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Health – Essential Coordinate of Human Existence at the Beginning of the 3rd Millennium

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Abstract

The approach of important contemporary issues, determined by the interaction of multiple economic, political, social, cultural, environmental processes and phenomena generically called – globalization – is indissolubly connected with the human factor, with complete, physical, mental and social well-being – that is human health.

The effects of globalization dictated taking into consideration the impact of the Human Health index on human health. Particularly foreign studies emphasize the fact that human and environmental health must reflect the entire evolution of economic and social life.

As a consumer's good, human health, through its consuming, produces satisfactions for human individuals, according to which they are entitled to consume the other goods which it needs.

Human health suppliers, health organizations that offer health services and those who need these services, meet on a market, called health services market, whose mechanism has features different from the other markets, not only from the point of view of the two forces, demand and supply, but also from the third party who pays.

In the context of globalization, human development, defined as a process of people's expanding possibilities to choose, cannot exist without an appropriate health.

People often make choices in the economic, social and political fields, situated in the centre of development policies. From the human health perspective, the focus is on the quality of the economic development, and not on the quantity, in three critical domains: expectation and quality of life, educational level and access to all the necessary economic resources in order to lead a decent life.

Human health is not only a process, but also a payoff.

Key words: *human health, economy, investment*

Introduction

In 1987, the Prime minister of Norway, Gro Harlem Brundtland, used for the first time the phrase "durable development". At that moment, as President of The World Commission on Environment and Development, he presented the report entitled "Our Future" where he defined the concept of durable development as "the process of development according to present necessities without preventing the future generation from satisfying its own necessities".

The most accepted point of view is that of durable development following the interaction and the compatibility of four systems: economic, human (social), ambient (environmental or

ecological) and technological. The background offered by global change as well as the economic and social modifications require the adaptation of uncertain systems.

Among the different challenges from economy and society, the most important one is caused by the fact that a new culture on work appears in many corners of the world. In the developed countries, the industrialized society is replaced by the post industrialized one which is associated with the decrease of blue collar's importance, high occupancy rate in services sector, insecurity increase and labour importance decrease as means of achievement. The appearance of knowledge society and knowledge- based work is a motto for economic restructures and globalization. The new labour culture, the great speed of adjustment and process contradictions have unexpected influences on the individual and his/ her health.

There are significant changes of the way in which individuals and families understand occupancy, labour market, career and security deriving from occupancy. These are confronted with new concepts, such as "non-occupancy" that defines the process of forced or anticipated retirement without any possibility of being employed again. In the developed countries, people do not have only one job or career up to retirement, but several successively or simultaneously. Their implication on human health status is major mental and physical exhaustion of the individual. [1,2].

The approach of the great contemporary problems, determined by the interaction of multiple processes and economic, political, social, cultural and ecological phenomena (named generically globalization) is indissolubly correlated with human factor, complete, physical, mental and social wellness which means human health.

More and more humanity is aware of the necessity of considering health from the perspective of reconstructing human society on new bases. Being totally interdependent with the other forms of health- environment, communities, organizations and institution- human health is regarded as both consumption good and capital good, the unity of these two characteristics conferring a sort of oneness [3].

The globalization effects ended up with the impact of Human Health Indicator on human health. The WHO reports highlight the fact that the evolution of the whole economic and social life must be reflected into the human and environmental health [4]. First of all, the individual, as a social and biological human being, is the aim, which implies awareness of what it follows: ascension- the accomplishment of a life that is worth living, as Mircea Eliade said.

Human Health as an Economic Good

As normal state of existence and life evolution, health is a criterion of performance according to which the adaptation capacities of living systems are judged by the two possible forms homeostasis and heterostasis.

According to the definition related to the vital parameters evolution of human life between two limits, minimum and maximum admissible, human health represents, from the economic science perspective, a supreme good that accomplishes both consumption goods functions and capital goods.

In spite of the fact that it has an objective base in the natural part with which people are born, human health is an economic good being produced and reproduced continually by the individual together with the community or organization where he lives and works.

*As an economic consumption good***,** human health, by its consumption, produces satisfaction to human individuals according to which the latter are capable to run out the other consumption goods that are necessary.

As a capital good (investments), human health is used by the individual to produce incomes, which besides investments in it, may bring net incomes, which means profit made from the activities performed [5].

Human health suppliers, health organizations that provide health services and those who need these services, are placed on a market named health services market whose mechanism displays features different from other markets, from the point of view of the two forces, demand and supply, as well as the third party who pays. Due to the features of human health perceived as a good, but also taking into account the systems implemented by different countries regarding the payer and social policies, we cannot talk about a private market of human health services in any country, the mechanisms oscillating between centralized systems and quasi markets.

The system of human health assessment indicators, by their level and evolution, represents at the communities' scale, the objective criterion of appreciating the viability of human health services.

Dimensions and Limits of Human Health Economy

Health, when meaning survival, will never be able to reach the level of saturation. The human history shows that there is no society in which death disappears, a society without accidental death or death caused by disease. Besides it, health, as request of wellness, can be but a changing objective. Even if civilization progress led to affections improvement, disabilities diminishment and biological incapacities, from one generation to another, it has not achieved human health saturation.

A factor of confusion is that the real demand of services is not known, because the need for services is greater, but they are found as required services, respectively provided, so that the only available recorded cases are those reported by medical units. So, there are always situations that are not known. This is the reason why experts are preoccupied to know if the present health status is better than that of the preceding generation. We notice a consensus regarding the fact that morbidity studies cannot provide a precise answer. Usually, the hospital morbidity is taken into account as it offers information on hospitalized patients, their affections and other data that may be indicators which illustrate synthetically the efficiency of healthcares, costs etc. The same thing is valid for ambulatory medical or home assistance.

People can never know the disease prevalence related to a group but can estimate with more or less precision. These knowledge deficiencies as well as the need of understanding a field where there are more and more transactions and more and more money encouraged the appearance of a new branch in applied economics: medical (health) economics.

As any specific field, a distinction between the theoretical and empirical analysis must be made. If medicine means the science of keeping and reestablishing health, then health represent an exceptional domain of exception in economy, the reason of economic activity being the coverage of life prolongation. As a result, in a complex society that is continually changing and in which citizens security exigencies related to risks of getting ill are growing, the problems regarding human health must constitute an objective of great interest for the State [6].

The economist's implication in the medical field is due to the growing costs related to health preservation and the multitude of difficulties in procurement of sufficient financials resources to cover expenditures of the sanitary system. At the same time, thanks to the exponential development of the market volume regarding health services, there is a growing interest for the investment capital because the profits in this sector have also grown up.

The increase of health expenditures raised the problem of compatibility between economic and social. According to the postulate that states the fact that the risk represents a major problem of human existence, it is considered that "individual risk is a collective problem" [7]. As a

consequence, any state proves its identity by the protection offered to its people regarding health risks.

It is easy to understand the reason why some countries overtook a significant part of costs related to medical insurances or strict control of this system under the circumstances in which independent operators have been leased.

According to the estimates made by WHO (World Health Organization), the expenditures related to medical and health preservation have had an even greater percent of GDP, showing the growing interest of EU members for human health, aspect valid for both EU 15 and EU 25 (Table 1).

Table 1. Total expenditure on health as % of GDP [8]

Country	**Year**				
	2000	**2001**	**2002**	**2003**	**2004**
Austria	7,5	7,4	7,5	7,5	-
Belgium	8,7	8,8	9,1	9,6	-
Cyprus	5,6	5,6	5,9	6,3	-
Czech Republic	6,6	6,9	7,0	7,3	7,1
Denmark	8,4	8,6	8,8	9,0	-
Estonia	5,5	5,1	5,1	5,3	5,5
Finland	6,7	6,9	7,2	7,4	-
France	9,3	9,4	9,7	10,1	-
Germany	10,6	10,8	10,9	11,1	-
Greece	9,9	10,2	9,8	9,9	-
Ireland	6,3	6,9	7,3	-	-
Italia	8,1	8,2	8,4	8,4	-
Latvia	4,8	5,0	4,9	5,0	3,3
Lithuania	6,0	5,7	5,9	5,7	6,0
Luxemburg	5,5	5,9	6,1	-	-
Malta	7,99	8,03	9,05	9,27	9,21
Great Britain	7,3	7,5	7,7	-	-
Holland	8,3	8,7	9,3	9,8	-
Poland	5,7	6,0	6,0	-	-
Portugal	9,2	9,4	9,3	9,8	-
Slovak Republic	5,5	5,6	5,7	5,9	-
Slovenia	8,0	8,2	8,86	8,8	8,6
Spain	7,4	7,5	7,6	7,7	-
Sweden	8,4	8,8	9,2	-	-
Hungary	7,1	7,4	7,8	-	-
Countries members of EU before May 2004	8,7	8,87	9,05	9,21	-
Countries members of EU after May 2004	6,05	6,29	6,4	6,46	6,39

Health expenditures economically and globally stress the result of the interaction, activities of different actors from the health system: consumers, producers and organizations involved in health programmes or their financing (the payable third party).

The great difficulty of the economic analysis in the health field is when approaching costs evaluation, results quantification and benefits identification.

Human Health in Romania at the Beginning of the 3rd Millennium

The health status of the individual is defined by WHO: a complete, physical, mental and social wellness that does not necessarily involve only lack of disease or infirmity. The health status of population is more than the total sum of health status of the individuals of whom it is made up.

In 1984, The Regional Committee of WHO for Europe adopted a regional strategy for the beginning of the third millennium, delimited on big four activity domains [9]:

- The way of living and health;
- Risk factors influencing health and environment;
- Reorientation of sanitary care system;
- Political, managerial, technological, human and research factors necessary to make changes in the first three fields.

In Romania of the beginning of the third millennium, data indicate the following:

- Birth life expectancy is 66 for men and 72 for women, so below the standard suggested by WHO;
- Mortality increase by affections of the cardiovascular apparatus is of 23% in comparison with 1987, especially by the increase of deceases percent caused by cerebral vascular deceases of those who are active age;
- Mortality increase by malignant tumors, bronchi lung neoplasm, digestive apparatus neoplasm; decrease of decease medium average;
- Increase of accident mortality by 22,7% in comparison with 1987;
- Decrease of roseola incidence, neonatal tetanus and poliomyelitis;
- Diphtheria eradication;
- Aiming at the desired objective regarding infantile mortality whose value has decreased.

Birth life expectancy is a synthetic indicator for measuring health status, strongly dependant on the socio-economic development of a society. In Romania, it continues to decrease which causes great concern forcing people to take urgent measures.

Natality is a positive component of the natural movement of population representing alive newborn frequency of total population, being influenced by: socio-cultural environment, marriage rate, divorce rate or medical causes (endocrinological, genetic and chromosomal diseases). An evolution of natality between 1976- 2004 is presented in figure 1 [10,11].

Fertility is one of the factors determining natural movement of a population, measuring the number of babies born alive of 1000 fertile women.

Fertility decrease manifested after 1989 is the consequence of the modifications in the demographic behaviour of population: decrease of nuptial contracts, increase of percent of bachelor population even at the age over 40.

Among the reasons that led to these modifications, the most important are those socio-economic, cultural and schooling, as well as the sanitary and psychological ones.

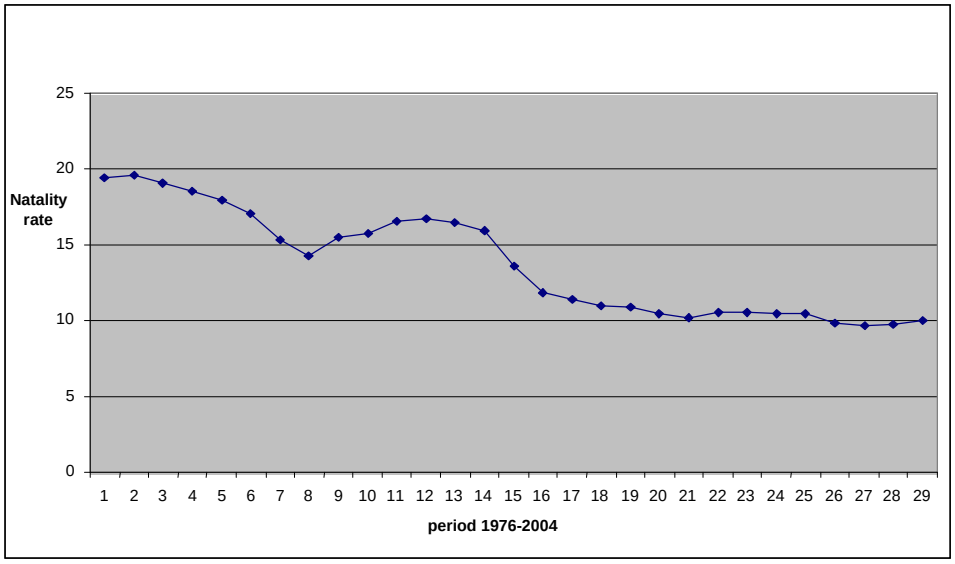

Fig. 1. Natality evolution in Romania (1976-2004

The evolution of natality gross rate is characterized by a continuous decrease especially after 1989, reaching in 2002 the lowest value of 9.66 newborn alive of 1000 inhabitants.

Mortality is a negative component of the natural movement representing the demographic phenomenon of decease of a given population within a certain period of time. A graphic representation of the deceases structure in Romania is presented in figure 2 [8].

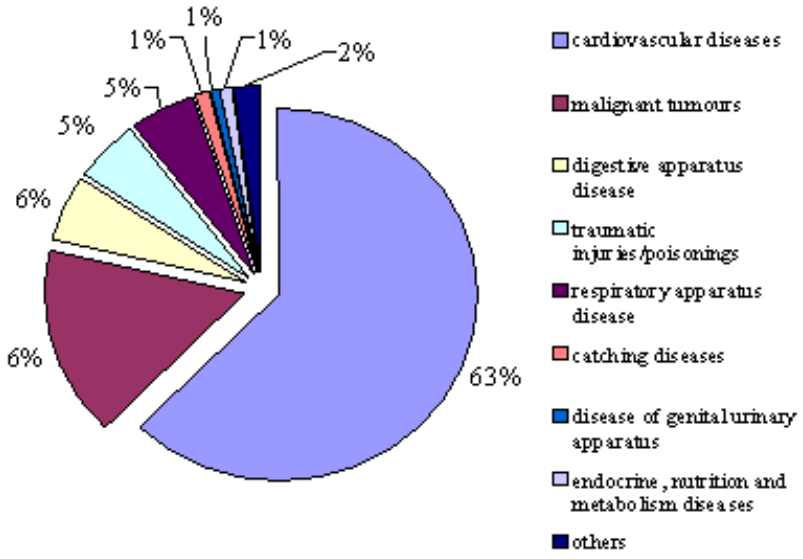

Fig. 2. Structure of diseases according to causes- Romania, 2003

The general characteristics of mortality in Romania are:

- percent of deceases caused by malignant tumors at young ages;
- mortality increased in western and south-western areas by ageing population;

- deceases caused by cardiovascular apparatus diseases that have a great percentage in Romania, the mortality rates going continually up and being twice higher than in the Western-European countries.

Infantile and maternal mortality are basic indicators not only of the health status, but also of life quality. Romania is situated on one of the first places in Europe, and the problem does not seem to have any chances of being solved.

Conclusions

Human health assessment in the Romanian society is not aleatory, because the evolution of these indicators in our country indicates a situation which the other ex-socialist countries also face with. The lack of economic resources, the bad distribution of the existent ones and the carelessness regarding the planning of health sources reallocation are the main causes that make these countries stay at the end of the queue.

In the knowledge society, *investment in people and their health and competences is essential*. A special form of such an investment is investment in economic education. It involves the accomplishment of human life in terms of time and space, the establishment of conditions necessary to social cohesion in territorial profile as a stability factor at the national and international level.

In the context of globalization, human development, defined as a process of increasing people possibilities of choosing, cannot exist without adequate health. People take numerous decisions in political, social and economic fields, placing themselves in the center of development policies. From the human health perspective, attention is drawn upon the quality of economic development in three critical fields: life duration and quality, education level and access to the necessary economic resources for a decent living. Human health is both a process and a final result.

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Sănătatea – coordonată esențială a existenței umane la începutul mileniului 3

Rezumat

Scopul acestui articol este de a prezenta un studiu de caz privind rolul sănătății umane în dezvoltarea economică. Indicatorii de sănătate arată că România - ca şi alte țări ex-socialiste – a rămas în urmă din cauza lipsei de resurse economice, a proastei distribuții a resurselor existente, precum şi a neglijenței privitoare la planificarea realocării resurselor de sănătate.