

# Science and the health of the poor

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During the last half of the 20th century we saw examples of dramatic progress in health: sharply reduced infant mortality rates and longer average lifespans in many countries; the eradication of smallpox and highly effective vaccination programmes against other illnesses; and new technologies for controlling both communicable and noncommunicable diseases. Yet the fruits of progress in health have been unevenly distributed, and for hundreds of millions of people, the possibility of a healthier and safer life for themselves and their families remains a promise unfulfilled.

The directions taken by the World Health Organization in this first decade of a new millennium will have far-reaching implications. They will affect public health globally, and will inevitably change the Organization itself. Most importantly, our policies will have consequences for communities and individuals — especially the poor. It is time for WHO to reassert the global vision of health that excludes no one. Our Constitution demands exactly this in stating as our objective “the attainment by all peoples of the highest possible level of health.”

Rigorous science is the basis of our credibility and of our capacity to get results. In recent months, the fight against SARS has confirmed WHO's scientific leadership in the global struggle against disease. Yet solid science is only the beginning. Scientifically excellent public health guidelines and other reliable information sit inert in journals and databases unless there is political commitment — on the part of governments, communities and individuals — to turning knowledge into action that will get results on the ground. In this WHO's political role of leadership and partnership-building is essential.

Both technical excellence and political commitment have no value, however, unless they have an ethically sound purpose. For us now the objective is to correct a dangerous and unacceptable imbalance: the majority of the world's population are still exposed to severe and fatal diseases which are in most cases preventable and curable.

Scientific and political conditions are the variables in our work, requiring

a new response as the significance of each new piece of evidence becomes clear. But there is also this constant, which is the value of human health itself, and everyone's need for it, and society's obligation to meet that need. National health authorities exist to uphold the value of health as a matter not only of self-interest but of principle. Global interdependence makes an international health authority necessary for the same reason: to defend this principle regardless of the state of play between nations.

Recognizing health as an absolute human need, and thus an absolute obligation for society to provide for all its members as best it can, is one argument for putting the poor first, but it is by no means the only one. Some emphasize instead the utilitarian view that investing in the health of the disadvantaged will strengthen the global economy and bring greater prosperity and safety to all. Others see international health work as part of a wider effort to build a global society that maximizes the freedom of all to develop their own capabilities and live lives they consider to be valuable. These and other such arguments come from different political horizons but they converge in supporting urgent action in favour of those most in need. WHO's task is to lead this global action. In the coming years it is results in countries that will be the measure of our success.

More specifically, we must support countries in building up health systems that can meet the needs of everyone through the reliable provision of basic care. Global targets in nutrition, maternal and child health, access to essential medicines, and the control of specific diseases will contribute to an across-the-board strengthening of health systems, with a focus on primary health care. We will advance a major new initiative to build country-level capacity in health surveillance and measurement. Meanwhile, we must ensure that the communities most directly concerned have an active say in setting health agendas. People's participation in making decisions that affect their lives is fundamental to a just and sustainable global order.

In no area is the union of science, moral vision and political courage more

urgent than in the treatment of HIV/AIDS. I have pledged to attack the AIDS crisis with new determination, and strongly support the “3 x 5” goal: three million people in developing countries on antiretroviral combination therapy by the end of 2005.

Work towards “3 x 5” will be a testing ground for new ways of working within WHO. Responsibility will be delegated, administrative and financial transparency increased. Thinking and action will be less hierarchical and more flexible. Civil society groups representing grass-roots communities will be key partners. Our constant focus will be on outcomes on the ground.

To get results on the scale required, we must innovate. Creative input must come from all points in the network, not just the top. Collaborative work patterns can be greatly enhanced by information technology. But beyond new tools we need a more humane organizational culture, based on openness and mutual respect. The spirit of cooperation begins at home. Changes of this kind will enable the Organization to make more effective use of its greatest resource — its people.

In our work, the hard sciences are entwined with economic, social, political, and cultural determinants of health that often cannot easily be quantified. Attention to all these issues and their interconnections is vital for responsible scientific practice in the contemporary world. This is where the *Bulletin of the World Health Organization* will continue to make a very important contribution. I count on the *Bulletin* as an independent voice within WHO, and a model of the open debate I will seek to nurture throughout this Organization.

Enormous challenges lie before the public health community. They will engage all WHO's capacities — scientific, political and ethical. Yet the present situation also presents us with an opportunity to make bold progress. Global health issues are high on the international agenda. Many of the tasks before us are already well defined. Now is the time to “make it happen where it matters”, by turning scientific knowledge into effective action for people's health. ■

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