

## **Health for All Through Leadership & Social Conscience<sup>4</sup>**

### **Dr. Halfdan Mahler**

I have always maintained that people's own creativity and ingenuity are the key 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 human development. And an adequate level of health is a basic ingredient in generating the energy that fuels this transformation. Development is, in the final analysis about human aspiration, and the individual's realisation of his or her potential. What billions of people throughout the world need and want is what everyone everywhere needs and wants: the wellbeing of those they love; a better future for their children; an end to injustice; and an enforcement of hope.

So development everywhere is about the creation and expansion of opportunities for human beings to realise what they consider to be their positive destiny. It is a complex and messy process involving the interplay of physical, socio-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 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 children, women and the disabled, remains for me a primordial objective of all development. I believe that a greater degree of equity, to assure a more just and reasonable equality of opportunity, is an absolute necessity of a sane humanity.

There are one billion humans caught in the absolute poverty trap – a condition of life so characterised by malnutrition, illiteracy and low life expectancy as to be beneath any reasonable definition of human decency. But even such chilling statistics do not paint the true picture of relative affluence and poverty, the chasm that exists between what Cervantes called the “only two families in the world – the Haves and the Have-nots”.

### **Leadership And Social Conscience**

How, then, in an environment of gloom and doom is “social conscience” on the part of leaders generated? Rarely in history has this kind of leadership been so essential – so vital; leadership to propagate new values in the society, particularly values that are concerned with social progression; leadership of democracy, of involvement, of responsibility, of objectivity and of compassion.

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.

It is my firm personal conviction that leadership is nothing if it is not linked to the collective purpose of the society. The effectiveness of the leaders must be gauged not by their charisma, or

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<sup>4</sup> Excerpts from speech at AIFO National Conference, October 2001

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 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 relevant to the needs, aspirations and values of the society.

The world's health conscience was shaken by inequities such as the ones to which I alluded earlier quoting Cervantes. This led WHO's supreme organ, the World Health Assembly, to decide in 1977 that the main social target of governments, peoples and WHO in the coming decades should be the attainment of what is popularly known as "health for all". And the Health Assembly described that as a level of health that will permit all the people of the world to lead socially and economically productive lives. Please note that the World Health Assembly did not consider health as an end in itself, but rather as means to an end. That end is human development as characterised by social and economic productivity. You will also note that the social aspect of development preceded the economic aspect. That is as it should be. When people are mere pawns in an economic growth game, that game is often lost for the underprivileged as so vividly seen in to-days globalised casino-economics.

By adopting the **Global Strategy for Health for All** in 1981, the World Health Assembly heralded a new era for health, which called for a morally binding social contract between peoples, and their representatives at local, national and international level. This social contract, commonly known as the Primary Health Care Strategy, implied a commitment not only to a reorientation of the health care systems – better called medical repair industries – but to a shift in people's own control over their health and well-being to the extent that they would be able and willing to handle profound social reforms in health.

The terms of this social contract were enshrined in the fundamental policies for Health for ALL:

- Health is a fundamental human right
- Health a world-wide social goal
- People have the right and duty to ensure their health care
- Governments have responsibility for the health of their people
- People's health is an integral part of overall development
- Countries must eventually become self-reliant in health matters
- The existing gross inequality in health must be drastically reduced by the end of the millennium
- Optimal use must be made of the world's resources to promote health and development

The next question was how to make these policies more tangible. This led to identifying a number of pillars on which policies like these could rest:

- Political commitment
- Community involvement
- Intersectoral action

- Appropriate technology for health
- Development of appropriate health manpower – technically competent and socially motivated
- A sound leadership and managerial process

I do believe that Health for All is still a popular social concept, and promoting it is therefore a profitable political investment. So it does become useful as a platform for political and other leaders to promote equity and social justice. Community involvement is not just a case of people doing what the governments tell them. It means people taking an enlightened self-interest in their own health – doing what they can to promote and sustain it – and making intelligent demands on their elected representatives based on a proper understanding of what is technically, socially and economically feasible.

### **Leadership Development And Health For All**

It can readily be seen from my earlier comments that the strategy for Health for All encompasses fundamental change in the way health is perceived, promoted, protected and provided. It implies a commitment, not only to a reorientation of the health care system, but to a paradigmatic shift in people's control over their own health and well-being to the extent – of course – that they would be democratically willing to do so; a social reform which truly empowers people in matters of their own health and well-being. Such a strategy for change can only be propagated by leaders, because I believe that the most important function of leadership is achieving change, and, in the context of moral leadership, achieving change for a collective purpose of the society.

I believe that leaders are there, who are willing to take up this challenge; able to visualise the scope for improving human conditions and thus willing to focus their intellectual and moral energies accordingly, and also to motivate others, especially the future generations of leaders towards these new social values. In short: they are YOU – now and here! To these leaders, equity must remain a primary concern, particularly in meeting essential health and socio-economic needs. I would like to sketch some key qualities for leadership for Health for All:

- A clear understanding of the Health for All strategy;
- A commitment to guide international, national and local policy decisions towards social equity, among people;
- A comprehension of the health aspects of policies of other sectors;
- A capability to identify critical issues affecting the implementation of HFA strategy;
- A confidence borne of knowledge of having relevant skills and experience;
- A capacity to motivate others.

The most important attribute of leadership to my mind, then is vision because visionaries are the true realists of humankind's history. Because of focussing attention on a vision, such leadership operates on the intellectual, emotional and spiritual resources of the group – whatever the group may be – and on its values, commitment, hopes and expectations. So, by communicating the vision to others, your leadership is actually appealing to some of the most fundamental human needs: to be

important; to make a difference; to be useful; to be part of a worthwhile successful undertaking – not only doing things right, but doing the right things.

Your leadership therefore, is and will grow into a vital ingredient in achieving the goal of Health for All and today its influence is urgently needed at all levels of the society.

Changing the existing established health systems, institutions and bureaucracies without threatening unduly the existing power structures is perhaps the most critical issues facing political, social and intellectual leaders pursuing the vision, values and goals of Health for All. Few positive changes are evident today, even though there are dedicated leaders who are trying to do so. There are both methodological gaps as well as attitudinal constraints with which to contend. There is particularly the leadership gap in the health sector itself which limits the understanding of the nature of the change required, the value of such change and the process of change.

There seems to be little if any change, in the attitude and commitment of health professionals, and particularly the medical profession. In most countries there seems to have been insufficient and unsatisfactory dialogue between the agents of change – the leaders – and the health professionals, on the need for the process of this radical change.

The educational and scientific institutions, which should prepare and guide the health leaders of tomorrow have only responded marginally to the challenge posed by Health for All.

Admittedly, **health leadership development** is a complex and messy issue. We have only just began on this long journey of achieving changes – some of which challenge the roots of our long-established traditional systems, service systems, educational systems and research systems; many of which appear to have outlived the usefulness for the purpose for which they were created.

The question has been asked: “Can we afford the cost of social justice?” The costs generated through the creation of a just and equitable health care system may indeed cause some economic turbulence. But equitable cost containment measures, combined with judicious cost recovery, can be introduced and resources can be reallocated. Social justice and fiscal responsibility do not have to be incompatible. They will be only if there is a breakdown of political nerve.

If present inequity trends continue undiminished, the world will be more crowded, less stable ecologically, and more vulnerable to socio-economic and political devastation. I believe the most turbulent transition will be that associated with the establishment of equity between all ourselves aboard spaceship EARTH. The word inequity is so close to the word iniquity, which means SIN. But, I also believe that Health for All is one of the major genuine social revolutions of our times. Health for all leadership has the powerful potential for improving the quality of life for hundreds of millions of people who are, through no fault of theirs, subjected to gross socio-economic injustices. Such leadership is moved by a vision which cannot tolerate the unacceptable inequities of life, and which has faith in the potential of people, in their inherent ability to develop and to be responsible for their own destiny. We all have to practice the spirit of the old saying:

“Go to the people  
Live with the people  
Learn from them  
Love them  
Start with what they know  
Build on what they have  
When the task is finished, the people will say,  
We did it ourselves!”

Moving towards the end of my remarks today I would like to repeat the concept of **Primary Health Care** as contained in the **Declaration of Alma Ata**: “Primary Health Care is essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process”. And let me add that primary health care includes at least: education concerning the prevailing health problems and the methods of preventing and controlling them; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.

The fight for social justice can often be frustrating, since development knows no limits, and the more you move up along the 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 who are farthest behind on the road. We must not let these injustices take over. This injunction should be the moral vision for the future ahead of us.