

EL SALVADOR, 24 FEB, 2003. SOME REFLECTIONS BY DR HALFDAN MAHLER.

LEADERSHIP AND HEALTH EQUITY.

I believe that Milos Kundera had it right when he wrote in one of his books: »The struggle against human oppression is the struggle between memory and forgetfulness ». For instance, I believe that the many who over and over again ridicule WHO definition of health in its Constitution that these many have forgotten this Constitution and its Health Definition. So, let me remind all of us of the intrinsic beauty and pertinence of this definition: »Health is a state of complete physical, mental, spiritual and social wellbeing and not merely the absence of disease or infirmity ». Let me also remind the forgetful about the link between the inspirational and the practical in that this Constitution has only one article defining « The Objective of The World Health Organization shall be the Attainment by All Peoples of the Highest Possible Level of Health ». For my personal enlightenment one of the architects of this WHO definition, a partisan during the 2d World War, explained it to me in the following way : »I have experienced this complete physical, mental, spiritual and social wellbeing many times as a partisan when I decided to risk my life for something I thought was vitally important, namely freedom from occupation. Complete physical wellbeing, in that I as an individual could make a difference against a huge army of occupation. Complete mental and spiritual wellbeing, in that I fully realized my existential freedom by deciding to risk my life for something vitally important. Complete social wellbeing, in that I knew that should I not come back alive somebody from my partisan group would take care of my family. » And so, in facing death this partisan maintained that he had experienced the innate and transcendental meaning of WHO's Health Definition!

I am convinced that health is politics and that politics is health as if all people truly mattered. I am, therefore also convinced that political action for health-locally and globally-requires moral and intellectual stimulation. I am, furthermore morally and intellectually convinced that the Health for ALL Vision and the Primary Health Care Strategy provide significant starting forces and added impetus for health development all over the world. Such development is based on the principle that those who have little in health and wealth will generate much more for themselves, and those who have much will have no less, but will have it with a better social conscience.

I see startling patterns of inequities in the health scores throughout our miserable world. I'm not talking about a first, or second, or third, or fourth world-I'm talking about ONE WORLD-the only one we have got to share and care for. And I continue to support the resolve to provide levels of health that will allow all people of this ONE WORLD to lead socially and economically satisfying and productive lives.

I have always maintained that peoples own creativity and ingenuity are the keys to their and the world's progress. People's apathy can turn development dreams into stagnating nightmares. The transformation of social apathy into social and economic productivity is the point of embarkation of all

sustainable and cumulatively growing human development. And an adequate level of health is a basic ingredient that fuels this transformation. What the billions of people throughout the developing world need and want is what everyone, everywhere need and wants: the wellbeing of those they love; a better future for their children ; an end to gross injustice ; and a beginning of hope. So, development is about the creation and expansion of opportunities for human beings to realize what they consider to be their positive destiny. It is a complex, often messy process involving the interplay of physical, social, economic and political variables. And, we are not talking about dealing with physical sciences and controlled environments where quantifiable elements can be introduced and results predicted. We are talking about human institutions and cultures, ways in which people organise themselves to effect change in their social environments. We are talking about human expectations, perceived rights, preference values, and people's emotions and attitudes about those rights and values.

Equity, especially in ensuring essential health and socio-economic needs, and particularly as it relates to vulnerable groups such as the poor, children, women, elderly, disabled remains for me a primordial objective of all development. Indeed, I consider equity a moral imperative to which all social and economic activities must be subsumed. I do believe that a greater degree of equity, to assure a more just and reasonable equality of health opportunity, is an absolute necessity for the preservation of a sane local and global humanity. Let us not forget that there are still thousands of millions of humans caught in the absolute poverty trap-a condition of life so characterized by malnutrition, illiteracy and ill health as to be beneath any definition of human decency.

How then, in to-day's largely amoral, if not immoral world is « social conscience » on the part of leaders generated? Rarely in human history has this kind of leadership been so essential-so vital ; leadership to propagate new values in society, particularly values that are concerned with social progress, leadership of involvement, of responsibility, of objectivity and of compassion.

It has been said that leaders have a significant role in creating the state of mind that is the society. They can express the values that hold the society together. They can bring to consciousness the society's sense of its own needs, values and purposes. And let us not forget that visionaries have always been the true realists of humankind's history.

It is my firm personal conviction that leadership is nothing if it is not linked to the collective purposes of the society. The effectiveness of the leaders must be gauged, not by their charisma, or their visibility, or the so-called power they hold, but by the actual social change they create, measured by the satisfaction of human needs and expectations. I do speak of moral leadership, where values have a decisive place, where leaders assume consummate responsibility for their commitments, and thereby produce social change that is truly relevant to the needs, aspirations and values of the society.

And the vision of a commitment to remove social inequities cannot be introduced as a one-shot piece of magic. It must be introduced time after time. It must be incorporated in the political system and supported through the strategy and decision making processes. It must be reinforced continuously through the diligent pursuit of facts and the fearless exposure of the facts that cry out for social justice.

A question often raised is , »Can health truly form a leading edge for social justice, especially when we are dealing with situations where the basic issue is survival ;where people are trapped in the vicious circle of extreme poverty, ignorance and apathy. ? ».

I can best answer this question by referring to the events that lead to the creation of the Health for All movement and to this movement, in my opinion becoming a leading edge in the promotion of equity and social justice.

The World Health Assembly decided in 1977 that the main social target of Governments and WHO in the coming decades should be the attainment of what is known locally and globally as « Health for All ». And the World Health Assembly described that as a level of health that will permit all the people of the world to lead socially and economically satisfying and productive lives. Please note that the World Health Assembly did not consider health as an end in itself, but rather as a means to an end. That end is human development as characterized by social and economic productivity and wellbeing. You will also note that the social aspect preceded the economic aspect. That is also as it should be. When people are mere pawns in an economic growth and profit game, that game is so often lost for the poor. But when people themselves can contribute actively and voluntarily to the social development of the society in which they live, whether in such fields as shaping public policies, providing social support to others, undertaking voluntary action for the health and education of society, or through all kinds of cultural activities, in other words when people are socially productive there is much hope for economic productivity too.

This morally binding contract of Health for All was the basis of The Primary Health Care Strategy which implied a commitment not only to a reorientation of the conventional health care systems- which rather should be called « medical repair systems »-but to a shift towards people `s own control over their health and wellbeing to the extent that they would be willing to handle in fact profound social reforms in health. This implies a continuous empowerment process whereby people acquire the skill and will to become the social carriers of their own health and wellbeing.

Therefore, I do believe that the fundamental values of social justice and equity are firmly embedded in the vision of Health for All and the strategy of Primary Health Care. And this vision and strategy can, indeed be a strong force and leading edge for achieving social justice and equity. Health may not be everything, but without health there is very little to wellbeing.

The question is often asked: »Can we afford the cost of social justice and equity? ». I would propose a counter question: »Can we afford the cost of social and economic destabilization inherent in to-day`s pursuit of profit-maximization? ». The costs generated through the creation of a just and equitable health care system may indeed cause some economic turbulence. But

equitable cost containment can be introduced and resources can be reallocated. Justice and fiscal responsibility do not have to be incompatible. They will be only so if there is a breakdown of political nerve. While there has been solid progress in a few countries towards Health for All, progress towards social justice and health equity remains strictly limited. A major reason-in my opinion- for this limited progress in the application of the HFA Vision through the PHC Strategy has been the lack of politically sensitive ammunition generated through epidemiological, sociological and operations research. Therefore, much more leadership must be generated as a collective force from all levels of the local and global society towards accelerating the abatement of to-days gross health inequities.

I believe it is obvious, if present inequity trends continue undiminished, that our world will become more crowded, more polluted, less stable ecologically and much more vulnerable to socioeconomic and political devastation. I believe the most turbulent transition will be that associated with the establishment of equity between all earth citizens.

Health for All leadership-locally and globally- is moved by a vision which can not tolerate the unacceptable inequities of life, and which has faith in the potential of people, in their inherent ability to develop and to take responsibility for their own destiny.

I do believe that the leaders are there, who are willing to take up these challenges. They are those in leading political positions, who can emphasize social values and be politically sensitive to them, who feel strongly about equity issues, and who can find ways to motivate and mobilize others. They are the leaders in the communities-able to take up the cause of justice and equity more strongly, prepared to adjust their own traditional values and approaches and willing to take risks. They are the leaders of thousands of civil society organizations at local and global level already fighting for equity in health. They are the leaders in educational and scientific institutions-able to visualize the scope for improving human conditions and thus willing to focus their intellectual energies accordingly-and also willing to motivate future generations towards social values promoting equity. Last, but not least they are potentially among the leaders of all the world's religions willing to add the spiritual dimension in the fight for justice and equity.

Those who are fighting for social justice and equity must be even more than ready to look, to listen, to probe and to learn; must be brave enough to fearlessly evaluate progress or lack of progress in abating inequities. Only by highlighting inequities is it possible to re-dress them. This struggle for equity can often be frustrating, since development knows no limits. The more you move along its road the more you want to move. You cannot blame people if they strive to join up with those who are further along the road than they are. That is only human nature. Injustices however have to be seen through the eyes of those who are farthest behind on that road. But, we must not let the injustices take over. Indeed we must not!

I am convinced that this Centro de Investigación y Desarrollo en Salud which we are inaugurating to-day will provide essential ammunition in the fight

against the growing inequities in local and global health!

Thank you.