

Health and Development: the Moral Imperative

a personal statement by T. Adeoye Lambo, OBE, MD, FRCP, Deputy Director-General of the World Health Organisation

WHO strategy

One of the aims of the World Health Organisation and maybe its ultimate goal, is to bring health, wellbeing and human life into a harmonious and rational whole. This objective stems from a need felt in societies all over the developing world: the need to collaborate in creating a sense of social responsibility which will govern the choice of options for the future of health care and overall development. These issues are of serious national, as well as international, concern and dictate a re-ordering of our priorities, restructuring of our institutions and above all creative thinking. The great policy challenge is to use the methods of science and other disciplines to approach the entire gamut of factors affecting human beings — health as well as poverty, environment as well as life-styles, biology as well as political and social conditions.

In this context WHO has adopted a two-pronged strategy in its relationship with institutions. First, it seeks and fosters knowledge about ways in which the contributions of our institutions can be harnessed to meet the ever-changing needs of our nations; and second, it aims to encourage institutions by creating the necessary environment and challenge for them to direct their contributions to the growth and development of nations, and to the wellbeing of the individuals within these nations.

In discussing health, however, we must resist the temptations of professional parochialism and avoid looking at the problems from a narrow professional and disciplinary point of view, however 'enlightened' such a point of view might appear. Appreciating the overriding character of health is crucial to seeing it in proper perspective — and this dimension is not easily amenable to quantification or a clinical approach. In any society, the Platonic idea of health as the focus of moral and social values, is a projection of implicit ideas of fulfilment of life, self-actualisation and harmony in relations between the individual and the collectivity.

But health service systems, which are so often turned into medical supermarkets, concentrate on the disease problem so predominantly that we are incapable of seeing states of health. What dominates our perception are disease episodes of the individual and not the state of health of the community.

What this means for the organisation of health care is that the promotion of health requires the provision of a decent standard of living and the best possible living and labour conditions. The promotion of people's health is undoubtedly an eminently social task that calls for the coordinated efforts of large groups, of statesmen, labour, industry, educators, and physicians who, as experts in matters of health, must define norms and set standards.

WHO has always looked at the achievements of medicine and biology from the point of view of their social and economic consequences, and our main concern has been to narrow the gap between these achievements and their practical application in services for the promotion of health. Development is above all a question of value. It involves human attitudes and preferences, self-defined goals, and criteria for determining the tolerable costs to be borne in the course of change. All these are far more important than better resource allocation, upgraded skills, or the rationalisation of administrative procedures.

Poverty and basic needs

The crisis of development lies in the poverty of the masses of the world, whose needs, even the most basic — food, housing, education — are not adequately met. The crisis manifests itself in the alienation of a large part of the world, particularly the rural areas, deprived of basic needs and of the means to understand and master their social and economic environment.

Disillusionment with many national development efforts to meet basic needs has been increasing at all levels and especially among the underprivileged, whose support is vital for the attainment of national development and social goals. Disease has become a way of life for several million people in the Third World. It is difficult for those living in temperate climates with good standards of public health and medical care to realise the impact of disease on urban and rural communities in the Third World. For example, if you happen to be born and grow up in rural Africa you are liable to harbour four or more different disease-producing organisms simultaneously. And yet, as a parent, you must be fit enough to

work, or your family will starve. In your village every child at times will suffer the paroxysm of malaria fever, and you and your wife will mourn the death of one or two children from this disease. The snails in the village pond will carry schistosomiasis, and you do not consider it unusual when your children pass blood in their urine. You take for granted the disfigured faces and fingerless hands of the beggars in the village street suffering from leprosy. If you live near a river where blackflies breed, one in 10 of your friends and neighbours will be blind in the prime of life. You know that waves of killing diseases, such as measles, cerebrospinal meningitis and perhaps sleeping sickness, are liable to strike your village. But, lacking effective remedies, you tend to philosophise in the face of sickness. You make the effort to walk 10 miles to the nearest dispensary when you or your child is ill, but there may be no remedies or it may be too late.

Malaria, for example, is one of the most widespread diseases in the world, affecting some 200 million people. In some regions, malaria transmission is so intense that present efforts at mosquito control and disease treatment are totally inadequate. In Africa it is the commonest cause of morbidity; the parasites have become resistant to some anti-malaria drugs and mosquitoes have become resistant to insecticides.

Gunnar Myrdal, one of the ablest contemporary Swedish economists and an old friend of America, has done as much as any writer to point up the attitudes of the affluent few to the poverty-stricken. The facts that everything is so good for the majority of Americans, and that America has had to live for so long with the problem of undigested minorities of various sorts — from the former Negro slave to the more recent immigrants from Southern and Eastern Europe — go a long way to explain, he argues, the degree of complacency among average, good, warm-hearted, upper and middle-class Americans about the staggering extent to which a large number of their compatriots are wretchedly and indeed appallingly poor, and lack such elementary opportunities as the average American takes as a matter of course. He sees and knows these things, but only in an abstract way and not as a living reality. He also knows, if he is educated enough, that the higher incidence of these calamities among the poor has in the main been due not to inborn differences in human quality but to the environment. In a queer contradiction of this theoretical knowledge, he harbours a sort of general moral feeling that nobody needs to be poor or unemployed unless his character is defective. All this could just as well be said of the present relationship between the North and South.

Courses of action

How, then, can the burden of poverty and poor health be lifted from the backs of millions of the people of the Third World? And what, if anything, do our present societies have to do with it? One obvious approach is to make more accessible the services essential to people's health and productivity: basic education, clean water, preventive medical care, public utilities and employment. These are normally the responsibilities of governments, and they must be paid for from budgets which are presently overburdened with the costs of large armies, military hardware and other extravagant pursuits. This is one place to begin.

Social neglect, however, calls for corrective adjustments even more basic than the reordering of budget priorities. Policies are needed that will stimulate the equitable sharing of the benefits of growth and encourage the concerted international action which is so essential in today's interdependent world. Fortunately, there is no lack of ideas about how to begin to achieve this.

The search for alternatives is not new, but now it is being given impetus by the economic shocks of recent times and the evident inadequacy of narrow national and international policies to cope with them. We all have to participate actively in the process of restructuring our society and of making global resources serve the total wellbeing of man. The universities and similar institutions (social, political, economic) must be particularly active in these efforts and not act like umpires in a game of win and lose. The more one poses the issues in terms of mutually exclusive alternatives and looks for universal master keys to their solution, the further away one gets from any prospect of realistic solution. A viable strategy for total development is both a dialectical process and an ambiguous adventure.

With the availability of more men and women of vision, the strategy, in broad terms, should be to identify those points of potential leverage within our present medical and health educational systems (which may rebound on the socioeconomic systems) and apply pressure simultaneously to these points. The success of bringing about change depends on knowledge. I suggest that we should see the whole course of the future of medicine and health as an immense stairway; and should recognise that, by change, we and our immediate forebears and successors live in one of the rare moments when life is challenged to rise from one level to the next.

Can the reorganisation of our health services and delivery systems prevent cases of social breakdown, and help individuals to have clearly defined identity and autonomy? Marx, despite his economic determinism, sees man as essentially free, and as a maker of history. He places more positive emphasis on the conditions imposed by the political and economic environment than does Nietzsche, but for both, *freedom* and *creativity* emerge from deep within the human spirit as spontaneous acts of a self-conscious organism. Do we have the means and the skills at our disposal to create flexible systems endowed with adjustment resources which would help individuals in their adaptation? The concept of primary health care can spark off just such questions, together with a good deal of thinking about the unity of knowledge, and stock-taking about the greater problems — health, economic, social and all the other problems of man and his society.

We must ask what possibilities exist to institute early warning and monitoring systems; develop social indicators sensitive and sophisticated enough to identify individuals and families in distress; to ameliorate adverse social and material conditions, enhance the quality of life for those at the bottom of the social and economic pyramid, and to identify the special high-risk groups such as migrants, refugees, minorities, people in transition, and so on. Value systems will continue to undergo enormous change, and family roles will, by necessity, be modified.

Alliance for action

If human beings and their families are to benefit from, and remain syntonic with, the emerging necessities in the developing *milieu*, both the variety of disciplines and the multitude of institutions will have to create a new alliance to assist people in this time of stress. To support their alliances we need sets of national and international mechanisms through which the power of knowledge will be used for the enhancement of health rather than the treatment of disease episodes, for the promotion of affectional human relationships, for the pursuit of excellence in the individual and the nation, and in general for the enrichment of human experience.

In these remarks, I have been concerned with man and his development, with a mirage of his future, and with ways in which the progress of a nation, and that of its members, can keep pace. We can subscribe today to the thesis that man should be the central point of development: to the doctrine that man is the highest being for man, to the categorical imperative to overthrow all conditions in which man is a humiliated, enslaved, despised, and rejected being. Man needs a faith, a hope, and a purpose to live by and to give meaning and dignity to his existence. These are important ingredients of health, broadly defined.

The social and cultural change needed to create new possibilities in the developing countries will have no meaning unless a similar cultural, political, economic and social change takes place within the developed countries. It has been said that there is no way to restructure our institutions and that one of the most powerful myths today is the myth of the future. This does not make thinking about the future less important. Myths offer an opportunity for communication among people of different ideas. Marxists, Christians, Buddhists, traditionalists, progressives, as well as people from the East and the West, seem to agree that the future constitutes one of the most basic problems of today. I would not like to undermine such a health myth. I would only like to prevent the future from being made an unrealistic mirage, an unreachable ideal. I would also like to prevent this myth of the future of man — his integrity, his potentiality — from fading away too early before having yielded all its potentialities.

The need for ecumenism

We must aim at the new professional ecumenism in spite of our diversity, and cultivate genuine consultative relationships. It is my hope and belief that, in all that pertains to the optimal development of man, an exchange of knowledge from differing sources and scientific disciplines will be freely and aggressively pursued. The mental horizon and quality of insights of all health-related workers — practitioners, specialists, social scientists, economists and policy makers — whose circles of activities impinge on each other, will be substantially increased, to the enduring advantage of the individual and of his society.