Editorial

A grand alliance

People are the true measure of the success of policies and programmes. At the same time, people are the determinants of success. Experience teaches us that, whether in the most sophisticated cities or in the most remote villages, when people act with determination and understanding in pursuit of goals they deem essential, they achieve success. Previously insoluble problems are solved and resources are mobilized. Miracles happen!

So it is appropriate that community participation forms the theme of this issue of World Health. But we must deal honestly with the concept of participation or involvement. It means much more than merely complying with medical prescriptions or contributing labour or money to health plans that others have already judged appropriate for the people. Expressed simply, community participation is a grand alliance between people, policymakers and health workers for a common purpose.

A lay health resource

It is imperative that this alliance should be democratic and not manipulative. If they are given the right and responsibility to participate and are appropriately supported, people have the wisdom, the ability and the will to deal with their own development. The challenge to policymakers and health workers is to get the best out of the “lay health resource” that people represent. Ordinary men and women are the most abundant, most effective and most economical tool for meeting health needs. For example, it has been estimated that well over half of all health care is self-care or care provided by the family.

Achieving community participation is neither cheap nor easy. It requires a long-term investment in training and reorientation. Sometimes social and cultural values or beliefs interfere. Sometimes bureaucracy and excessive centralization make it hard for the community to see what is expected of it.

But these difficulties are surmountable, and the results are worth the effort and the time. Let me give a dramatic example. In one country embroiled in civil war, facing social collapse, the only hospitals and health centres not looted or burned were in a district where, with WHO’s cooperation, there was strong community involvement in health. By their action, the people were saying that they would not loot and burn their own hospitals and clinics.

The second evaluation of implementation of the Global Strategy for Health for All by the Year 2000 shows that a large majority of Member States consider community involvement to be not only a political necessity but also an important and effective mechanism for planning, carrying out and evaluating health programmes. Many countries have participation mechanisms that are in full working order or are being further developed. Clear national policies and strategies; individual and collective leadership; sustainable mechanisms, especially at the community level; and appropriate investment in time and money — these are some of the key factors for success.

The great challenge we face is to establish and sustain systematic and routine practical measures which will bring about a democratic alliance between people and their health services. The growing worldwide trend towards greater democracy and democratic values seems likely to bring this goal nearer.