explanatory history, or a unifying historical framework. American health policy is the sum of manifold experiences, dashed experiments, clashing themes and multiple advocates, including health care experts specializing in fragmented fields.

The first half of the 20th century saw the growth of health insurance as part of the American health system. Business corporations were interested in offering health insurance as part of their employee benefits. Labor organizations had a strong interest in health reform. Health, welfare, and pension plans were placed under labor–management relations under the Taft-Hartley Act

of 1947; at the end of 1954 union negotiations represented one-quarter of the purchase of private health insurance in the United States [1]. Employers were (and are) given a federal tax incentive to encourage them to offer health insurance for their employees. The selling of private health insurance policies boomed after the Second World War, stimulated by tax-subsidized employee benefit packages**,** union negotiations and an expanding economy.

By the 1950s the long-term implications of an 'industrial' rather than a 'service' approach to health care coverage were becoming evident. Successful action by commercial firms took the healthiest Americans out of the insurance pool, leaving the non-profit plans and the government services with a statistically sicker population, assuming they stayed with community rating. One effect of privatizing health insurance was to weaken a generally available, private non-profit alternative. A second effect was to loosen the idea of community solidarity for the public's health--we are all in this together--which was fundamental to the idea of community rating. Hospitals, doctors, and other providers of care benefited from the expanding health insurance market and built up services in response to what was insured. The 1990s saw the balance of power in national health care policy shifted away from the traditional producers of medical care (notably the hospitals and physicians) to the increasingly powerful purchasers of care, the insurers [4].

The Patient Protection and Affordable Care Act, often shortened to the Affordable Care Act (ACA) or nicknamed Obamacare, is a United States federal statute enacted by the 111th United States Congress and signed into law by President Barack Obama on March 23, 2010. It is the most important overhaul to the American health system since Medicare and Medicaid and in the first two years it cut in half the population that lacked health coverage [5].

The Unique Role of the World Health Organization (WHO)

The right to the highest attainable standard of health (referred to as the "right to health") was first depicted in 1946 in the Constitution of the WHO and has since been included in several international treaties and declarations. Furthermore, through the years since 1946, more than half of the world's countries have some degree of a guaranteed, specific right to public health and medical care for their citizens written into their national constitutions. A study found that 73 United Nations (UN) member countries (38%) guaranteed the right to medical care services, while 27 (14%) aspired to protect this right in 2011. When it came to guaranteeing public health, the global performance was poorer with only 27 countries (14%) guaranteed this right, and 21 (11%) aspired to it [6].

To those outside of the realm of public health policy, WHO might only be a reference to an English rock band from the 60s. Funny coincidence that it was England where the first steps towards public policy were taken inheriting us the fundaments to the discipline as we know it today.

The World Health Organization (WHO) is a specialized agency of the UN that is concerned with international public health. Its constitution has nine guiding principles signed by 61 countries being one of the most important, that governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. Through global resolutions, WHO creates policies that guide governments actions in health and smartly uses the role of ministers of health, the top health policy makers who conform the organization's general assembly to sign these resolutions and apply them in their countries.

WHO's primary role is to direct international health within the UN system and to lead partners in global health responses. There are at least three key roles that we believe only WHO can fulfill and therefore must do well:

1. **Global stewardship**, i.e. identifying needs to be met and taking a leadership role in setting global norms.
2. Provide **operational support** to countries: WHO has a unique capacity to engage the best experts worldwide, which should enable it to provide technical assistance to governments through normative guidelines and recommendations reflecting best evidence and practice. To retain the legitimacy to do so, it must maintain the highest technical and ethical standards.
3. **Governance**: as the major global intergovernmental health organization, WHO has a unique convening power and mandate for decision-making on major related issues. Its governing body, the World Health Assembly, with its 193 Ministers of Health, provides WHO its singular legitimacy to carry out these mandated roles of stewardship, country support, and governance, albeit with a high degree of bureaucratization and politicization [7].

The Mother of all Policies: Health as an Undeniable Human Right

Respect for human rights is the mother of all policies; the umbrella that creates a defining feature of harm reduction, which is commonly characterized as a public health-based movement. Human rights are an internationally agreed upon set of principles and norms adopted at international and regional levels. Promoting and protecting health and respecting, protecting, and fulfilling human rights are inextricably linked:

- Violations or **lack of attention** to human rights (e.g. harmful traditional practices, slavery, inhuman and degrading treatment, and violence against women) **can have serious health consequences**;
- Health policies and programs can **promote or violate human rights** in their design or implementation (e.g. freedom from discrimination, rights to participation, privacy, and information);
- **Vulnerability to ill health** can be r**educed** by taking steps to respect, protect and fulfil human rights (e.g. freedom from discrimination on account of ethnicity, sex and social status and the rights to food and nutrition, water, education and adequate housing) [8].

Policies Global Impact, Inspiration and Direction

Global health policy encompasses the global governance structures that create the policies underlying public health throughout the world. In addressing global health, global health policy "implies consideration of the health needs of the people of the whole planet above the concerns of particular nations."

Distinguished from both international health policy (agreements among sovereign states) and comparative health policy (analysis of health policy across states), global health policy institutions consist of the actors and norms that frame the global health response.

The global health system that evolved through the latter half of the 20th century achieved extraordinary success in controlling infectious diseases and reducing child mortality. Life expectancy in low- and middle-income countries increased at a rate of about 5 years every decade for the past 40 years [9,10].

Today, however, that system is in a state of profound transition. The need has rarely been greater to rethink how we endeavor to meet global health needs.

Global health needs that include: promoting healthy behaviors, disease prevention, quality care, equitable access, addressing the non-health issues that impact our health and the provision of health security for all people, among others, require policies more than ever and policies that are different to what we are used to in order to address the new challenges. There is a growing gap between those receiving health interventions and those that do not receive them, between those getting the best possible treatment and those receiving old or ineffective treatments, between those affected by socio-economic conditions that harm and those living under circumstances that allow them to thrive.

Each great public health achievement was influenced by policy change, such as immunization calendars, safe water, building regulations, seat belt laws or regulations governing permissible workplace exposures. The value of health policy is unquestionable. On the other hand, the adoption of these policies has sometimes been inconsistent, under delivering on its true potential.

As with governments, people and systems, policies evolve. The success of health policies redefines the challenges towards the future. For example, living longer lives thanks to vaccination results in countries having to plan and prepare to support those audience's new health needs: conditions associated to aging, education, prevention or management of chronic diseases, home care support. Once one health milestone is achieved, new health challenges emerge.

The Future of Health Policies

There are three key overarching issues that need to be well-thought-out if we want the future of health policies to accomplish its full potential and have the exponential impact it can have on individual health outcomes and in public health overall (Figure 1).

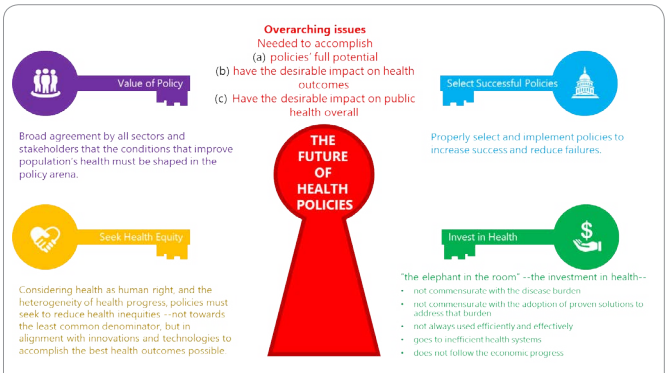


Figure 1: The future of health policies

Beyond these three overarching issues there is "the elephant in the room"; the main need or factor affecting individual and public health. That is, the investment in health is not commensurate with either the disease burden that exists today nor the adoption of proven solutions to address that burden. Furthermore, the current investment is not always used efficiently and effectively nor the health systems where that investment is allocated are as efficient as they could be. The investment does not follow the growth in the economic situation (i.e. GDP) that can only be sustained or improved with a healthy population.

At a more transactional level, there are series of aspects that will be factors in the development of policies in the near and far future if we want them to have a positive impact in individual and public health. These aspects can be grouped in six (6) categories: (1) the health issues to be solved; (2) the advances that will change the delivery of health; (3) the challenges that need to be tackle to change the delivery of health; (4) the determinants that impact health; (5) the stakeholders and their role; and (6) the goals of health policy (Figure 2).

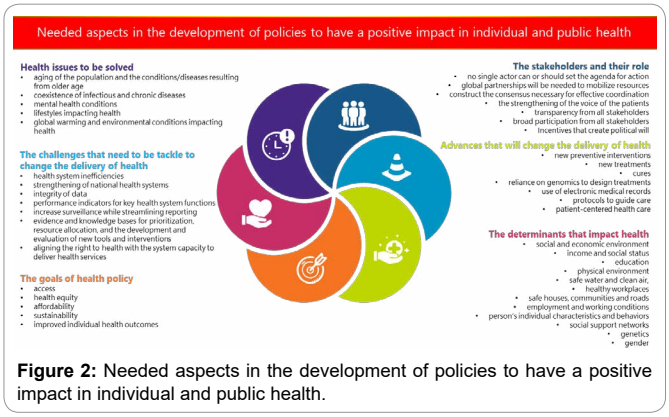


Figure 2: Needed aspects in the development of policies to have a positive impact in individual and public health.

Knowing the overarching issues and aspects that will play a role in health policies in the future, let's discuss some of the characteristics of health policies moving forward (Figure 3).

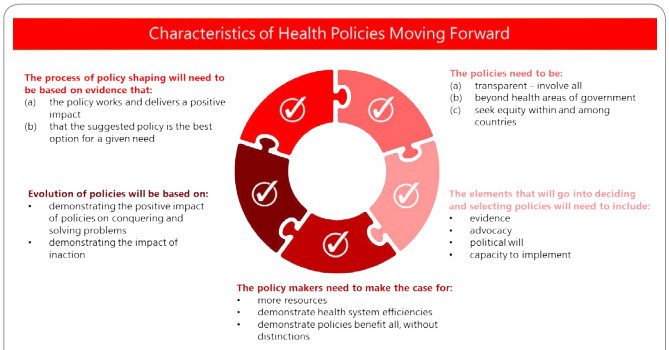


Figure 3: Characteristics of Health Policies moving forward.

Conflict of Interest

There are no conflicts of interest

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