New Zealand Health Charter

#2719

New Zealand Health Charter

This charter represents a commitment to the public of New Zealand until the year 2000 in respect of the operation and goals of the public health system.

The objective is to maintain a nationwide publicly funded health system with the overall goal of protecting and improving the health of all New Zealanders. Essential health care will be universally accessible, in a manner that is acceptable to both individuals and the community, taking into account the cost that the community and the country can afford.

Health Care Principles

The development and operation of the public health service will be based on the following principles which health care managers and providers will be expected to observe.

Respect for Individual Dignity

Health care services will be provided in a manner that respects individual dignity. This requires that services include such basic but important elements as courtesy and consideration of individuals, promptness of service, an appropriate environment and quality care.

It requires acceptance that a favourable outcome for the patient is the basic and guiding objective of health care services and that this involves obtaining informed voluntary consent, and a respect of patient rights and individuality. It will necessitate a responsiveness to consumers' needs and full cultural sensitivity.

The treatment of all individuals, both users and providers, with dignity and respect will be entrenched in all areas of public health care.

Equity of Access

Equity of access is a dimension of individual dignity and is a pre-condition to achieving the goal of "universal accessibility". The principle of equity of access reflects the desirability of achieving greater equity in the allocation of health resources, as measured by health outcomes and health status.

It will require more health resources to be allocated to the major causes of death, disease and disability, and to those population groups most affected by those health problems. The greatest contribution to improving the health status of New Zealanders will be achieved in this way.

The health care strategies, however, must be appropriate, accessible, affordable, and cost effective, having regard to the resources available.

The New Zealand Health Goals outlined in this charter provide, for the first time in New Zealand, guidelines for the equitable allocation of health resources, and establish as a national goal the achievement of a substantial improvement in health outcomes.

Community Involvement

A nationwide network of area health boards is now in place. The boards now have the obligation to incorporate community input into the planning and future provision of health care within their region.

The use of public health resources will be responsive and relevant to the community being served. Public and community confidence in the public health care system and the equity of health outcomes will improve as a result.

Area health boards are accountable to their communities. They are also accountable to Government, which remains ultimately responsible for the performance of the public health system. That responsibility, however, does not extend to direct involvement by Government in area health boards' day to day decision-making.

Disease Prevention and Health Promotion

There is an on-going need to direct a greater proportion of health resources into health promotion and disease prevention as that is capable of making a significant contribution to improving health status in New Zealand in the long term.

A re-allocation of resources will be carried out in a way that balances the expected benefits of health promotion and disease prevention against the need to improve the accessibility and effectiveness of diagnosis and treatment services. Disease prevention, health promotion and accident prevention strategies aim to encourage healthy behaviour and a reduction in environmental and other health risks.

Key goals include improving nutrition, reducing substance abuse, reducing accidents and encouraging safer consumer products. Area health boards will undertake the detailed planning to give effect to the re-allocation of resources needed to achieve these goals. They will also be responsible for encouraging effective co-ordination of health services and health-affecting activities in the wider public, private and voluntary sectors within their regions.

Effective Resource Use

Publicly funded health care can be made available only to the extent that the community and the country is able to allocate resources to health care. Health resources will never be available in unlimited quantities. There will therefore have to be

some service rationing and priorities for resource use.

Improving the health status of New Zealanders necessarily depends to a substantial extent on extracting more health for more New Zealanders from every dollar of health expenditure. This requires that the choice of health care strategies has regard to the limits on resource availability.

Strategies should be chosen which maximise desirable health outcomes, as defined by the New Zealand Health Goals, while minimising resource inputs (i.e. that strategies are the most effective, and that they are efficiently run).

Effective organisation structures and effective programmes of managing and monitoring resource use, through measurement of health outcomes, will become essential components of every health strategy.

Improving the effectiveness of resource use is a means of accomplishing improved health outcomes and equity of access to health. It should pervade every aspect of the public health service.

Structure of the Public Health System

To give effect to the New Zealand Health Goals, the Government has created a number of public health organisations and programmes that will operate in accordance with these health care principles. Principal components of this system and their responsibilities are as follows.

Minister of Health

The Government accepts an overall responsibility for setting national health policy and for funding public health. It is ultimately accountable for the quality and appropriateness of health care provided, and for the health status outcomes achieved. The Minister of Health is, in turn, responsible to Parliament for the effective and efficient use of health resources and for the effective implementation of overall health policy.

Health resources are expended by the Department of Health, area health boards, and the wide range of private and voluntary organisations and groups which are health care providers and which are funded in a variety of ways from public health funds.

The Department of Health

The Department of Health reports to the Minister of Health and provides the Minister with analysis of health issues and expert advice on health problems. It also administers health legislation and regulations and the funding of health programmes, and ensures the provision of essential health services. In addition, it promotes health and encourages co-operation between health providers or health-affecting activities.

The Department has an important role in collecting and disseminating health information; it monitors and reviews the operation and outcome of the whole range of health policies and programmes to ensure the effective and efficient use of health resources. It will have important responsibilities for overseeing the implementation of this health charter and reporting to the Minister of Health on that.

Area Health Boards

The primary objectives of area health boards are:

* to promote, protect and conserve the public health and to provide health services within their region;

* to ensure effective co-ordination of the planning, provision and evaluation of health services between the public, private and voluntary sectors within their area;

* to establish and maintain an appropriate balance in the provision and use of resources between health protection, health promotion, health education and treatment services.

Area health boards have been given a broad responsibility for ensuring that public health expectations within their regions are assessed and then met. This includes providing and funding health care services.

Boards are accountable in the first instance to the Minister of Health for these delegated responsibilities for the effective and efficient use of public health resources and for the implementation of the New Zealand Health Charter. They are also accountable to their communities through Community Health Committees, Service Development and Special Advisory Groups, and other consultative bodies. More formally, board members are periodically accountable to the community through the three yearly electoral process, or in the case of appointed members, to the Minister of Health.

Area health boards have a major day to day planning and management responsibility for implementing health policy and for achieving the New Zealand Health Goals outlined below.

Other Public, Private and Voluntary Organisations

Many other organisations partially or fully funded from public health resources have important roles in giving effect to health policy.

The emphasis on health promotion, disease prevention, and accident prevention requires close intersectoral collaboration, both within the Government sector and between it and the private and voluntary sectors.

Reducing behavioural and environmental health risks necessarily involves a wide range of public, private, and voluntary organisations.

The primary health care sector, and particularly the general practitioner, will be asked to play an important role, as will the medical profession, including the professional organisations and colleges. The active participation of staff, both medical and non-medical and their unions, will be essential.

The factors which have an impact on health are many and complex. While Government has a leadership responsibility, and will continue to work to provide improved structures, review, and monitoring of public health resources, the implementation of the health policy and the achievement of the health goals must ultimately be the responsibility of each individual and of the community as a whole, both through area health boards and the other public, private and voluntary agencies.

New Zealand Health Goals

The public health system will give priority until the year 2000 to achieving the following New Zealand Health Goals. Their achievement will significantly improve the overall health status of the public of New Zealand.

Health status is improved if life expectancy is increased, or avoidable mortality and morbidity is reduced and the average number of years that people live free from major diseases or disability is increased.

The health goals all address important causes of death, disease or chronic disability and their achievement should reduce social and ethnic inequalities in health status. Each health goal is amenable to measurable change, either through primary or secondary prevention or through more effective medical management.

The specific improvements sought under each goal are detailed in health targets (i.e. outcomes) which can be found in a companion document to this health charter, New Zealand Health Goals and Targets. Each target has been selected because it is medically feasible, is resource realistic and involves an improvement in health outcomes compared with present trends. Existing resource allocation patterns will need to be changed to achieve these targets.

The New Zealand Health Goals are:

To reduce the onset of smoking in non-smokers, especially adolescents, and to reduce the number of smokers and the consumption of tobacco.

Tobacco smoking is the most preventable cause of death in New Zealand. Fifteen per cent (4,000) of all deaths in people aged 15-60 years are caused by cigarette smoking each year and over 4,800 years of working life between the ages of 15 and 60 are lost each year because of smoking-caused deaths.

To reduce the incidence of dietary related health disorders by improving nutrition.

Poor nutrition is an important factor in the New Zealand epidemics of death and disease from coronary heart disease, high blood pressure, obesity, diabetes and perhaps some cancers (such as breast and bowel). It has been estimated, for example, that every year approximately 2,000 deaths from coronary heart disease alone can be attributed to our diet.

To reduce alcohol-related health problems by reducing alcohol consumption.

Excessive alcohol consumption is an important risk factor in motor vehicle accidents, cancer of the bowel, other unintentional injuries, foetal alcohol syndrome, stroke, brain damage, cirrhosis of the liver and some cancers. It has been estimated in different studies that between ten per cent and thirty per cent of hospital patients have an alcohol problem.

To reduce the prevalence of high blood pressure.

High blood pressure is the major risk factor for stroke and an important risk factor for coronary heart disease; the risk increases with blood pressure levels. Approximately fifteen per cent of New Zealanders aged 35 - 64 years are considered to have high blood pressure (diastolic blood pressure greater than 95mm Hg). Achievement of the high blood pressure target will have an impact on stroke rates and perhaps also on coronary heart disease rates.

To reduce preventable death and disability from motor vehicle crashes.

Unintentional injuries, responsible for five per cent of all deaths in New Zealand each year, are the leading cause of admission to hospital. Strong inverse social class gradients are found for un-intentional injuries and rates are much higher in Maori. The major causes of death from unintentional injuries are motor vehicle crashes (52 per cent), falls (21 per cent), and drowning (eight per

cent). Up to the age of 45 years, motor vehicle crashes are the leading cause of death; in the age group 1 to 70 years they are the leading cause of years of life lost. Alcohol is an important factor in between forty and fifty per cent of fatal crashes. Motor vehicle crashes cost the country approximately $1 billion each year, including approximately $100 million in hospital costs.

To reduce hearing loss in children in the under five year age group.

Hearing loss affects children, the adult workforce and the elderly. Chronic hearing loss affects up to ten per cent of children and seriously interferes with the speech, educational and social development of these children.

To reduce disability and death from asthma.

New Zealand has recently experienced an epidemic of asthma death, which has not occurred to the same extent elsewhere. Death rates in New Zealand are the highest in the western world. Within New Zealand death rates are higher in low income groups, and Maori have death rates twice as high as Pakeha. Asthma is one of the leading causes of hospital admission, 12,500 in 1986, and admission rates have been increasing recently.

To reduce avoidable illness and death from coronary heart disease and stroke.

Coronary heart disease is the leading cause of death in New Zealand and is responsible for almost thirty per cent of deaths each year. New Zealand death rates from this cause are high by international standards. Death rates (and in particular sudden coronary death rates) have been declining recently although not as fast as in Australia. Death rates are higher in low income groups and in Maori. Stroke is the third leading cause of death, responsible for eleven per cent of all deaths each year; stroke death rates have been declining slowly for the last two decades but remain high by world standards.

To reduce the incidence of invasive cervical cancer and the cervical cancer death rate.

The incidence of cancer of the uterine cervix is increasing in women under forty years of age; approximately 100 women of all ages die of cervical cancer in New Zealand each year. Some ninety per cent of these deaths would be prevented if all women had cytological examinations (cervical screening) at least every three years. These examinations are able to diagnose cancer before invasion occurs; treatment at the pre-invasive stage is very successful.

To reduce skin cancer (melanoma) incidence and death rates.

Melanoma is a common tumour which is increasing in frequency and affects relatively young people; in 1986 there were 159 deaths from melanoma in New Zealand. One third of patients are under forty years of age at diagnosis. Melanoma is the most common cancer in young adults in New Zealand, accounting for 23 per cent of all cancers in people aged 20 - 39 years. The major controllable causal factor is sun exposure.

Helen Clark

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Minister of Health

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