Health and development

With particular reference to Africa, the author argues that attempts to improve health and promote economic development, being mutually dependent, should be integrated and adapted to local conditions.

It is now clear that health is determined by a complex of factors, some acting directly, others indirectly, some affecting individuals, others whole populations. In many African countries, people are at risk from a wide range of communicable and deficiency diseases, a state of affairs attributable to the natural environment, poor living conditions, inadequate hygiene and health education, and the low standard of medical facilities in general. Thus health status depends on development, and action for health has to be a part of action for development. This implies that the prevention of disease is at least as important as cure, that living conditions have to be improved, that community participation in health care is essential, that priorities for action have to be selected, and that the simplest, least expensive means should be used — these are some of the rules for integrating health care into development.

Integration

Not all the difficulties in the way of integration are scientific and technical. Decisions relating to health are often taken on political and economic grounds.

Integrated action is more ambitious than single actions and is not necessarily less expensive. If it appears that curative care is being reduced so as to augment preventive action, people’s suspicions may be aroused as they are legitimately anxious for diseases to be cured. The notion of public health evidently remains very vague in the minds of many.

In practice, integrated health action is sometimes undertaken by large nations or communities but usually takes the form of pilot experiments, e.g., the projects of the Tokombere Community Health Centre in Cameroon. But such projects are likely to wither for lack of nourishment. They must be firmly rooted, rigorously evaluated, and closely observed as they develop, and it is above all necessary to ensure that they do not close in upon themselves but help to vitalize society as a whole. If these conditions are met it is possible to prepare for the implementation of an expanded approach to health care, bearing on training, research and so on.

To aim for health through development is thus not only an economic necessity (to train the actors in development), but also an ethical and political necessity (to formulate acceptable development projects). Moreover, the amount spent on preventing and curing disease is very small compared with the

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wealth generated by healthy people, especially in countries where manpower resources have been depleted by poor health. It is thus economically justified to give health a place in development. Health expenditure, however, cannot be increased without limit, and the health systems in many African countries are still too dependent on external resources (expatriate personnel, equipment and training staff from elsewhere, grants, loans, public or private donations), which render them vulnerable because of high recurrent costs, difficulties of maintenance and supply, and other factors.

It is important to dispel any notion that health status is determined solely by the development of public health services, since this could produce inflationary pressures. Action should take account of all health factors, including epidemiology, personnel, equipment, financial flows, the behaviour of the population, and demographic developments; programmes giving priority to prestige activities that do not serve the needs of the bulk of the population should be avoided. Attempts should be made to reduce dependence on outside help by releasing local resources and improving the management and maintenance of services. Evaluation procedures should be established and used, because people involved in health activities tend to think that these are always justifiable.

Public health leaders should be closely associated with development planning activities and the preparation of stabilization and structural adjustment programmes, so that the health sector is given due recognition. This association should be based on the following basic principles:

- Priority should be given to preventive medicine: mass campaigns against endemic diseases; maintenance of measures to prevent the re-emergence of endemic diseases supposedly under control; and special efforts in environmental hygiene and health education.
- Priority should be given to rural populations because this is where it is easiest to combine the curative and preventive dimensions of medicine and to integrate maternal and child health care, nutrition and education.
- Multidisciplinary health personnel should be trained, and the varied and highly practical experience of China and other countries in this field should be drawn on.
- Careful programming of well-targeted, regionalized and coordinated research, sustained over a long period and drawing on the resources of traditional medicine, is the real key to the success of health policy in Africa. It should receive high priority, especially in its applications to the specific problems of African health.

The concept of health care integrated with development should be translated into practice and serve as the basis for policies and programmes. But what kind of development must be pursued so as to benefit health? Until recently, there were relatively ambitious health policies and programmes associated with development plans in Africa. Unfortunately, economic difficulties now oblige us to set our sights lower if we are to ensure minimal health conditions. However, a new vision of action for health is beginning to take shape, with adaptation to both poverty and progress. Failures in development have led to the revision of health policies, a process that
should make it possible to renew development policies.

No society can have health as its sole objective, unless it wishes to become a quarantine station. Health and disease are perceived and experienced in various ways, depending on the natural environment, cultural history, social aspirations, international relations, economic conditions, the view people have of their lives, and the level of social and medical knowledge. A development policy therefore involves choices; if some risks are reduced, it will be necessary to tolerate others. Thus the countries of the North, notwithstanding remarkable progress in medicine, are afflicted by the diseases of success. Acceptance of the view that health is an essential parameter of development would help to bring a mature approach to the problems that have been encountered in this field.

**Collaboration**

The United Nations Development Programme (UNDP) is associated with WHO in advancing the concept of health care integrated with development. At the request of Member States, about 10% of the resources placed at the disposal of country programmes by UNDP are devoted to health projects. There will always be room to improve their integration with other projects. Health will henceforth figure on the check list of criteria for the preparation and evaluation of development projects. UNDP is associated with the onchocerciasis project of WHO’s African Region, and with interregional and global research programmes that have proved their value over the years. UNDP has also become involved with the WHO Global Programme on AIDS. The two agencies have formed a veritable alliance.

UNDP now hopes to strengthen the links between its Regional Office for Africa and the WHO Regional Office for Africa, by establishing a WHO Liaison Officer at the local office of UNDP in Brazzaville. It should also be possible to develop a broader strategy on the general theme of health and development, which could give special attention to public health, training, biomedical research, epidemiology, nutrition, and other fields, and ensure that health workers become substantially involved in programmes such as the structural adjustment programmes now under way in more than 27 countries. This would help towards implementation of the Bamako initiative.

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Like development, the health sector is now flagging and can no longer sustain its earlier performance or even, in some respects, maintain the achievements of the past. Primary health care offers the possibility of responding in simple, inexpensive and accessible ways to the paramount health needs of societies, particularly in developing countries. This does not mean less science but rather a broader, more open science that is closer to all. Nor is poor medicine for the poorest implied. However, to avoid this, primary health care programmes must be adequately financed from well-coordinated national and international sources, reaching a minimum critical threshold that is maintained in the long term. Otherwise the programmes would become blunted and gradually disappear. The funds that are mobilized when projects are set up should ensure that primary health care proceeds in coherent systems including research, teaching, management, education, hospital services, specialized activities, and so on. The system of development should not only be economic but also social and cultural; and it should be qualitative as well as quantitative.