



Halfdan Mahler

Health for all—all for health!

Forty years have elapsed since men and women of goodwill and foresight laid the foundations of the World Health Organization. Hopes were high: for the first time in history there would be a truly global cooperative enterprise to protect and promote human health. Health which is rightly defined in the WHO Constitution as not merely the absence of disease or infirmity but a state of complete physical, mental and social well-being.

As the Assistant Secretary-General of the United Nations in charge of Social Affairs said during the First World Health Assembly in 1948, WHO “is of capital importance. It will probably be the most all-embracing international organization which ever existed in the world. It may legitimately entertain the most soaring ambition... One day, the Organization will include the worldwide fraternity of free men in a powerful and constructive network of protection against disease, suffering and death.”

At that time, WHO had 55 Members, of which 22 were developing countries. Today, its 166 Member States represent virtually every country and territory on the globe. Since those early days, when it had to deal with disrupted health services and deterioration in health conditions caused by the Second World War, the Organization has grown in strength and is fulfilling its main function as the directing and coordinating authority on international health work, as stipulated in its Constitution.

Progress during the first years was slow: early successes, such as the rapid control of yaws, were overshadowed by difficulties in controlling malaria; in addition, the developing world was becoming increasingly impatient to provide all its populations with access to health care. But now there have been some resounding successes, as evidenced by the global eradication of smallpox and the attainment of more than 50% immunization coverage of the world's children against diphtheria/pertussis/tetanus (DPT) and poliomyelitis; protection of infants against tuberculosis and measles is nearly as high.

Dr Mahler is Director-General of the World Health Organization.

Sufficient knowledge and expertise are now available to ensure health care for all the inhabitants of our planet. In spite of this, there is still a wide gulf between the health “haves” and the health “have nots”. We are unfortunately still not equals in health on our spaceship earth. For instance:

- nearly 1000 million people are trapped in the vicious circle of poverty, malnutrition, disease and despair that saps their energy, reduces their work capacity and limits their ability to plan for the future;
- average life expectancy varies between over 70 years in some countries and barely 50 in others;
- in most developing countries, as many as 200 out of 1000 infants born alive die during their first year, although industrialized countries have succeeded in bringing this rate down to between 10 and 20, and even less;
- women in most poor countries have a 200-fold greater risk of dying during pregnancy and childbirth than women in a rich country.

It is a matter of equity and social justice to make health progress available to all people through new approaches, new strategies and better management of available resources.

With WHO’s coordination and guidance, all 166 Member States are now unanimously committed to health for all and its strategy firmly anchored on four basic pillars:

- technology — not necessarily sophisticated but **appropriate technology** that is not only scientifically sound but also socially acceptable and affordable;
- **political will** to improve health so as to enable people to lead economically productive and socially rewarding lives;

- **intersectoral cooperation** between the health sector and other key development areas such as education, agriculture, industry and information;
- last, but by no means least, **community and individual involvement** in the quest for better health — all for health!

The Alma-Ata Declaration on primary health care, 10 years old this year, clearly mapped the road on which our feet are firmly planted. It is along this road that we should all go forward, men and women everywhere who are not simply passive objects of development but in fact the activators of all development, particularly health development.

To quote again from the First World Health Assembly, its President said “In the past, the most progressive ideas in public health were often put forward by those who were not physicians themselves”. Today, forty years later, it is clear that health is everybody’s business. Not only physicians but all people everywhere — including political and spiritual leaders from north and south, east and west — must join hands with those active in education, agriculture, industry, information and many other walks of life in an all-out effort to make the goal of health for all come true.

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The countdown for health for all is well under way. While there is no cause for complacency, neither are there grounds for pessimism. What is important is that we are going in the right direction: this is the surest way to reach our destination. Compared with other social goals for the end of the century, health for all will surely be a winner. □