Editorial

Hiroshi Nakajima

Health for all: the way ahead

Health for all continues like an unattainable dream as we approach the last decade of our millennium. The gap between the health “haves” and the “have-nots” has not narrowed in spite of the revolution in concepts and ideas which started in Alma-Ata ten years ago. Most developing countries are still struggling with the burden of tropical diseases and other conditions linked to poverty. And even before we can win the battle against communicable diseases which has engaged us since our earliest days, many countries must now, in addition, face the burden of an aging population with chronic and degenerative diseases. At the same time, too many people in the world are still without the benefit of safe drinking-water and sanitation. And with each passing day the damage to the environment from man-made pollution is endangering our very survival. On top of all this we are now assailed by a new and terrible disease — AIDS — for which there is as yet no cure.

The usual approach to health and health care will clearly not have much effect. If we want to come to grips with the health problems of the world today we must now put all our efforts into transforming health systems according to the principles of primary health care and the strategy of health for all. That is the great health challenge for the years ahead.

It is a task that demands the redirection of resources, total coverage of the population with emphasis on the disadvantaged, teamwork, a carefully designed intersectoral approach, application of appropriate technology, and full community involvement.

Leaders needed to improve health

To reach our common goal of health for all by the year 2000 demands a critical mass of active leaders to respond to the real needs through reoriented health care systems. The President of the 41st World Health Assembly, Professor Dibandala Ngandu-Kabeya of Zaire, stated that we already have the knowledge and technology to prevent or cure most diseases of mankind — now the need is for concerted action by every woman, man, and child, to protect and promote their own health. Doctors also must lead in this transformation process. To do so effectively, their current role must be reconsidered. Traditionally, a doctor’s role was straightforward — treating the sick using the best means available to medical science for diagnosis and cure. But while certain kinds of health care responsibilities were

Dr Nakajima is Director-General of the World Health Organization.
passed on to community health workers, doctors have increasingly been moving towards specialization within vertical disciplines, and their isolation from day-to-day health care is clearly at odds with the need for partnership with the community in both planning and action for better health.

The Tokyo Declaration on future health and medical manpower calls for a fundamental reorientation of health manpower planning, production and management. Profound changes will be needed in the kinds of people produced by training institutions and therefore in these institutions themselves.

Training institutions must review their mission so as to anticipate and respond to the rapidly changing socioeconomic environment and make the needed changes. The task is not an easy one because, for example, the very philosophy of a university education is not focused on service to the community. This should now be stressed because the health professions have a commitment to serve the people. Appropriately trained health manpower is not only one of the fundamental requirements for reaching health for all, but without it the others, such as financial resources, health infrastructure and health technology, are worth nothing.

A vigorous and sustained health education campaign, fully supported by the mass media, should be promoting a healthy life-style based on sound nutritional principles, in a clean and wholesome environment, and also support behavioural changes that will provide excellent dividends in the medium and long term. The health of the community in general would thus be improved and expenditures on, for example, non-essential drugs and unnecessary diagnostic procedures and therapeutic interventions reduced.

Promoting a healthy life-style is particularly important in the current AIDS pandemic. Until such time as safe and effective drugs and vaccines are developed, there is no surer way of containing its spread than the adoption of sound sexual practices inspired by a systematic and sustained health education campaign. Here governments should be guided by the findings and recommendations of WHO's technical experts rather than by considerations inspired by political expediency.

**Health systems research**

Another essential tool in support of implementation of the health-for-all strategy is health systems research, which is concerned with the organization and management of health systems and with the application of appropriate health technology. If we fail to develop a sound health infrastructure and a sure way of incorporating appropriate technology developed in laboratories into the health systems, we shall not be able to realize the full benefits of investment in expensive biomedical research. Health systems research has not, however, been sufficiently utilized by the national or local health services to the extent that it supports the work of health planners and decision-makers. There
is still a great need to promote health systems research at all levels. And this must go hand in hand with medical research to provide the essential knowledge for the development of appropriate technology. Technology is really appropriate when it can be—and is—used at the primary health care level in every corner of the globe.

Assimilation of technology

In order to ensure the assimilation of technology there must, therefore, be a continuing dialogue between countries, both as providers and users, in a spirit of true partnership, enabling a genuine and profitable exchange of information. The designers, manufacturers and users all have roles to play in the development of technology. After initial development, some types of technology could be manufactured at low cost in a newly industrialized country. The users, who need not necessarily be only in the developing countries, could contribute ideas or recommendations on the types required for specific health activities; they could also monitor the quality, assess the suitability and advise on modifications. A strategy for the planned assimilation of health technology by every country is therefore essential.

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We live in fragile times. World economic recovery is slow and remains uncertain. But there are encouraging signs that our common desire for peace may be achieved. I am optimistic that this will result in more resources being channelled towards activities for health and social development. It is up to all of us to use these resources wisely. Now is the time for action.
"Thanks, but no thanks. I've quit."

The World Health Organization is very grateful to the Belgian cartoonist Maurice de Bevere, "Morris", for presenting this original drawing on the occasion of WHO's 40th anniversary and the first World No Tobacco Day (see Notes & News, p. 477)