

HEALTH FOR ALL BY THE YEAR 2000

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In connection with the motto Bios in the Next Millennium, I would like to contribute some ideas on how to promote and build up general health. My ideas refer to social and medical, as well as to educational and sociological problems.

In 1978, the World Health Organisation, at an international conference in Alma-Ata (the capital of the Kazachian Soviet Republic), announced as an aim that there should be: "...health for every human being without distinction of race, religion, political belief, economical or social condition..." We can and should ask after 10 years if this very demanding and fascinating aim is realistic and if it can actually be reached.

In May this year top health leaders met in Geneva to discuss progress and obstacles in achieving health for all, and issued challenges for the future. They stated: "The Alma-Ata Declaration represented a revolution in concepts and ideas."

In the past 10 years, the "Health-for-All" campaign took root in a more extended way in primary health care. A well-functioning medical service in many parts of the world was successfully started and now shows its efficiency. For example, we can register a reduction in infant mortality rates, and a remarkable increase in immunization coverage. But, on the darker side, it must be mentioned that: "...the poorest of the poor are not being reached."

Although we fully appreciate the extraordinary beneficence which modern medicine and modern health care has provided for millions of people, on the basis of modern scientific knowledge and the human, ethical conception of a genuine respect for life, we must not forget that today still a billion or more are affected by parasitic diseases. More than 200 million people are reported to be suffering from malaria, a disease causing between 8 and 10 million deaths each year. There are about 200 million victims of bilharziosis and, moreover, there are about 500 million blind or in other ways handicapped or disabled people on our planet. In addition to these numbers a new disease has appeared - AIDS - which, up until recent years, was either unknown, or not taken seriously in some countries. AIDS occurs in both industrial and developing countries. The World Health Organisation estimates that there are between 100,000 and 150,000 people suffering from this disease and predicts between 5 and 10 million cases by 1991. AIDS is certainly an urgent problem and a dramatic challenge to epidemiologists, doctors, teachers, politicians and to each individual.

In 1987 the United Nations development organization for children (UNICEF) said that due to properly organized campaigns and practical measures 2 million children could be saved that year. Necessary for this result were both the widespread national vaccination and immunization programmes, and the application of the oral re-hydration therapy for diarrhoea-infected children.

In spite of all these promising positive results, the bitter fact remains that many children in developing countries have died from diseases that were, if properly looked at, preventable. Many died from the consequences of insufficient nutrition or, if they did not die, were negatively affected in their biological development. All social organizations - both at national and international levels - are therefore called to unite their strengths to stop these deaths among children. Mr. James Grant, Secretary General of UNICEF, recently said: "Everybody can promote health." That means not just scientists and experts working in the field of medicine. Of equal importance is a good and universal health education and a political willingness to fully support all efforts, as stated in the constitution of the World Health Organisation: "A well-educated public and the active cooperation of the population are of great importance for the improvement of the health status of every human being."

In the conclusions adopted at the Alma-Ata WHO Conference in 1978, the following necessary aims in medical care have been formulated:

- promotion of proper nutrition;
- an adequate supply of safe water;
- basic sanitation;
- maternal and child care, including family planning;
- appropriate treatment for common diseases and injuries;
- immunization against major infectious diseases;
- education about common health problems and what can be done to prevent and control them.

In addition to these items, I want to add another precondition connected with medical care and health stabilization, that of the guarantee of safe

housing. Today, there are 100 million homeless who are forced to sleep out in the open, in streets, parks, stations, under bridges, etc.. It is not just poor countries whose people are, to an alarming degree, homeless. This problem also occurs in some of the highly industrialized capitalist states, where authorities cannot provide safe housing for all. Though their state budgets are by no means small, they are not prepared to guarantee this elementary human right - the right to safe shelter. When in 1987, United Nations documents also referred to housing problems, it was especially teachers' organizations and unions that took up the United Nations Organisations suggestions and addressed governments in many countries. The housing problem must be paid attention to and not played down. Governments should definitely feel responsible for solving the problem. A home is not just four walls and a roof, it is a social precondition for the development and health of the young generation.

Primary health care seeks to bring about the overall promotion of health by giving the individual, family and community, responsibility for primary health care. Support will come from the national health care system by:

- The active participation of the community in defining its needs and finding ways to satisfy them;
- using the community as well as national resources;
- using simpler and less costly technology, and
- mobilizing other sectors, such as education, agriculture, housing, public works, information, communication and industry.

Primary health care recognizes that in order to achieve good health, people must have the basic necessities of life: enough food and plenty of safe water. In addition they need a high degree of knowledge of health-care to promote their socio-economic development. All this forms a new approach in which nearly all parts of the population must be integrated.

Moreover, health care and health education naturally form a unity with peace-making and peace education. War is the most serious threat to health. The devastation that a nuclear war would entail in terms of the number of people killed, wounded and permanently disabled, simply defies imagination. However, it must not be forgotten that conventional wars are also terrible threats to humanity. The immense devastation of the Second World War is only a small indication of what could result from a major international armed conflict.

Peace is not just the absence of war. It is a positive sense of well-being and security for people of all countries, implying the opportunity to freely determine their own destiny and fully exploit their human potential. The international tensions of the past decade have caused people in many countries to work together for a harmonious future. The decisions made by the General Assembly of the United Nations stress again and again the urgent need for the international community to make every effort to remove the threat of war. Naturally, people working in the health sectors of different countries have a vital interest in preventing the possible danger of a military conflict.

Each national health sector should take responsibility for creating a better understanding of what a war, and particularly a nuclear war, would really mean in terms of health, thus strengthening the motivation for peace by giving a realistic analysis of how little a country's health service would be able to do to treat the civilian and military casualties. By making these facts known and understood by politicians and the general public, the health sectors could help to encourage a more active search for a way of preventing war.

After these global medical and social aspects, I now refer to global pedagogical problems of "Health for All by the Year 2000". The materials of the 1978 Alma-Ata conference greatly contributed to a more universal, more active and democratic attitude and behavior. The public has become more aware of the people's rights and duties for a healthy way of life, and an integration in all preventive activities and medical care. These new democratic interests in health matters can be recognized in both capitalist and socialist countries. This new approach could well result in an even better health education, and a higher degree of integration of health sectors with other sectors such as environmental protection, teaching, sociology, psychology and economy.

In the German Democratic Republic, prevention is assuming new forms which can be recognized by the fact that more branches of social life, sciences and economy are included in prevention - above all, environmental protection, house construction, architecture, education, marketing and trading, tourism and, of course, cultural activities.

Health education aims at practical suggestions in order to solve the problems of both universal and local importance. It is our experience that through work on local levels, people quickly become interested in more general and universal tasks. Health education opens people's minds to problems and increases practical work in fields that at first sight seem to be different from health work, though by no means separated from it - food production, transport, housing, accident prevention, road traffic security and others.

Let me give you an example of Erfurt, the county capital near my home town. A group of people started a movement where "every family plants a tree". The movement was in accordance with the Environment Protection Act that regulates the activities and practical work of individuals, teams, groups, municipal authorities as well as factory managements, institutions and other bodies. The movement informed the public by newspaper articles, leaflets and posters about the healthy function of trees, mentioning that there is one tree in the town per three inhabitants, which was considered to be satisfactory but not altogether ideal. The planting of more trees was suggested. Leaflets and posters reminded people that trees provide shade, produce oxygen, decrease traffic noise, filter dust particles and improve the structures of agricultural soils and garden land. In addition, trees offer shelter for many animals, especially birds. From such an informative campaign it was only a

small step to an appeal and request for cooperation. Stimulated by this, families started to plant and grow trees. Children watered and watched them grow. They reported tree deficiencies and did much to avoid them. Many people felt and understood that a tree is part of nature serving us not only for the present time, but also succeeding generations of children and grandchildren.

Such local activities merge with programmes and projects of the UNO and their specialized organizations, e.g. the FAO and UNESCO. UNEP programmes and documents stress the importance of tree-planting because, according to the latest UNO findings, 10 hectares of forest-territories are deprived of their trees each minute creating an enormous danger to forests, especially the tropic jungles. Many voices warn against the widespread cutting of trees and the use of fossil fuel.

I am happy to state that more and more people understand the difficulties and dangers and support projects for a healthy life. Such a new understanding and approach encourages us to set up more effective programmes than ever before.

The WHO project "Health for All by the Year 2000" will certainly not banish all diseases from mankind, nor within 12 years will doctors cure every patient. However, the facts and figures of the last decades have revealed encouraging results. Preconditions are favorable, and so we should continue our work to guarantee medical care and treatment for all, decrease health problems at world-level, increase educational facilities for the young and offer more people an enjoyable old-age. We must unite races and nations for peaceful and constructive common work. "Health for All by the Year 2000" - if based on an intensive effort and our common work - appears to be a realistic and achievable aim for society.

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