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**The Political Struggle for Health**

## THE POLITICAL STRUGGLE FOR HEALTH

Mr. Chairman, Excellencies, honourable representatives, ladies and gentlemen, colleagues, friends,

At the Thirty-first World Health Assembly in May this year I launched an appeal to the political leaders of the world to accord higher priority to health and, through health, to promote development and peace. This was the beginning of what I shall now call the "political struggle for health," and at the outset I should like to explain what I mean by that. Not so long ago most of us held the belief that better medical technology was the key to improving health. It is not surprising that we held this view, since we grew up in an era of rapid technological growth, when it seemed that there were no limits to the powers of technology. We have long since had to discard these illusions and to face the sober reality that social and economic factors are at least as important as technology in promoting health, and that health technology itself has to respond to social challenges and to recognize economic constraints. But social goals can only be realized and economic development brought about by political determination, and the power to make political decisions lies outside the control of the health system. Those responsible for health development must therefore become health politicians and engage the struggle to ensure that the voice of health is heard in what has been all too often a wilderness of apathy.

I have been criticized on numerous occasions for having transformed WHO from a scientific and technical Organization to a political Organization. First of all, taking political action to attain social goals does not mean that the Organization has become politicized in any negative sense. Secondly, I certainly did not do this of my own volition; I merely responded to the imperatives of contemporary history that were so forcibly and eloquently articulated by Member States. Thirdly, let us learn lessons from less recent history. The great sanitary reforms of the latter half of the nineteenth century, which provided the industrializing countries with clean water and safe sewage, and which did so much to promote health in these countries, were brought about by vigorous political action. The great health reforms which WHO has launched in the latter half of the twentieth century will have to be brought about too by vigorous political action. This action will have to ensure that social goals are pursued with the singleness of purpose required to attain them. It will also have to ensure that technical solutions are found that are appropriate to these goals, that are acceptable to society and that can be applied at a cost countries can afford and through health systems that are properly planned, organized and operated.

We have a main social target for the coming decades. In May 1977, the Thirtieth World Health Assembly defined it for governments and for

WHO as the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead socially and economically productive lives. The struggle for health is aimed at attaining that target. Why do we have to struggle for it? After all, we have at our disposal sufficient knowledge to make dramatic improvements in health. We also dispose of adequate managerial processes to enable us to apply this knowledge by delivering well defined programmes in health systems organized for that purpose. Yet progress is far from being made at the rate that is potentially feasible. We have to ask ourselves insistently why this is so. I am convinced that the main reason is our lack of success in stimulating the political conviction of the world's leaders and the social clamour of the world's masses. We are severely hampered by economic constraints, yet enormous sums of money are being spent on weapons of destruction; and most economists, still hypnotized by the concept of economic growth, have not grasped the economic signification of human development. We still have far to go to convince the world that health is crucial for development, and that development can open another door to peace.

To gain acceptance of our target and to release the massive social energy required to attain it, political struggle is inevitable. We will have to rack our brains to devise the best ways of launching this political struggle for health and keeping up its momentum. I shall let you have my ideas; they are based on a deep sense of urgency; the time for action is now.

#### From blueprint to action

In my address to you last year, I sketched a blueprint for attaining an acceptable level of health for all by the year 2000. The time is long overdue to convert this, or any other suitable blueprint, into a worldwide plan of action in which the countries of the Americas will have to play their full part. I divided the blueprint into priority programmes and mechanisms for ensuring that the most appropriate programmes in each country are properly identified and delivered.

Primary health care with all its intersectoral ramifications is the most important vehicle for delivering these programmes, whether they be nutrition, water supply or basic sanitation; mother and child care and immunization; control of endemic diseases and treatment of common diseases and injuries; or community health enlightenment. The other levels of the health system have to give full support to primary health care, so that together they constitute a coherent country-wide system that focusses on peoples' real needs, starting from the most essential. Appropriate health manpower is crucial at all levels of the system.

Among the mechanisms emphasized in the blueprint is the process of country health programming, which has to be complemented by national health programme budgeting to ensure the adequate allocation of resources to priority programmes, by health programme evaluation to improve the health development process and health care delivery system, and by sound information support. Also emphasized in the blueprint is the strengthening of ministries of health so that they assume a central role vis-à-vis the head of state and the other social and planning ministries in promoting health as part of social and economic development. No less important are such mechanisms as national health advisory councils, and national centres for research, development and training in specific programmes that are recognized and used both within their own country and by other countries as part of technical cooperation among countries.

#### National action for health

You will notice that I have stressed action in countries, for that is where it is most effective. International action can be an important source of stimulation and support but never a substitute for national action. What then is required to set this national action in motion and sustain its momentum?

Governments must make an unequivocal political commitment, including legislation as required, to introduce the health reforms that are essential if health development is to become a reality. The Universal Declaration of Human Rights and WHO's Constitution can be used as a basis for these reforms, since they both insist on the right of every human being to an adequate level of health and on the responsibility of governments to ensure this. The collaboration of all sectors involved in health development has to be secured at government level.

Social health goals appropriate to the country have to be defined. These might include, for example, the access of all people to essential health care, an equitable distribution of health resources and therefore the preferential allocation of resources to socially peripheral populations, and the health enlightenment of the population so as to mobilize it to participate actively in defining health policy and plans and in formulating, contributing to and controlling its own primary health care programmes.

Priority programmes have to be identified and formulated with clear cut objectives aimed at attaining the defined social health goals. These programmes might include, for example, proper nutrition for all infants and children, water supply to all, the control of parasitic diseases and the training of the health team, to mention but a few.

For each programme, appropriate technology has to be selected or devised that is scientifically sound, socially acceptable and economically feasible; for example the better use of locally available foods for weaning, low-cost water supply using local materials, and the training of the health team in close linkage with the provision of service and with the pursuit of research.

All programmes, whatever their degree of priority, have to be integrated into a general health system, starting with primary health care and ensuring the support of the rest of the system. Institutions at all levels have to be designed and organized to provide the services that can deliver these priority programmes. Operational procedures have to be worked out so that institutions and services deliver programmes with maximum effectiveness and efficiency.

If the sequence of events I have just described appears self-evident, it is surprising how few countries do formulate programmes in this way for subsequent delivery by the health and related services. In most countries, there is an unsystematic growth of clinical facilities instead of a systematic development of health systems. Existing types of clinical facilities grow incrementally without adequate thought to their ultimate purpose and their effectiveness. Many countries do provide what has now become classical personal preventive services, but these are rarely properly evaluated for the validity and effectiveness of the technology they are applying.

The health system stands or falls on the quality of those who plan and operate it. Health workers of all categories have to be oriented socially to serve people by providing them with the services planned for them, and have to be trained technically to this end. Such social and technical competencies are all the more important since the health services must actively solicit and support the critical contribution to health of enlightened individual, family and community self-care. At all levels it is necessary to inculcate a spirit of inquisitiveness and open-mindedness that is conducive to the kind of original thinking required for solving problems in a wide variety of situations.

#### Managerial action for health

Nowhere is this open-minded approach to solving problems more necessary than in the application of sound managerial processes for health development. This may precede or follow the adoption of radical health reforms or may take place simultaneously, but one without the other is unlikely to have any lasting impact. Managerial action for national health development has to relate closely to intersectoral planning for social and economic development. At the risk of being repetitive I can

only state again that it includes such activities as country health programming, national health programme budgeting, health programme formulation, the translation of these programmes into institutional and service requirements, the delivery of programmes through these institutions and services, health programme evaluation and information support. There can obviously be many different entry points into the process and each has to be exploited to the full wherever the opportunity presents itself, on condition that the total plan for health development is constantly kept in mind, and in particular its social goals. These goals are so easily forgotten in the zeal of managerial activity. In addition, the social realization of social goals has to be kept firmly in mind to attain lasting results. By that, I mean the participation of an enlightened public in the development and control of their health system, and in particular their involvement in developing primary health care and in ensuring adequate support to it from the rest of the health system. The solution of so many of to-day's most important health problems depends so much on what people do or do not do for themselves.

#### Social action for health

So I return to the theme of social action for health and to the leitmotive of this address--how to establish and implement plans of action throughout the world that will ensure an acceptable level of health for all. I am advocating the introduction of radical health reforms that will enable countries to define their social health goals and to set in motion and sustain the process of health development that is necessary to attain these goals. In addition to persistent persuasion by health politicians, social motivation resulting from public enlightenment is a key factor in bringing about the political action required. Every citizen can be inspired to become an advocate of health reforms, first of all to protect his or her own interests, and then, through aggregation, to protect society. In this way individual health egoism becomes social health altruism. The basis for the motivation is immaterial; what is material is the energy of action.

The involvement of communities undoubtedly includes their participation in sharing the cost of health care. This has been criticized as a cunning way of placing additional financial burdens on people. Of course, the danger always exists of unscrupulous exploitation of the desire for health as another means of economic enslavement. I have two arguments in reply to this criticism. The first is that in the final analysis any economic system depends on the energies of people and, if these are generated to benefit people and not to further some inanimate economic system, it is surprising how much ingenuity can be released to find unconventional economic solutions. But people and their governments must realize this, and must strive towards such social independence. This brings me to my second argument. If there is clear cut national determination to introduce health reforms--social and political determination--these reforms will be adopted and people will gladly invest their energies in materializing them.

International action for health

International action for health is required to support national action. Only one month ago, the International Conference on Primary Health Care at Alma Ata clamoured for governments to prepare national plans of action for primary health care, for these offer the best guarantee of improving the health status of the people. On the basis of such national plans of action, and in response to their needs, WHO will build up regional and global plans of action. These will be crucial for the strategy being developed by WHO's Executive Board for attaining an acceptable level of health for all by the year 2000. They will also be crucial for the contribution of health to the New International Economic Order and its conversion into a genuine international development order.

You may well think that by insisting so much on national action I am asking a great deal of governments and doing very little myself. I cannot emphasize sufficiently that the proposal for the urgent, and I repeat urgent preparation of national plans of action for health development leading to a worldwide plan of action as a cooperative effort of Member States, is derived entirely from WHO's Constitution, which states clearly that the Organization was established for the purpose of cooperation among its Member States.

As for my own action, in concluding my address to the Thirty-first World Health Assembly, in which I stressed the indivisibility of world health, I appealed directly to the political leaders of the world to make the most of the relatively non-contraversial nature of health aspirations in order to promote social and economic development and through this development world peace. I have followed this up by addressing personal letters in the same vein to a number of the world's leaders and have expressed my readiness to meet them at any time to explore together the possibilities of promoting health, development and peace as an interlinked entity. I have also addressed all Ministers of Health, asking them to approach their head of state and their colleagues in government who have an interest in development and peace.

The Thirty-first World Health Assembly adopted a resolution in which it requested me to re-examine the Organization's structures in the light of its functions with a view to ensuring that activities at all operational levels promote integrated action. Together with the Regional Directors I have already set that study in motion, and I hope you will launch it in your Region at this session of the Regional Committee, and that you will ensure wide consultations with governments in the Region. The proper fulfillment of the Organization's functions depends on you the Member States and I will do my best to propose renewed structures that do indeed support the functions that you have determined. The Regional Committee itself is one of the most important of the Organization's structures. You are assuming ever-increasing political and technical responsibilities, and

that is how it should be. The Region is being strengthened by the creation of regional panels of experts, of which the very active Regional Advisory Committee on Medical Research is an outstanding example. I hope you will be as active in recognizing selected national centres for research, development and training in specific programmes so that they become truly regional in nature through intercountry cooperation. Such cooperation is the constitutional cornerstone for success. All structures will have to be strengthened to promote and sustain cooperation among Member States in defining and realizing the worldwide plan of action for health. If I leave behind me such a plan of action in accelerating motion and a smooth functioning WHO to give it support, I will be able to look forward with optimism and backward with satisfaction when I complete my term of office.

I am now turning to you, representatives of the countries of the Region of the Americas, to do your utmost to ensure the urgent introduction of the widespread health reforms that are required across the Region and the establishment of national and regional plans of action for health. I am not oblivious of political dissensions among countries of the Region. Nor am I unaware of the difficulties you have to face in attempting to gain higher priority for health under those circumstances. But these obstacles only underline the need to mobilize collective self-reliance in the struggle for social and economic development.

Mr. Chairman, honourable representatives, the pursuit of health is a vital component of that struggle. Pursue it with fervour.