Editorial

## Towards a more profound concept of prevention and strengthening of community medicine

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The Human Development Report issued by UNDP early last September revealed facts worthy of deep thinking. For instance, out of the 4.4 billion people living in developing countries, one-third drink unsafe water, a quarter live in inappropriate houses, 20% have no access to modern medical services. 20% of the children suffer from undernutrition and 2.2 million people die as a result of pollution. These facts and their implications are indicators of a development imbalance that will reflect negatively on the future of mankind, particularly during the approaching twenty-first century. There is fear that the circumstances which dominate this historic period will aggravate underdevelopment and push it to tragic extremes, the victims being human beings and particularly children.

Nevertheless, despite the pessimistic results of the monitoring of human conditions in 1998 and the flagrant discrepancies detected in growth rates and levels, it must be admitted that sincere efforts have been made to correct the path of human development globally, particularly in the field of health. Indeed health has far reaching effects on man's present and future. It is central to development and is one of its means and targets. It is also the impetus for human activity. Disease, on the other hand, is one

of the three main problems afflicting the world; the other two being poverty and ignorance. This unholy trinity, disease, poverty and ignorance is organically linked and tightly interrelated.

In this situation, with all its concomitant harmful dimensions that have been revealed, the world has no alternative but to intensify efforts to support the vulnerable majority and devote greater care to women and children, who represent the broader, less fortunate sector which benefits less from the various aspects of development. Practical experiences have proved that cooperation and organized constitutional work are the most effective means to handle intricate long-term problems and plienomena. This applies to the issue of health because it deals with man's very existence and mission on Earth. Hence, creating the favourable conditions that would promote health and offset disease is a most important human right underlined in all international characters and should be pursued untiringly.

In AGFUND, which was established in 1981 in response to the deep awareness of the suffering of millions of children and women in the developing world and the intimate understanding of their bitter conditions, we developed solid principles based

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on the conviction that in order to solve the problems of the present we need to look forward to the future. Indeed, one should never get too absorbed in current concerns to think objectively about controversial relations of life, development, past experiences and future prospects. Otherwise, thinking becomes deficient and limited, and vision and insight too dim to perceive practical solutions.

The philosophy of development which we apply places human development at the top of its priorities, without any discrimination due to colour, gender, political or religious beliefs. Within this context, we focus our attention on the child and the mother, as the basis of the family, the nucleus of socicty. Unless children grow up in a healthy environment, they will suffer disease at the various stages of life. In fact, most of the indigenous diseases prevailing in developing countries, such as malaria and schistosomiasis, afflict humans in the earliest stages of their lives. Their complications become manifest in the stage of youth, which is supposed to be the peak stage of production and active contribution to community development.

One of the bases of our forward-looking development orientation is our deep belief in the feasibility of institutional and scientific cooperation. Experience has proved that this is the shortest cut to convince target groups and to achieve a positive output that can be monitored and surveyed. The institutional work approach emphasizes specilaization and the exchange of experiences. This ensures greater efficiency in fulfilling goals, rationalizing resources and reaching target groups at the right time. Under the threat of possible large-scale spreading of some diseases across borders, individual, personal, or country initiatives—despite their importance—naturally

fall short of facing what may be termed "disease globalization".

These convictions were the bases of our decision to enter into partnership and alliance with UNDP and similar other international, regional, private, voluntary and civil organizations. The aims were to support efforts geared to establishing comprehensive and sustainable development, improving human conditions, opening up opportunities for advancement and creating appropriate conditions for future generations to give them the chance for a balanced existence. Throughout the two decades of AGFUND, it has developed close links with 19 global and international organizations and with over 160 Arab nongovernmental organizations. WIIO, in particular, is one of AG-FUND's most important allies with whom we exchange opinions and advice and work jointly to fulfil goals.

Our close joint cooperation for the benefit of the needy all over the world succeeded because it was based on realistic foundations and because our ambitions and visions for humanity were in harmony with the principles and strategies which are based on practical experiments and expertise. The most important fruits of this cooperation were the encouraging achievements in upgrading the health conditions of women and children in developing countries. In the early stages of AOFUND it jointly supported with UNICEF child vaccination campaigns against the six killer diseases. which achieved substantial reductions in child mortality in the countries implementing the project. This was a good prelude to the joint AGFUND/WHO work in many other projects which were implemented for the benefit of children, such as immunization, diarrhoeal disease control, child nutrition, hygiene, safe drinking water, perinatal care and health surveys for obtaining accurate and reliable data. The Pan-Arab Project for Child Development is a source of pride and one of the most important projects in this field.

One of the most important achievements within the manifest context of this cooperation is the strengthening of the concept of an environmental culture. This is manifest in spreading of awareness among individuals and the community regarding the importance of environmental protection, sanitation and a clean environment, this being the first line of defence against epidemic diseases. The Centre for Environmental Health Activities (CEHA), Amman, is an important landmark in the field, offering excellent services to all the countries in the Eastern Mediterranean Region. Another achievement of the joint WHO/AGFUND cooperation is in the area of rehabilitation. Within this context, the disabled are provided with care and with the appropriate circumstances to become active members in the community, instead of a burden thereon, so that they may trigger confidence, rather than passive compassion. This effort is in line with the global orientation towards strengthening the role of the disabled and integrating them in the community. The first stages of such integration are to strengthen their health and psychological well-being and to sensitize families regarding the correct way of dealing with disability, especially since children and adolescents constitute a large percentage of the disabled.

Evaluation of the cooperation between AGFUND and WHO at various stages will reveal that a large number of the projects to which AGFUND has contributed support and financing have focused on strengthening the preventive aspect of health services. This reflects a deep conviction of the importance of disease prevention. The old

wisdom "an ounce of prevention is better than a ton of therapy" carries much sense. We support all efforts geared towards focusing attention on primary health care and community medicine, and towards reorienting health efforts to prevention rather than to therapy. Unfortunately, the orientation towards therapeutic medicine which is widespread in developing countries has many passive aspects. It denotes bad planning and results in waste of resources. Indeed, the community could save much of the potential and resources spent on expensive medical equipment and supplies if it gave priority in its health plan to preventive services which are much cheaper in comparison. Moreover, the expansion of the scope of primary health care would save the poor majority in developing countries the cost of treatment which is often unaffordable to them.

Health education and information are important components of preventive health and are central to prevention. They could be used effectively to check the spreading of dangerous pandemics and unhealthy practices which are destructive to the health of youth and adolescents, in particular, such as AIDS and smoking. Health education can strengthen the values promoting the rejection of unhealthy behaviour that leads to contracting killer diseases. Effective public information and well prepared media programmes can be convincing and have far reaching effect on the public, and hence are extremely important.

Preventive health and primary health care are being emphasized more than ever now, as the world witnesses the humiliating phenomenon of resurging diseases. It is disgraceful and unfortunate to note that tuberculosis which claimed the lives of millions during the Second World War is resurging in some developing countries. Despite its

danger, this disease is preventable through health education and correct nutrition.

We look forward to further fruitful cooperation with WHO and with other agencies emphasizing health prevention and community medicine. We also look forward to more intensive efforts in implementing relevant projects in developing countries.

## Collaboration with AGFUND

The ongoing support of AGFUND for Regional Office health and environmental programmes continued. During 1997, the AGFUND Administrative Committee approved at its thirty-eighth meeting, held in Riyadh in December 1997, an amount of US\$335 000 for the following three projects: environmental health impact assessment capacity-building; Islamic Charity Hospital, phase 2, Tripoli, Lebanon; and the regional initiative for improvement of health training on food irradiation practices and improved food inspection.

Source: The Work of WHO in the Eastern Mediterranean Region. Annual Report of the Regional Director, 1 January-31 December 1997, page 12.