



EXECUTIVE BOARD

Seventy-third session

Provisional agenda item 11



GLOBAL STRATEGY FOR HEALTH FOR ALL BY THE YEAR 2000

The spiritual dimension

During the Thirty-sixth World Health Assembly, the Director-General proposed that the question of the spiritual dimension in health be referred to the Executive Board.¹ He has prepared the reflections that follow to facilitate the discussion in the Board.

Definition

1. Before reflecting on the spiritual dimension in health, one must first clarify what is meant by the word "spiritual", for it is the way in which that word has been understood by different people that has given rise to diametrically opposed views concerning the meaning of the spiritual dimension in health.
2. The word "spiritual" is defined in a wide variety of ways by such authoritative sources as the Oxford and Webster's English dictionaries and the French dictionaries of Larousse and Robert. This shows that, at least in these two languages, the word has come to have many different meanings. These include: that which is not corporeal, or is not material, and does not belong to the physical world but rather to the world of ideas. Some more specific meanings are also given, such as: that which is related to the soul or to religion; that which is related not to the physical senses nor to external actions but to the intellect or the higher faculties of the mind or to higher moral qualities; and that which has a high refinement of thought or feeling.
3. All of these meanings have one common denominator. They infer a phenomenon that is not material in nature but belongs to the realm of ideas that have arisen in the minds of human beings, particularly ennobling ideas. It is in that sense, and in that sense only, that the word "spiritual" is being used in these reflections.

Historical overview

4. As far as can be gathered from the history of humankind, as soon as homo sapiens had enough food and shelter to survive, human beings were moved to action through ideas that arose in their mind. Often the material world formed the background or the stimulus for the development of these ideas; and often people developed their ideas in order to improve the material world in which they lived and their lot within that world. This is where homo sapiens differs from all other known species.
5. In addition, ideas have often been formed in people's minds following wonderment at the origin of the universe and of life on this earth, giving rise to different religious, moral or philosophical concepts. These in turn have had very practical implications for people's daily lives, such as their rhythm of work and rest, their dietary practices, their hygienic habits, their social organization, their marriage laws and customs, their civil and criminal laws, and their treatment of offenders and dissenters.

¹ Document WHA36/1983/REC/3, p. 224; see also document WHA36/1983/REC/2, pp. 268-274.

6. Moreover, ideas propounded by political philosophers have often been a source of political action. Examples of these are the ideas that led to such ideals as "All men are born free", "Liberty, equality, fraternity", and "Workers of the world, unite". These political ideals have given rise to vast material changes throughout the world, such as the abolition of slavery, the democratization of government, and the redistribution of wealth.

7. By shaping people's action and ways of life, such philosophical, religious, moral or political ideologies have had a profound influence on the physical, mental and social wellbeing of the people concerned.

Concept of health for all

8. The concept of health for all by the year 2000 also arose as ideas in people's minds against the background of the adverse health conditions of the vast majority of the world's population. It was greatly influenced by such humane qualities as a sense of decency, empathy with the world's health underprivileged, compassion, and the desire for social justice regarding health. It was considerations such as these that laid the moral basis for the decision of the Thirtieth World Health Assembly in 1977 that the main social target of governments and WHO in the coming decades should be the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.¹

9. Thus, non-material values led to a decision that has significant material value for people. For by its very definition the attainment of the goal of health for all will ensure as a minimum such a level of health for people everywhere that they will be capable of working productively and thus contributing to their own economic development and to that of the community and country in which they live.

10. However, the implications are not material alone, because the Health Assembly resolution also refers to a socially productive life, which in itself has a non-material connotation. A prerequisite for social productivity is awareness by people and communities of the factors affecting their health as well as their involvement in shaping their own health destiny. Community involvement is inherent in primary health care as defined in the Declaration of Alma-Ata. It implies social action in accordance with the social and cultural patterns of the country concerned. For communities can only become genuinely involved in any endeavour if they do so in ways that are commensurate with their value systems, their beliefs, their attitudes and their customs. These value systems can express themselves in widely different ways, such as religious beliefs and practices, whether theistic or otherwise; political ideologies; moral sentiments; national, tribal or other group solidarity; the desire to perpetuate local and family traditions and cultural heritage; or concern for the future of the world's environment. For individuals, value systems can find expression in such ways as reading or writing of literature or poetry; meditation; prayer; active or passive enjoyment of such arts as painting, sculpture, music and dancing; and the practice of sports.

Strategy for Health for All

11. The Strategy for Health for All was inspired by the above concepts and is therefore dependent on a number of non-material factors in addition to such material factors as resources. For example, the aim of achieving total population coverage with primary health care is a corollary of the concept of social justice regarding health. This aim implies giving preferential care to the underprivileged - a manifestation of human compassion. Another feature of the Strategy, namely the commitment of governments by their constitution or otherwise to the above-mentioned aim, depends to a large extent on such factors as social conscience and decency at the central national level.

¹ Resolution WHA30.43.

12. An important feature of the Strategy is the social control of the health system through community involvement. Such control implies public participation in influencing the kind of health technology to be used; it also implies influencing the adoption by people of social and behavioural alternatives to technical measures in consonance with their rights and their freedom to choose. This brings the Strategy for Health for All into the homes, the fields, the factories, the schools and other educational institutions, as well as the streets.

13. Social control also has the potential to make health delivery more humane, to care for people before they become patients, and when they become patients, to treat them as feeling and thinking individuals with their own personalities, and not merely as impersonal "cases" or objects with diseased bodily organs in need of repair. Moreover, the humane approach implies taking full account of people's physical and psychological needs at different stages of their life - from conception, through gestation, and into infancy, childhood, adolescence, adulthood and old age. It then permits people to die in a dignified manner.

14. All this has important implications for health workers of all types. To fulfil their roles adequately in such a health system they have not only to possess the technical skills required but also to be motivated and socially attuned to their functions in society. In addition, they have to be able to transmit the necessary motivation and proper attitudes to those they serve so that people can make the most of their social and technical skills.

15. The above are intangible factors, and yet without them the Strategy for Health for All would have no meaning. Each society will have to ensure these intangible factors in a manner that is commensurate with its way of life. Hence, while the principles are universal, their application depends on the specific social and cultural patterns of the country and community concerned. By their very nature, these social and cultural patterns are group-specific and consequently not exportable to other groups. They have in themselves the capacity to contribute to individual and group feelings of wellbeing. Thus, they illustrate the first principle in the Constitution of WHO - that health is not merely the absence of disease or infirmity, nor is it limited to a state of physical wellbeing only, but also includes mental and social wellbeing.

Conclusion

16. To sumup, people's intangible ideas have given rise to health ideals which in turn have led to a practical Strategy for Health for All by the Year 2000. This strategy incorporates the attainment of a goal that has both a material and a non-material component. If the material component can be "provided", the non-material or spiritual one cannot. It is something that arises within people and communities, and manifests itself in keeping with their social and cultural patterns. Moreover, the realization of these health ideals in itself contributes to people's intangible but highly salutary feelings of wellbeing. So it can justly be claimed that people's ennobling ideas have not only stimulated worldwide action for health but have also given health as defined in WHO's Constitution an added spiritual dimension.

= = =