A CALL FOR JUSTICE

Anil Agarwal

More than the medical system, the concept of "Health for All" challenges the prevailing concept of development: the idea that human communities are passive receptacles of a "future" that has been outlined for them by someone else. It is THEIR future, and THEY must decide it and make it.

The demand that health should be available to all is essentially a demand for a basic minimum level of social justice in a world so sharply divided between the rich and the poor. The gap between the health-haves and the health-have-nots not only appears to be growing in the world but is also today greater than probably at any other time in the history of mankind.

Mortality rates are generally regarded as good indicators of the level of health achieved by a country. But the latest assessment of the world health situation made by WHO shows a disturbing situation. In many countries, mortality rates are no longer dropping; in some, they are even showing signs of increasing. Since child deaths now constitute more than 50% of all deaths in several developing countries, a decline in their mortality rates is greatly dependent on improvement in the health of infants and children. But improvements in infant mortality rates, WHO's assessment indicates, have also begun to slacken. Meanwhile, the already low infant mortality rates in privileged areas of the world are declining at a faster rate than those in high infant mortality rates. The gap between the healthy societies and non-healthy societies is, therefore, widening.

"Globally, there has been some improvement in the world's health", says Dr. Halfdan Mahler, Director-General of WHO. "Yet, how can we speak of progress", he asks, "when a new-born child in some African countries has only a 50-50 chance of surviving through adolescence; when four-fifth of the world's population living in slums and rural areas have no access to any permanent form of health care; when only one in three persons in developing countries has reasonable access to safe water and adequate sanitation?"

Widespread disease

Some 250 million people today suffer from filariasis of the Bancroftian variety, and 20 million from the form known as onchocerciasis or river blindness. Some 200 million are infected with schiatosomiasis. Each year about 150 million new cases of malaria are registered, and the total of people infected is believed to be much more. These are just a few of the myriad diseases that affect the peoples of tropical lands. The scale of this suffering is often missed when quantified in abstract millions. Probably it can be better understood when expressed in the following way: a nation of the size of the United States of America is urinating blood because of schistosomiasis; a population equal to that of Japan, Malaysia and the Philippines put together is sweating and shivering with malaria; and a population equal to that of Iran is suffering from river blindness.

Every year over five million children die from diarrhoeal diseases in the Third World. This is equal to a number of children born in the United States of America, the United Kingdom, France, Sweden and the Netherlands put together. Diarrhoea is now regarded as no more than a nuisance in the developed world, and there no one suffers, as one economist puts it, the abominable indignity of defecating to death.

This situation clearly cannot continue: politically, socially, morally and economically. The mounting pressures for change are reflected in the unease with which ministries of health across the Third World are beginning to ask what has gone wrong: why are the health services failing to meet the needs of the majority of the people? How is it that health professionals, trained by the State with such pride and at such cost, do not want to work where they are needed most—in the villages and urban slums of the developing world? How can resources be raised at the scale required to meet the problem? An urgent search for alternative is on.

Basic need

Health, economic planners are beginning to realize, is not just something an individual desires in order to enjoy life. It is equally a basic need of every society if the individuals who constitute it are to be economically productive, and not a drain on the limited resources. The green revolution, for instance, could not have been possible in several parts of the world if malaria had not been controlled. And wherever malaria

Anil Agarwal is a freelance journalist who has written widely on health and development.

is increasing, it is a potential threat to agricultural productivity.

Studies conducted by the Institute of Development Studies in Sussex, England, show that for millions of the rural poor illness at specific times of the year can become an economic disaster and a cause of further poverty. The landless, whose numbers are increasing rapidly, find work mainly during the cropping season. Should the breadwinner fall ill during this period, the entire family may well have to starve for the rest of the year.

Unfortunately, peak agricultural activity tends to occur in periods with maximum risk of sickness, especially in countries with a monsoon type of rainfall. That is when mosquitos and other vectors proliferate and diseases like malaria become widespread, and when water-borne diseases such as diarrhoeas and dysenteries record a massive jump. That is also the time when rural health services, because of bad communications, are the least effective. One bad illness at such a time can well mean poverty ever after for a landless family. For the treatment of its sich member, the family may well be forced to sell its only asset, say a buffalo. Without the buffalo, the family's earning capacity may become so reduced that it could never hope to buy back the buffalo. Ill-health and poverty thus reinforce each other to keep the poor in a vice-like grip.

The nations of the world have now, through their resolutions in the World Health Assembly, called for the achievement of "Health for All by the Year 2000". However, the million dollar question still is: how is this to be done, especially when the North-South dialogue has come to a virtual standstill and there are few prospects of a massive transfer of resources from the developed North to the poor South, and the financial resources of the South itself are limited?

The way out

Many health experts now believe that there is a way out despite the apparent lack of resources, and that the solution lies in a radical transformation of the medical technostructure, greater self-reliance among nations and communities, and in a re-definition of what we mean by health. Health in the rich countries—and, because of their influence, in the poor countries too—has become too much identified with curative medicine, doctors, hospitals and with high-cost technology. Health is looked upon almost as a commodity that can be purchased in a supermarket. You take your dollars and your illness to the doctor, and in exchange he gives you a pill. And there is supposed to be a pill for every ill. This undue emphasis on curative medicine has produced a technocratic system of health care which most people cannot afford, even in the rich countries, and in which the role of the individual in taking care of his own health has been minimized.

The challenge for the "Health for All" movement is to find a health service that people can afford and in which people themselves can play a major role. More than 50% of the total health care in any society is still handled within the family. Communities are capable of taking the responsibility of health care into their own hands, and must be enable dto do so. The support of the medical services is required only in those cases which demand special skills. Communities are also capable of tackling the root causes of disease, such as malnutrition, insanitation, unclean drinking-water, and bad housing. This is something that the medical technostructure has proved totally incapable of. And trying to cure the poor without attacking the root causes of disease, which often lie in other sectors of the economy, is "like emptying the Atlantic Ocean with a teaspoon", as Dr. Carroll Behrhorst, a leading primary health care worker from Guatemala, put it. The cured simply fall ill again.

Community's role

Dr. Mahler, a prime mover of the "Health for All" movement, strongly supports the concept of community participation and argues it is feasible. "In the name of malaria control, we have been roaming the countryside with all kinds of technocratic precepts", explains Dr. Mahler. "These precepts are all very good, but only if we could raise all the money in the world and organize the necessary logistics. In the absence of these prerequisites, the precepts are of little value. Why cannot communities take the responsibility for distributing chloroquine themselves? Why should they not take the responsibility for spraying their own houses? Villagers can spray gardens; they can undertake complicated agricultural operations".

But to get this community participation going, many superstitions will have to be removed. The new superstitions created by the medical system, which only help to maintain its dominance and keep the community and the patient in a state of dependence, will have to go just as much as the old superstitions born out of illiteracy and ignorance. Both medicine and medical technology will have to be demystified and brought closer to the people.

Health professionals will also have to take a multisectoral approach to health issues. Just as health contributes to economic development, the economic and social conditions of a society contribute to the health of its people. The health of the world's poor, for instance, is the combined result of their unemployment, economic poverty, scarcity of basic goods, a low level of education, poor housing and sanitation, malnutrition, social apathy and the lack of initiative to force the pace

of change. Health problems cannot be interpreted entirely in terms of medical problems. This is just as true of the developing countries as of the developed. The problem of traffic accidents, or of the care of the aged, smoking or improper infant feeding practices, cannot be solved by simply creating more human repair centres, however sophisticated they might be. To solve such problems, the health professional will have to tackle the vested interests involved in the other sectors of the economy.

Innovative projects

In hundreds of small, innovative primary health care projects, where a determined attempt has been made to involve the community, and a multisectoral approach to health problems has been taken, it has been found that with an expenditure of just US $6 to US $7 per head, the health situation of a community can be radically altered. These experiments, carried out by enthusiastic, dedicated workers in various parts of the world, in different cultures and environments, have given great confidence to those who believe "Health for All" can be achieved by the turn of the century.

Still, if this target is to be achieved, the nations of the world will have to substantially increase the resources currently available for health care and also ensure a better redistribution of these resources. The world today spends on cigarettes almost twice the amount spent by both the public and private health services of the Third World —including China—put together. The rich countries are today spending more on what WHO considered are inessential uses of tranquilizers than what the public health services of the poorest 67 countries of the world (excluding China) spend as a whole. Many countries spend less than 1% of their GNP on health services. It would not be unreasonable to expect that the expenditure on health services should increase to say 2 to 3% of the GNP in such countries.

Equitable distribution of these resources is equally vital. In many countries, a national hospital in the capital, which mainly serves the urban rich, consumes nearly half the country's health budget. In one Asian country the average expenditure on drugs per patient in an urban hospital is 15 times more than the expenditure on a patient in a rural primary health care clinic. Expensive medicines are often unnecessarily prescribed in urban hospitals, while the same expenditure could have been used for treatment of a number of rural malaria patients receiving no care.

Vested interests

The vested interests involved in the existing system of health care will obviously feel threatened by the "Health for All" movement and oppose its concepts. Some critics ask for an exact meaning of "Health for All" and suggest it is an impossible goal. True, technocratic definitions of such social aspirations are often very difficult. But are they really a prerequisite for action? Ironically, those who insist on exact definitions are usually those who already have health. The "Health for All" movement, simply defined, aims at that level of health which allows every member of a society to lead a socially, culturally and economically satisfying life.

The current world situation in health requires not quibbles over definitions but courage, conviction and bold, radical, well thought-out measures. Governments have to pick up the courage to insist on social equity and decentralization in decision-making; the health-related industries need the courage to produce material that brings more health than just profits; professionals need the even more extraordinary courage to share their knowledge with the communities with a sense of humility and also to be prepared to learn from them; and, the poor communities themselves have to pick up the courage to stand up and challenge the existing health structure.

In fact, more than the medical system, the concept of "Health for All' challenges the prevailing concept of development; the idea that human communities are passive receptacles of a "future" that has been outlined for them by someone else. It is their future and they must decide it and make it. And only when they do so will "Health for All" be achieved. Clearly, "Health for All" is still a dream, and may even remain one, but there cannot be a more worthwhile dream at this juncture of history.

(Courtesy WHO)

APPEAL TO LIFE MEMBERS

TNAI has been facing the financial difficulties and is running under deficit due to hike in prices of all goods and high cost of production of Nursing Journal. The association has been supplying the NURSING JOURNAL OF INDIA to its members free as well as meeting all other expenses like affiliations, welfare activities and scholarships etc. without putting any burden on the members.

The Council of the TNAI has given a considerable thought to this big problem of meeting the deficit and it was decided to APPEAL TO ALL THE LIFE MEMBERS TO CONTRIBUTE GENEROUSLY TOWARDS GENERAL FUND TO MEET THE DEFICIT and help the association grow from strength to strength to safeguard the social and economic welfare of nurses in our country.

Secretary, TNAI.