

## Health for All and the doctor

Health for All, just an idle slogan or a bad joke? According to Mahler it means that people will use much better approaches than they do now for preventing disease and alleviating unavoidable illness and disability, and that there will be better ways of growing up, growing old and dying gracefully<sup>1</sup>. The WHO put 12 minimum, global norms for Health for All to assist us in assessing our progress towards these objectives.<sup>2</sup> South Africa is not among those countries who are expected to reach these minimum norms. It is too easy to blame factors outside our control for this, such as lack of facilities, economic recession and the scarcity of money, political climate or the fragmentation of the health services. I fully agree that they all play a role but why can countries with a much lower GNP and fewer resources attain better basic health status indicators than South Africa? How relevant is the doctor and especially the general practitioner in improving the health of a whole community? It depends a lot on his/her position in the health care system and the community he serves. The greatest potential

for significant improvement is in the most needy and underdeveloped communities. Studies in several countries including South Africa have shown that doctors can play an important role, mainly by organising the health team, by addressing the major health problems in the community amenable to intervention and using the available resources in a cost-effective way<sup>3</sup>.

What contribution are we doctors going to make to Health for All in Southern Africa? Has there been measurable progress since the Declaration of Alma Ata in 1978, in your practice or community?

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### References

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2. WHO Development of Indicators for monitoring progress towards Health for All by the year 2000. Geneva: Health for All series no 4, 1981.
3. Bac M. Progress towards Health for All in the Gelukspan Health Ward — 1985. MD Thesis: Medunsa, 1987.