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# A GLOBAL VIEW OF SELF-CARE WITHIN HEALTH POLICY

## WHO health policy and self-care

*Dr Gro Harlem Brundtland, Director-General, World Health Organization*

*Ladies and gentlemen,*

*Thank you for inviting me to this General Assembly of the World Self-Medication Industry and the 35<sup>th</sup> Annual meeting of the Association of the European Self-Medication Industry, and for giving me the opportunity to meet and exchange ideas with many of our partners in the quest for better health throughout the world.*

Let me start by reflecting briefly on the very theme of this meeting – “**Self-care – a vital element of health policy in the information age**”. Because the message of this theme is key. We live through times of constant technological change.

The major scientific breakthroughs of the past cast light on the potential of tomorrow’s discoveries. Information for the citizen – but even more importantly, the informed citizen – is essential for health promotion and development. It is also a critical dimension for overall socio-economic development. In short – it is the key ingredient for democracy. However, even with this, quality health care can only be made accessible to communities on the basis of sound government health policies.

Challenging questions arise: Do we have the ethical norms to govern the scientific and technological advances that offer hope but also carry risks?

In the middle of the constant scientific and technological changes stands the human being, men and women living in very different social and economic situations. Some have to make choices from an abundance of offers. Others have to make ends meet in utmost scarcity.

The health gains of the 20<sup>th</sup> century count as one of the biggest social transformations of our times. But the

century will also leave a legacy. More than a billion fellow human beings will not have benefited from the positive health outcomes of the revolution.

Bringing that billion on board is our challenge. The message from the World Health Organization is clear: This can be done. The world has the knowledge and the means to address the unfinished health agenda of the 20th century. We know what it will take and we can go a long way in the next decade.

To succeed therefore we need an informed public and sound government policies. Indeed, these are also critical determinants of responsible self-medication.

We also need to work together – to reach out to all those partners who have stakes in pushing the health agenda forward. WHO is the lead agency in health, but only one of several key players in development. I have called for a change in our working relationship with the other players, many of which should be our natural partners.

Since last July, WHO has pursued a policy of reaching out to these partners, knowing that it is the combined impact of our efforts that will make a lasting difference. We have created and recreated partnerships – within the United Nations family, with the Bretton-Woods institutions, with non-governmental organisations, with the research community and with the private sector.

In helping our citizens to have the knowledge required to make informed decisions about their own health, we need to know each other better. The self-medication industry is part of this outreach.

We also need to reach out to the individuals. In entrusting communities and individuals with more responsibilities for their own health care, be it through self-medication, cost sharing for services or health services

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management, we are not “off-loading” responsibility, but merely recognising the reality that empowered individuals can have the capacity to direct their own health in positive directions. We should facilitate this process by making useful knowledge available and applicable.

We need to invest in expanding the knowledge base that made the 20<sup>th</sup> century revolution in health possible. A key message in the World Health Report, that we presented a month ago, is the critical role played by the generation and application of knowledge. Knowledge about diseases and their control. Knowledge about the effectiveness of interventions and healthy behaviour. Knowledge made available through research – through experiences – through learning from successes and failures.

Two decades after Alma Ata and the vision of Health for All, there continues to be a wide disparity across the world in access to quality services. This includes relevant and appropriate information for health promotion and health care, and indeed people’s capacity to benefit from such information through appropriate behavioural change. We need to address these inequities.

We, as WHO, need to take this message to our partners, and that includes private industry. We need to promote a frank, transparent and regular dialogue with the broad constituencies involved in public health at a global level.

I am greatly encouraged with the evolution of the process of the Round Table discussions that we initiated last year. We have had the opportunity to address a wide range of issues with representatives of the pharmaceutical industry – research-based and generic – as well as public health non-governmental organisations. Later this morning, we will continue the dialogue in yet another Round Table discussion with representatives of your industry.

These discussions are not the end result – they are methods of work. Although we derive from different backgrounds – industry answering to its shareholders and WHO answering to its 191 Member States – there are important bridges we can build. Industry is in the business of producing a variety of products for the market and for making profit for their shareholders – WHO is in the business of helping all to have access to health technology and essential drugs. The motivation for working closer together is that there will be better health outcomes when governments, public health organisations, society at large and the private sector understand each other’s missions and work constructively together with public health goals as the basis.

Some express concern about conflict of interest. Of course, this challenge will be taken very seriously, given our public health mandate and the need for transparency. We approach this dialogue and these partnerships with a very clear perception of our role and integrity. We have a responsibility and commitment to developing clinical guidelines and setting regulatory standards and other norms on quality, safety, efficacy, promotion practices, and information accuracy for pharmaceuticals. These norms and guidelines, as we all know, often define the commercial setting in which health products and services are delivered.

As mandated by its Member States, WHO is working to develop principles and procedures which will ensure

that such normative functions and clinical guidelines are firm and robust on ideals.

We expect WHO partners to respect major WHO public health policies such as the WHO Ethical Criteria on Medicinal Drug Promotion. And in the near future we will have developed a new set of guidelines for our direct collaboration with the private sector.

Let me take this opportunity to say that our call for ethical behaviour does not only relate to direct dealings with WHO. The recent scandal on price-fixing of vitamins, involving leading companies, should send a strong signal to all responsible executives to think twice. Seen from the general public’s and WHO Member States’ point of view, incidents like this represent a blow to the credibility of the industry at large.

There is an unfinished agenda ahead of us.

One third of the world’s population still lacks access to essential drugs, the situation being worst in parts of Africa and Asia. Poverty and illiteracy are still major obstacles to the achievement of health goals in many parts of the world. There are many obstacles to be dealt with, and let me touch on some which are key for your part of industry.

We need to work on information, communication and education, product design and delivery strategies. Individual and collective participation in the planning and implementation of health care is both a duty and a right. Self-medication can help the drug management of symptoms and ailments, which do not require medical consultation. It can reduce the increasing pressure on health services, especially where financial and human resources are limited, and enable patients to control their own health conditions. To succeed we need renewed emphasis on the provision of accurate, carefully designed, targeted and appropriately delivered information. In our efforts, we must also recognise and appreciate the varying circumstances of communities across the world; technology that works in one part may not in another.

The potential economic and health consequences of self-medication to both individuals and society are significant. In recognising and harnessing such potential, governments must provide the necessary policy and control mechanisms to safeguard public health priorities and interests.

How, then, can public-private partnerships work together in providing the technical and material support required for capacity building in countries? Indeed, support to countries in the area of National Drug Policy formulation and implementation continues to be a major thrust of the Essential Drugs and other Medicines Department within WHO’s Health Technology and Pharmaceuticals cluster. We welcome a better dialogue with industry to identify ways and means for helping countries meet their objectives, get access to affordable essential drugs and be able to plan their policies beyond the short term perspective.

I am pleased to note that the World Self-Medication Industry has now published its “Guiding Principles in Self-Medication” as a basis for stimulating further discussion of the various issues with partners, including regulatory authorities, with a view to adaptation and implement-

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tation. This is an encouraging basis for the next steps which I hope will define a consensus and strategy for moving forward.

Governments and patients alike are increasingly finding a place for the use of traditional medicines among their options in self-care. WHO continues to provide the required leadership in the collection and collation of the necessary evidence base and setting norms required for a meaningful and consistent use of these products. Whenever they present useful opportunities for enhancing health care, we should support the integration of such traditional remedies into the more conventional health care. WHO is therefore appreciative of the ongoing collaboration with the World Self-Medication Industry in this area.

Let me turn to another area where we have worked closely together in the recent past and where active cooperation is required in the future. I am talking about the approach to a major cause of premature death, one which is dramatically increasing – killing four million people this year – and, if we let it go on unchecked, 10 million in 20-30 years – half of whom will be dying in middle age – not old age. I am talking about a rising epidemic about to hit the developing world and becoming the single largest source of disability and death.

I am talking about tobacco. I have told the World Health Assembly: I am a doctor. I believe in science and evidence. Tobacco is a killer.

We need a broad alliance against tobacco, calling a wide range of partners to halt the relentless increase in global tobacco consumption. This is a medical challenge. But it is also a cultural, economic and social challenge. Tobacco should not be advertised, subsidised or glamorised.

We need to take action both at national and global levels to strengthen our ability to prevent future generations ever starting and assisting those who smoke to quit.

There is a steady growth in the number of smokers. WHO has called for a broad partnership to turn the tide, and there are encouraging signs of emerging change.

The World Health Assembly last month supported the rapid development of a Framework Convention on Tobacco Control. This is the first time WHO uses its right to develop a legally binding convention. The convention will address a number of the policies and requirements needed to succeed in efficient tobacco control.

The World-Self Medication Industry has an important role to play. Cessation is hard. But there are products available which can help combat nicotine addiction.

Two months ago, I had an opportunity to talk to delegates at the Ninth International Conference of Drug Regulatory Authorities meeting here in Berlin. I reflected on a real anomaly:

Why is it that nicotine replacement products are sold in the pharmacy with a prescription, whereas cigarettes – the prime delivery device of nicotine – can be bought anywhere over the counter? Why is it that a product which on average kills one out of every two of its consumers is hardly regulated at all? Why is it that nearly all countries continue to regard tobacco as yet another agricultural product?

I called for a review of these questions by regulatory authorities and I proposed that three things needed to happen in the medium term:

First, a meeting of experts from various countries should be convened to assess our present knowledge about tobacco products, to set a short-term research agenda and fill the knowledge gaps identified and to chart the technical details of this essential change in course.

Second, governments need to take local action, by putting in place the legal framework to regulate tobacco product content and design. Those matters for which existing knowledge is sufficient should then be addressed.

Third, governments must push for the inclusion of effective tobacco content and design controls in the protocols to the Framework Convention on Tobacco Control. Together we can accomplish this, but it is the Member States of WHO that must be driving the process. With the support of partners, such as the World Self-Medication Industry, and the general population, we will maintain the momentum.

On 31 May we celebrated “World No Tobacco Day”. The media coverage and community action in support of tobacco control was extensive. Countries as diverse as the Maldives, USA, Thailand, Nepal, Norway, India, Croatia, Switzerland, Zambia and many others carried out innovative and community-based activities that urged smokers to quit and non-smokers to support them in doing so. We will be monitoring the outcomes of these efforts.

Preceding the day’s activities, WHO had convened a group of experts at the Mayo Clinic to develop a clear policy on the treatment of tobacco dependence. This statement has been distributed globally to the media, health professional groups and through the Internet. In that way, we are able to amplify the message that smokers can improve the quality of their lives and that of lives around them by quitting.

We look forward to further strengthening the relationship with the World Self-Medication Industry in relation to the many public health problems facing the world. Through partnerships, WHO with the private sector can truly make a difference.

