
INVEST IN
PEOPLE'S
HEALTH

HEALTH DEVELOPMENT AND
THE EFFECT OF THE WORLD ECONOMY
ON THE HEALTH STATUS OF PEOPLE
IN THE COMING DECADE

STATEMENTS PRESENTED TO THE
FORTY-THIRD WORLD HEALTH ASSEMBLY

HIS EXCELLENCY MR ROBERT G. MUGABE
PRESIDENT OF THE REPUBLIC OF ZIMBABWE

HIS EXCELLENCY MR GIULIO ANDREOTTI
PRESIDENT OF THE COUNCIL OF MINISTERS OF ITALY

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WORLD HEALTH ORGANIZATION

1990

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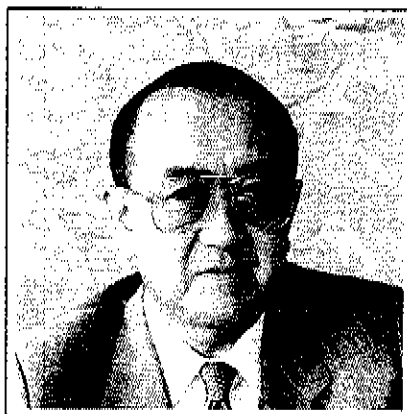
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Preface by
Dr Hiroshi Nakajima,
Director-General
of the
World Health Organization

In recent years WHO's governing bodies – global and regional – have been expressing their grave concern as to the adverse effects on people's health, especially in the poorer countries, of the world economic situation, particularly the debt crisis and related adjustment policies.

At its eighty-fifth session in January 1990 the WHO Executive Board, in resolution EB85.R15, requested the Director-General to "Pursue methods of sensitizing the international community to the possibility of achieving agreement on health and economic priorities, using all possible approaches, including the involvement of leaders at the highest political level". This request was subsequently repeated by the Forty-third World Health Assembly in resolution WHA43.17.

To help to focus the attention of the international community on the important relationship between the world economy, health and development, I invited two distinguished statesmen, namely, the President of the Republic of Zimbabwe, His Excellency Mr Robert Mugabe, and the President of the Council of Ministers of Italy, His Excellency Mr Giulio Andreotti, to address the Forty-third World Health Assembly on this theme on 9 May 1990. This booklet contains the statements delivered by these two distinguished guests as well as the introductory address made by the eminent internationalist who acted as the coordinator for the Health Assembly session, Dr Saburo Okita, Chairman of the Japan Institute for Domestic and International Policy Studies, Tokyo, and former Minister of Foreign Affairs of Japan.

In his statement Mr Mugabe pointed out that in an economic situation where the debt service ratio continues to grow "Chances for any form of improvement in the people's standard of living become nothing but a pipe dream". He described the existing gross inequalities in the world as "Politically destabilizing, socially immoral and economically counter-productive". Mr Andreotti, in speaking of the link between debt and development, noted that "Awareness

of the enormity of the social burden that the poorer people have to support seems to have dawned on those who are reducing North/South relations to a simple matter of graphs, economic calculations and profits". For his part, Dr Okita stressed that we are under-investing in those health actions that have the greatest pay-off in saving lives and in raising productivity, and which would most benefit the poor; that we are probably over-investing in low productivity activities in economic terms, and that the cross-sectoral implications of health on the economy, on family size and well-being and on development generally, are not sufficiently appreciated and need to be emphasized more.

The need to invest in the health sector is often still considered to be a lesser priority than investment in industry, agriculture and other areas of productivity. However, as Dr Okita pointed out, "Investing wisely in health will build human capital, enabling people on a more equitable basis to contribute to and gain from economic productivity... Investments in health can generate returns that do not depreciate and can bring significant social benefits for a lifetime and into the next generation". The demands of the economy and promotion and protection of the health of all people throughout the world must therefore be reconciled. As I stated to the Forty-third World Health Assembly, while lasting peace is the foundation of sustainable health and equity, the key to bringing about lasting peace is reconciliation through health. Developing and developed countries alike, each in their respective ways, and in solidarity with all the peoples of the world, must take action so that, in the words of Mr Andreotti, we can "Enter the third millenium with the prospect of peace, health and justice".

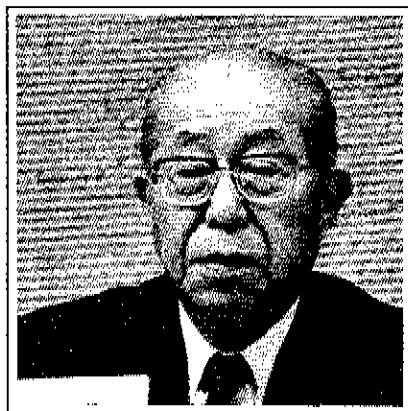
I am convinced that a determined commitment, by decision-makers at the highest political level, to improving the health conditions of people everywhere will ensure attainment of the goal of health for all by the year 2000 and beyond. The strategy for this was adopted by all WHO's Member States in 1977 and endorsed

by the United Nations General Assembly in resolution 36/43 in 1981. I hope that the statements made by their excellencies Mr Mugabe and Mr Andreotti will serve as an inspiration for all decision-makers who, at the dawn of the 1990s, are faced with the unprecedented challenge of living up to the pledge of achieving health for all, while at the same time they are confronted with problems of mass poverty and hunger, rapid population growth and environmental degradation.

A handwritten signature in black ink, appearing to read 'H. Nakajima', with a long horizontal stroke extending to the right.

Hiroshi Nakajima, M.D., Ph.D.

HEALTH DEVELOPMENT AND THE EFFECT OF THE WORLD ECONOMY
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Introductory address by the Coordinator,
Dr Saburo Okita,
Chairman of the Japan Institute for Domestic
and International Policy Studies, Tokyo,
and former Minister of Foreign Affairs of Japan,
to the Forty-third World Health Assembly
on 9 May 1990

It is indeed an honour to have been invited to participate in this memorable occasion in the presence of such distinguished guests. The subject at hand, health and development, is especially important as the end of the century approaches. The attainment of health for all by the year 2000 through primary health care is at a critical juncture in the currently uncertain global political and economic environment. I am pleased to be able to make a small contribution to the initiative taken by the World Health Organization to bring health issues to the forefront in the debate about economic development.

In these initial remarks I would like to emphasize three points:

- (1) the investment character of health expenditure;
- (2) the interrelationship between health and the economy,
- (3) the role of health in stabilizing population growth.

Allow me to begin by quoting from the report of the Commission on Health Research for Development, of which I was a member: "The powerful linkages between health and development must be recognized and acted upon. Health investments should be accorded high priority by development planners and finance agencies, both in developing countries and in the international community. Health, like education, is often perceived as a 'soft' consumption sector which will only follow advances in 'harder' sectors like industry and agriculture. The converse, we argue, is equally true. Investing wisely in health will build human capital, enabling people on a more equitable basis to contribute to and gain from economic productivity. Unlike investments in factories and roads, investments in health can generate returns that do not depreciate and that can bring significant social benefits for a lifetime and into the next generation".

The World Bank has also acknowledged the importance of investing in people as part of its new strategy for sub-Saharan Africa. Building and maintaining adequate levels of expenditures on health and related areas of human development is recognized as a major factor behind sustained economic growth.

But we must not over-simplify. Expenditures on health are valuable economic investments, comparable in terms of social rate of return with investments in other sectors. Indeed, many studies have shown that the economic returns to carefully targeted health actions far exceed the profitability of more conventional investments in agriculture, transport or communications. There can be little doubt that we have under-invested in this type of health programme, and that there are untapped opportunities to pursue health and improved productivity simultaneously through cost-effective primary health care actions. Improved economic efficiency and greater social justice can go hand in hand.

But not all health expenditures should be seen as investments. In all countries, resources for health are also – and rightly – used for consumption purposes, to maintain the welfare of people whose age or infirmity mean that they will never again have an economically active role. I refer to such groups as the elderly or those disabled by physically or mentally limiting conditions. Such expenditures, whether from the private or the public purse, are sometimes referred to as “caring”; and they constitute part of what most societies regard as civilized treatment of their members whose health status is vulnerable.

The challenge, in health, is thus twofold: firstly, to ensure that the balance between caring and investing reflects each society's values and means, and, secondly, to ensure that, whether in caring or in investing, resources are used in the most cost-effective manner.

I turn to my number two item, “Health and the economy, and their inter-relation”. It is now a decade since the publication of the report of the Brandt Commission on North-South relationships. Earlier this year Dr Willy Brandt invited some twenty people – former members of the Brandt Commission, the Palme Commission and the Brundtland Commission – to discuss possible measures and policies for the 1990s. I was also invited by him to take part. Dr Brandt said in his opening speech that the 1980s was a lost decade in terms of the North-South relationship. A lost decade,

because living standards have fallen in many countries, particularly in Latin America and Africa, and North-South relations have shown little improvement.

The declining, sometimes negative, flow of resources from developed to developing countries, especially in Latin America and Africa, has contributed to reduced or even reversed economic growth in many countries. In some hard-pressed nations, structural adjustment policies have led to substantial cutbacks in health and social services. And innovations to achieve greater efficiency, effectiveness and equity at an affordable cost are urgently needed.

It is because of this dual consumption/investment character that the health sector merits special treatment in economics following structural adjustment policies. At the same time, the health sector itself is in need of some readjustment. Its problems – over-concentration on expensive, inequalitarian and cost-ineffective, hospital spending – are widespread public knowledge. The principal strategies of primary health care need to be revived within a health sector having a strengthened capacity to plan, analyse, and effectively manage the resources available to it. The widespread adoption of economic approaches, such as cost-effectiveness and cost-benefit analysis, can support improved resource allocation for health. In this respect, I welcome and support WHO's initiative on intensified cooperation with countries in greatest need.

My third point is that "health is a key factor in stabilizing population growth". Changes in population both influence and respond to changes in other areas, including income levels, economic growth, education, employment, health and the status of women. The Commission on Health Research for Development was more specific: "Better health will contribute to greater economic productivity, and improved child survival can influence families' decisions to limit their number of children".

Two years ago, speaking at the United Nations on the occasion of the Memorial Lecture for the late Mr Rafael Salas of UNFPA, I argued – "The combination of the following six factors is important

in both effectively reducing the birth rate and improving health status: broad-based primary education; increase in incomes; improved nutrition; decline in infant mortality; strengthening of the role and status of women; and decisive government action in population policies”.

UNICEF's State of the World's Children report (1989), concurred: “The record of almost every country shows that parents tend to have smaller families when they are confident that their children will survive ... The revolution in child survival is now beginning to play its part, acting synergistically with the expansion of birth spacing, in helping to lower birth rates in almost every region of the world”.

So we see, very distinctly, the interrelationship between better health, particularly the better health of women and children, and the stabilization of population growth.

I should also mention the report “The Asian Development Bank in the 1990s”, whose panel I had the privilege to chair, where it is stated that: “Social infrastructure is vital not only for humanitarian reasons, but also for economic growth and development. Expenditure on primary education, family planning and basic health can result in productivity gains that makes them primary investments from an economic point of view. Some social infrastructure investment – despite generating high economic returns – may not yield commensurate financial returns. Typically, the social project also has a long gestation period: such a recovery of the investment and operating costs from beneficiaries is not always feasible”. Here we need to acknowledge that some very beneficial health programmes will never be justified on commercial investment criteria. For those that are justified, soft loans, longer term low-interest loans, or grants from overseas may be appropriately used.

I quote again: “The panel holds the view that, if correctly designed and properly implemented, poverty alleviation projects can show a good economic, as opposed to financial, rate of return. Projects in primary health care, in preventive public health

measures, in elementary education and training, and in rural infrastructure, are among those which can have the most direct impact on the poor".

In conclusion, I would summarize: (i) we are under-investing in those health actions which have the greatest pay-off, in saving lives and in raising productivity, and which would most benefit the poor, (ii) we are probably over-investing in lower productivity activities in economic terms, in much of what the health sector does. A clear signal that better housekeeping of the health sector is taking place is an essential component of structural adjustment; and (iii) the cross-sectoral implications of health on the economy, on family size and well-being, and on development generally, should be emphasized.

HEALTH DEVELOPMENT AND THE EFFECT OF THE WORLD ECONOMY
ON THE HEALTH STATUS OF PEOPLE IN THE COMING DECADE



Address by
the President of the Republic of Zimbabwe,
His Excellency Mr Robert G. Mugabe,
to the Forty-third World Health Assembly
on 9 May 1990

It is a great honour and pleasure for me to be here with you today to address this august assembly on the important interrelationship between health and the world economy as we move towards the year 2000, the year the international community has accepted and endorsed as our target for the attainment of health for all.

Following the Alma-Ata Conference in 1978, Member States of the World Health Organization were invited at the Thirty-second World Health Assembly, in 1979, to adopt the Alma-Ata Declaration on Primary Health Care individually, as a basis for formulating national policies, strategies and plans of action, and collectively, as a basis for formulating regional and global strategies aimed at attaining an acceptable level of health for all by the year 2000.

We duly accepted this and through the adoption of resolution WHA34.36, the Thirty-fourth World Health Assembly effectively launched the Global Strategy for Health for All by the year 2000.

In accepting primary health care as the basis upon which our health systems should develop, we were guided by certain basic postulates including, in particular, the following:

- (a) that health is a fundamental human right and that the attainment of the highest possible level of health is an essential worldwide social goal whose realization requires the action of many other social and economic sectors, in addition to the health sector;
- (b) that the existing gross inequalities in the health status of people of the world, particularly between developing and developed countries, as well as within countries, is politically destabilizing, socially immoral and economically counter-productive and is therefore of common concern to all countries;
- (c) that economic development, based on a new international economic order, is of fundamental importance, if the reduction of the gap in the health status of peoples between developing and developed countries is to be accomplished, and health for all attained; and finally

- (d) that health is an essential prerequisite for sustained economic and social development that contributes to a better quality of life for all people, thereby, to a considerable measure, contributing to world peace.

We also accepted, as Member States of the World Health Organization and within our own jurisdictions, our responsibility to provide adequate health and social services, to ensure health for all peoples, as well as an undertaking that, alongside international organizations and the whole world community, our efforts should aim at the attainment of health by all people of the world.

We made all these noble undertakings 12 years ago in the earnest hope and belief that as we approached the next decade, we would have made some very significant strides towards attaining health for all by the year 2000.

We now need to take stock of our performance during the 1980s with a view to establishing whether, indeed, we are still on course and can realistically expect to reach our goal of health for all by the year 2000. If it should turn out, as one fears, that we have not been as energetic and assiduous as our responsibilities should have dictated that we be, we should now once again dedicate ourselves to do all possible, both individually and collectively, to redeem the sacred pledge we made a dozen years ago. It is our duty to do so, for the peoples of the world expect no less of us, as governments or as international organizations such as this forum.

I know most Member States represented here today have vigorously sponsored the implementation of health programmes with the primary health care approach, such as the expanded programme on immunization, the provision of maternal and child health services, the provision of essential drugs, etc., which have had some impact in improving the health status of our populations. However, for primary health care to become an even more effective tool towards the achievement of health for all, a multisectoral approach is imperative. The business of health, including that which we call primary health care, should be understood as the business

of various groups, institutions and individuals within our countries, not merely of those in the medical profession or those having responsibilities in this area within our governments.

In addition, health interventions emphasizing the primary health care philosophy will not lead to significant health development if issues such as the persistence of mass poverty and hunger, rampant population growth, environmental degradation and agricultural neglect are not simultaneously addressed.

Whereas in most developed countries significant strides have been made towards the eradication of poverty and hunger, the situation in many developing countries has worsened over the last decade. Economic recessions, national disasters arising from such occurrences as floods and drought, as well as regional conflicts and other related factors, have all contributed in one way or another to the negative economic performance recorded by many developing countries over the past decade.

This has, of course, neutralized a lot of the efforts mounted to resolve the problems of poverty and hunger in these countries, constraining thereby the health development of the affected nations.

In the sphere of population control activities, most of our countries in the developing world continue to record fertility rates that are so inordinate, and out of step with our economic growth rates, to the extent that any positive economic growth rate that may be attained over any period of time is immediately outstripped by a galloping population growth rate. In such a situation, the resources available to all developmental and social sectors, including health, will naturally continue to dwindle over the years, and consequently positive health development for the people will become impossible to attain.

The area of environment is now a great cause for global concern. Hence, concerted collaborative action between the developed and the developing world is mandatory if our planet is to survive and continue to support life as we know it.

We are fully aware that the developed world has its share of problems that arise from accidents involving sophisticated technology, for example, nuclear reactors, acid rain, etc., all of which have devastating effects on both the environment and the health of man. While the developing world has its own set of environmental problems, such as desertification, deforestation and erosion, some industrial countries are callously seeking to add to them by dumping on our territories toxic waste, and a variety of hazardous substances, whose effects will further constrain our efforts to attain health development for our people. Surely, the Third World deserves better treatment than that.

We all know that, in addition to the problems WHO and we, as Member States, have had to contend with in the 1980s, we are now faced with monumental problems which, should they remain unresolved, could wipe most of our populations off the face of the earth before the year 2000. And here, I am referring to the AIDS pandemic (which is gathering momentum in most countries), the resurgence of tropical diseases, such as malaria, complicated by drug and insecticide resistance, and the ever-increasing incidence of chronic and degenerative diseases, such as cancer, heart and cardiovascular diseases, alcoholism and accidental deaths in both developed and developing countries.

The problems I have referred to are a mere sample of those that continue to constrain health development, at the national, regional and global levels. Many are peculiar to certain countries and regions of the world for which specific country and/or regional solutions have to be prescribed. If we are to attain health for all by the year 2000, given that we now have less than 10 years to go to attain that goal, we need determined global action now.

Without such coordinated action on a broad front, developing countries will find it extremely difficult to eradicate poverty and hunger and thereby improve the health of their peoples. In an economic situation where the debt service ratio continues to grow, demanding that more and more of the country's external earnings

go towards the payment of loan interest amounts, let alone the repayment of the debt capital amounts themselves, chances for any form of improvement in the people's standards of living become nothing but a pipe-dream. Aggravating this indebtedness is the inexorable, almost logarithmic, progression of escalating import costs, compounded by the rising inflation in the industrial world. Allow me to give you Zimbabwean examples. In 1980, a well equipped ambulance cost us between Z\$ 7000 and Z\$ 8000. Today, an almost identical vehicle costs in excess of Z\$ 56 000, an escalation of 600 to 700%. True, one has to take into account the devaluation and depreciation rates of our dollar into account. But still the rate of price escalation will remain very high. Buildings of a basic standard, in 1980, could be erected at an average cost of Z\$ 100 per square metre. Today the figure is between Z\$ 800 and Z\$ 1200, depending on locality, and I do not need to tell you that in the most deprived areas the higher, rather than the lower, figure is likely to apply.

I wish to urge, therefore, that we remember the spirit of Alma-Ata, and address ourselves to securing economic and social development based on an entirely new international economic order, if, indeed, we are serious in the commitment we have made to the goal of the fullest attainment of health for all and the reduction in the gap between the health status of the developing and developed countries, adopted at the beginning of the 1980 decade.

If I might refer once again to the subject of the environment, I am sure all of you would want to join me in congratulating WHO for its most apt World Health Day message this year, "Think Globally, Act Locally". If we, indeed, translate this message into action, we will forever remain aware of our local as well as global duties. It is also very encouraging to note the role the United Nations Environment Programme is playing in sensitizing Member States to environmental problems, and designing strategies to mitigate these problems.

In the field of family planning and population control activities, it must be emphasized that most developing countries, especially in

Africa, will continue to require assistance with their population programmes from developed sister countries for the foreseeable future. I think we all agree that family planning and population control activities require a significant amount of technical and material input which many developing countries find difficult to marshal in spite of their commitment to implementing accepted policies. Again, the role of the United Nations Population Fund, in addition to many other family planning and population control activities in countries such as mine, is greatly applauded and appreciated, and it is our hope that this role will continue to be expanded.

I would now like to say a few words that relate specifically to our Organization, WHO, and the pivotal role it plays and must continue to play to ensure the attainment of global health development.

WHO has been at the forefront of our health campaign in advocating policies that promote social justice and equity in health. As we move into this final decade, towards the year 2000, the role of WHO assumes even more importance and becomes crucial. The Director-General, the Secretariat and all the staff of WHO, therefore, deserve our total support both morally and materially, if our Organization is to continue to play its critical role efficiently and effectively.

We are all aware of the strategic role WHO is playing in promoting and monitoring the implementation of primary health care strategies at all levels. We are equally aware, firstly, of the importance the Organization attaches to the environment and, secondly, of its collaborative activities in the field of nutrition. In this latter respect, I am informed that WHO, in conjunction with the Food and Agriculture Organization of the United Nations, will stage an International Conference on Nutrition in 1992. We look forward to that conference with tremendous interest.

Finally, allow me to thank all Member States and the Director-General of WHO for according me this singular honour and

privilege of addressing this august assembly, on this special occasion.

I wish the Forty-third World Health Assembly the most constructive, useful and fruitful deliberations, and have no doubt that this Health Assembly will go down in history as a major event that charted the course for positive health development at the global level, for the decade marking the end of the 20th century, and ushering mankind into the dawn of the 21st century.

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Address by the
President of the Council of Ministers of Italy,
His Excellency Mr Giulio Andreotti,
to the Forty-third World Health Assembly
on 9 May 1990

In the annual report on the state of world health, the Director-General of WHO presents a general picture that we cannot, indeed, call reassuring. It confirms the persistence of tragic numerical indicators concerning the condition of children and the suffering of thousands of mothers who still die in childbirth – data that bring home to us the fact that diseases which we thought had now disappeared, such as leprosy and tuberculosis, still strike millions of individuals each year. The report also shows that other diseases, known since ancient Roman times, remain the major public health problem in most developing countries, which today are also confronted by the scourge of AIDS, cardiovascular diseases and tumours, new burdens, imposed by the development process, that are not always managed or treated with the requisite skill and care. These are tragic figures testifying to a silent world war that is still going on, taking thousands of innocent lives each day, victims of the indifference and selfishness of those who, while never missing an opportunity to proclaim verbally their solidarity and involvement, are actually guided by economic interests that seek to ensure the prosperity of a few in spite of the misfortune of many.

This is why, in order that our children in the coming years should not have to face such bleak and hopeless vistas, I accepted the invitation of the Director-General of WHO to convey to you – the highest officials in health – some considerations and proposals that might enable us to enter the third millennium with the prospect of peace, health and justice.

A few decades ago, Rudyard Kipling said that “East is East and West is West and n’er the twain shall meet”, and there is no doubt that the global balance that has characterized this century, which is drawing to its close, has been based on that observation. However, a number of wise politicians, including Alcide de Gaspari, have accustomed us to look further, to cleave to western democratic values without nevertheless losing the global sense of peace; they believed in the possibility of accomplishing those extraordinary transformations which are now occurring at an incredible rate in Eastern Europe – until recently, communist.

The affirmation of democracy, the irreplaceable instrument of future economic and social well-being, was made possible by the need for justice and equality and solidarity among peoples, which have broken down like so many sand castles the military and ideological barriers erected in the course of decades of painful conflict in a situation of stalemate.

The new wind of freedom from Eastern Europe brings us not only the duty to contribute to reconstruction with all the means at our disposal, but also makes us turn again to watch the irresistible resurrection of democracies in Latin America, while the rapid crumbling of the hideous principles at the basis of racial segregation in South Africa will certainly lead, if balance and reason can prevail, to new justice, social solidarity, peace and development. And if we succeed in beginning negotiations towards recognition of the right to political existence of all peoples in the Middle Eastern region – in full respect of mutual security and stability – then we will be able to devote this last decade of the century to the beginning of a new, specific and harmonious development strategy for humanity as a whole, putting an end to many injustices and eliminating those obstacles which still keep four-fifths of humanity in unacceptable living conditions.

Today, a new moral impetus and a universal demand for security are combining to shake the old egoisms and allow for rejection of the habit of reasoning along lines that no longer correspond to the radical transformations of the international scene. We should therefore be ready to revise the old scenarios, confront and surmount the obstacles to interdependence between North and South, dismissing first of all the fear that the return of democracy in Eastern Europe could lead to abandonment of the South.

In fact, there are several hypotheses and proposals at various levels which are designed to establish the possible percentages for distribution of national products earmarked in the immediate future for problems of underdevelopment, proposals that would favour regional cooperation by putting more emphasis on productive activities capable of renewing the market, renewing individual responsibility and initiative.

Europe, for example, must not fail to foster the process under way in the East; but it should do so at the same time as it devotes the greatest possible effort to ensure peace and stability – but also development and employment – in the entire Mediterranean region, as well as in the areas of the world that need solidarity and support.

It is undoubtedly worth remembering all the statistics that show Africa as the only continent where, in absolute terms, the number of infant deaths is constantly on the increase: it has unbelievably passed from some 3 800 000 in the 1950s to 4 300 000 in 1980, and we know that unless new measures are taken by the turn of the century, Africa will account for practically half of all deaths in the weakest and most innocent age group.

Similarly, in Latin America, the return to democracy has not yet been matched with equally significant economic progress if it is true that gross domestic product has fallen by 7% from the 1980 level, that in the last six years some 180 billion dollars of capital have left the continent, and that, finally the debt of the developing countries this year is set to reach the incredible – and unbearable – sum of 1250 billion dollars. Some years ago now, Julius Nyerere, one of the fathers of modern Africa, had asked the international community if it were just to let one's own children die in order to pay off debt. The annual reports of UNICEF and WHO confirm that hundreds of thousands of children have suffered from grave nutritional deficiencies and retarded growth, and that in some regions infant mortality has risen to 25%. Such facts are an affront to our civilization and call for actions that are not limited to merely provisional improvements, but actions that radically transform the grave imbalances of which health conditions often are only a symptom.

Yet the emphasis should not, in my opinion, be placed on debt in itself; this must not become a facile alibi to justify complex and delicate situations that call for joint action, imagination and a will to change. We still see serious negligence and errors in certain countries that have the resources to emerge from underdevelop-

ment; sectarian interests persist, ancient traditions that tend to favour countries where individual liberty is still limited, whereas there are young democracies that know where they should be going, but are deprived of external support because they have no strategic position or commercial and political interest.

I have spoken of the link between debt and development. The task entrusted by the Secretary-General of the United Nations to the Political Secretary of the Italian Socialist Party was a matter of great satisfaction to us. His first reports have convinced me that we are at last on the right road to a solution to the problem; furthermore, awareness of the enormity of the social burden that the poorest people have to support seems to have dawned on those who were reducing North-South relations to a simple matter of graphs, economic calculations and profits. The time for the old rhetoric has gone, and now it is time to give specific form to the will of private and public bodies, so that by the end of the century the major obstacle, that the distinct separation between the North and the South constitutes, is removed. Nor should we limit ourselves to the financial aspects of the problem; we should also attend to the commercial aspects and to the division of international labour. It is for this reason that I share the opinions of those who want GATT to define the system of commercial relations before the end of this year, in order to foster greater and stronger integration and collaboration, with ever closer links between GATT, the World Bank and the International Monetary Fund, whose resources also should be increased through new methods of financing.

In addition to debt reduction, for which the Brady plan has certainly been an important – though in itself insufficient – point of reference, we must take appropriate fiscal action and institute other entirely new mechanisms, to encourage private banks to reduce the burden on debtor countries. We must also pay attention to the examination of such direct mechanisms as the link between debt and environment and between debt and social investments which, though in themselves are clearly incapable of resolving what is a much larger problem, will make some contribution, and will give

tangible proof that the richest countries are taking action to improve the social, health and environmental conditions of the poorest countries.

In this area too, the role played by the international organizations seems to me to be absolutely fundamental, since they both guarantee this new, and therefore complex, mechanism and directly practise this new form of operation that is aimed in every case at improvement of living conditions.

A few days ago, respecting its commitment, Italy took legislative steps to renounce the interests on loans that have already been allocated to the most heavily indebted developing countries, or that had to be paid at the end of last year. We will enter into agreements with these countries that appropriately define modalities and criteria, one of which will certainly consist in utilizing the amounts loaned for social and health programmes to improve basic structures, foster better education and ensure that children are given the vaccinations that are essential to their right to existence.

The link between environment and development of course is no less close than between debt and development. I think we are all now aware that nature is not protected by purely environmental actions, but rather by solutions that aim to reach the root of the problem, through healthy forms of growth and removal of the causes of social imbalances that arise from crazy and shortsighted consumption of natural resources, a practice which bespeaks the terrible conditions of poverty in which many people live: today still, more than two billion people obtain warmth from the most ancient of sources: burning wood, which means burning forests, and burning oxygen, to the detriment of humanity as a whole. The destruction of the tropical forests entails the sacrifice of eleven million hectares each year, while the deserts advance at the rate of six million hectares per annum. These dramatic figures reveal another silent war in progress that could prove much more fatal and catastrophic than the threat of nuclear war that has been the main nightmare in the history of the last forty years. We must nevertheless be very careful, we the citizens of the most advanced countries, who are no small contributors to destruction of the environment, not to claim that it is others who should go down the roads of

abnegation and sacrifice, because were we to do so our love of nature would express only the depth of our egoism. We must respect the sovereignty and sensitivity of others through a dialogue that takes account of their development also.

While the health of the environment is one of the main themes of international discussion and concern, the health of man constitutes an absolute and inalienable right for the whole of humanity, a right that we must defend if we want peace and development to progress in concert, convinced as we are that interdependence calls for a code of social justice applicable to our entire planet. We need a new civilization based on solidarity, a development process centered on man and his requirements, and it is therefore impossible not to give preference to any action aimed at improving the quality of life or even, in certain cases, ensuring the very right to existence. Italy, for its part, is to host an international centre which, in collaboration with WHO, will analyse and assess the links between health and the environment and will provide all appropriate assistance and advice in cases of environmental alert for all the countries of the European Region.

Health is a common possession that knows nothing of frontiers, transcends economic interests, is indifferent to ideological barriers, often represents a bridge to peace between nations at war, and may constitute, in certain cases, the sole instrument capable of activating the mechanisms of a harmonious and balanced social and economic development.

There are nevertheless many factors that can jeopardize the proper functioning of health and welfare structures, without their all being ascribable to the economic and political problems we have already considered. There unquestionably exists a problem of equitable distribution of resources within the limits of the budgetary possibilities that a country can muster; we see the need for an organization, for technical mechanisms capable of managing external resources and making international cooperation into a true development process tailored to human needs. I was greatly struck by the findings of a study by OECD and the World Bank which indicated that the objectives of health in the world could be

effectively attained at present levels of expenditure if the funds were utilized more rationally and effectively.

These are considerations that the international community, the supreme organization of the United Nations, and all of you who are responsible for the health of the world's peoples must analyse and develop into practical policies, while vigorously upholding the principle of participation and responsible involvement of local communities, which must not merely be the beneficiaries of assistance but also the agents of their own health development. Thus individuals can become active operators, instead of mere passive recipients of a genuine process of human promotion. We cannot and must not neglect, either, the fundamental role of the physician, whose function must be upgraded and who, adjusting to the rapid processes of change in society, must become a manager and an educator as well. It is his duty to institute authentic forms of cooperation in the name of science and of solidarity and thereby affirm, over and beyond formal and bureaucratic barriers, our common faith in progress, taking an active part in the communication of medical knowledge and the transfer of technological capabilities and expertise to be placed at the disposal of the poorest masses in order to ensure adequate assistance to those who are suffering and thus achieve one of our essential aspirations: the humanization of medicine, of which Monsignor Angelini, here with us today to receive the highest mark of recognition accorded by WHO, has always been one of the most fervent partisans.

Your agenda provides for a coordinated analysis of the many problems relating to the quality of life and the right to live it, the questions posed by the awesome development of scientific research, the requirements created by the urgent need to safeguard the environment, the tensions due to the growing imbalances between industrialized and developing countries, and the outlook with regard to a world strategy for the defence and promotion of human life on earth. This is a wide range of fundamental demands, which will no doubt provide us with new indications for ensuring that policies, methods and interventions will be true instruments of

development, of well-being and of life, scientifically defined and evaluated so as to enable us also to determine the principles of a professional code of ethics of health cooperation between peoples.

Europe, the new Europe of the Twelve, aware of the rapid course of historical change, has decided to accelerate the pace of its political integration and possesses the means and capacity to respond appropriately to the exciting challenges of the nineties by mobilizing human and financial resources in order to restore the balance between North and South and contribute to the building of a future worthy of the name, in which true social justice will prevail at the universal level.

Italy, which will shortly be taking over the Presidency of the European Community, intends to grasp this opportunity of promoting any action aimed at pursuing these objectives. It will be my clear and inescapable duty to submit for consideration by the next world summit at Houston the new proposals for solving the debt problem and for concrete action to safeguard the health of man and of the environment. There is a need for a substantial increase in world sensitivity towards any form of cooperation designed to free, from the grip of disease and poverty, populations that need our help and are rightly calling for it.

I should like to remind you of the prayer that a great man of faith addressed to all of us exactly a year ago, in Rome, at a congress that we had organized with a good many of the ministers of health present here today, precisely in order to understand better, to study, to consider in depth and to work together. On that occasion Monsignor Helder Camara, the Brazilian Bishop of the Poor, called upon us to understand that the economic debt of our governments must be compared to the debt in human lives, stifled by misery and reduced to lower, animal levels of existence.

Monsignor Camara then exhorted us to work so that the Third Millennium would become "A festival where Love would prevail over hate, where Love, true and authentic Love, would enlighten all mankind".