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HEALTH AND WELL-BEING
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First let me thank the Humphrey Fellowship Program for the invitation to address you, and acknowledge that it is a privilege for me and the Pan American Health Organization to be a part of your 20th birthday celebrations that focus on such a challenging theme as “Building a World Together”. If you permit me, I will modify this title slightly and insert the adjective “better”, as I am sure that what we really want is a better world for those who are here now and those who will come after us. The concern for a better world has been the aspiration of humankind for all time and no doubt most of you like myself have been captivated by authors such as Huxley who shocked us with a caricature of how such a world might come about. We listen to futurists speculate on the changes that may come and then suggest how we might prepare to face these new scenarios such that our state here may be better.

At the outset I am going to admit my anthropocentricity and say that the better world must be one that is improved in terms of the opportunities it offers for humankind to flourish and develop to the fullest the talents with which we have been endowed. It should also be clear that we must act now and quickly if we wish to build anything that has any prospect of influencing the future.

One of the really essential building blocks for that better world that we have to construct together is the interaction between peoples that lead us to a better understanding of the world in which we live. I also wish to believe that it was, and still is the hope of those who continue to support the fellowship program that the Humphrey fellows will share his idealism and partly through the interaction among themselves, come to the conclusion that they can make a contribution to the creation of that better world.

The supposition that there can be a better world implies that the one we know is a good one, but even with that assertion, I have to admit that these are difficult times for optimists such as myself. There are wars and rumors of wars before us daily, and in spite of the phenomenal technological progress that brings material benefit to so many, we still see the most shocking manifestations of human depravity and examples of man’s injustice to man that we perhaps arrogantly describe as primitive. We are confronted with the realization that the shrinking of the world has made for such insecurity that we hold to and defend vigorously if not viciously those

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things that characterize us either individually or collectively as being different and apart. That is why debates about characteristics such as language or about national symbols are so heated and intense.

But I still maintain optimism that we can build a better world together, and the improvement will not be only in terms of the dominance of nature that has been so much a part of our recent history. It will be in the extent to which we enhance our societal organization, manage to live together and care for one another. I am optimistic in part because I work in the field of health, and I contend that attention to health and well-being can be a small part of the scaffolding for that construction of a better world.

Health is defined in the constitution of the World Health Organization as a state of complete physical and mental well-being, and some would add the adjective “spiritual” as another qualifier. Some critics point out that this definition is so broad that it characterizes everything that might be part of a utopian existence, and we should find another way to think about health, and another definition that is more operational. We can very roughly divide the historical thinking about health into three phases. Up until about the middle of the eighteenth century, the concepts of health were very much related to the whole person and seeking for evidence of some integrity. The nineteenth century was to a large extent dominated by the Cartesian paradigm which interpreted the world mechanistically and man’s body was simply one of the machines in the system. The discoveries in physiology and bacteriology fortified the view that the human body was merely a set of parts that worked together in harmony and obeyed certain laws. This perception influenced research, as well as approaches to diagnosis and therapeutics. The aim of the last was to restore the various parts to their normal functions, or as closely as possible.

The second half of this century has seen this last view questioned and there is common acceptance that health has a socio-ecological dimension, that does not lend itself to the reductionist approach. I must be very clear that I do not wish to give the impression by focussing on a broader view of health that I am in any way diminishing or demeaning the importance of the spectacular advances in science that have allowed us to treat and cure disease. And indeed the prospects for further developments are rosy. The progress in biology and bioengineering and such bold scientific enterprises as the mapping of the human genome lead us to dream of preventing many diseases and curing others. Scientists think of the possibility or even probability of extending the human life span well beyond the limits we now consider as normal.

My own perception of health reflects the influence of the western or allopathic approach, but incorporates the socio-ecological aspect into the determinants of that health. I am comfortable in accepting that however it is constructed, it can be made synonymous with a state in which there is no illness, but which we tend to measure at present by the absence of objectively definable disease. We have been very slow or lax about finding good indicators of the healthy state, perhaps because we have been loth to accept that health is no more material than life itself. However, today I wish to invite you without further debate to accept that appreciation of what represents the healthy state and to challenge you to think about how that state might contribute to personal or collective well-being.

Personal and collective well-being derives from a sense of satisfaction and security. There is satisfaction with the present and security implying optimism about the future. At the personal level, health enables the individual to enjoy the various options that life has to offer now. It widens the choices that are available. This is not to cast health as the only thing that widens the circle of human choice, as education, or rather the possession of the information and wisdom that come from education also widens the possibilities from which we can choose. This may be seen as a rather utilitarian view of health in that it reflects a potential force, but I am more and more convinced that I value my health because I am not restricted in my ability to do those things that contribute to my being a whole person. Indeed the words health and whole have similar roots.

In the context that I have described, societies do not become ill, individuals do, but there are other indicators of sickness in societies that I will not elaborate here. Societal well-being can be affected by the presence or fear of illness, and societal cohesion as a manifestation of societal well-being is quite definitely associated with health. There are now several good studies to show that the loosening of social cohesion is accompanied by deteriorating health status.

In discussing the importance of health as contributing to well-being I have to confine my comments primarily to the Region of the Americas as that is the part of the world that I know best. First I am going to have to acknowledge the absence of good indicators of health and address those diseases that contribute to the unhealthy state or whose absence makes it possible for us to be healthy. The assumption is that diseases lead to illness that is limiting in the sense I described before, and the question is what can we do to reduce the burden of disease that is usually expressed in terms of data on morbidity and mortality.

At least here in the Americas there is good evidence that the general state of health is improving steadily if we use the traditional indicators of health status. Every country shows a steady reduction in infant mortality rates and an increase in life expectancy at birth. This has been due in large part to the introduction of health technologies such as immunization and the improvement in nutrition. It was once fashionable to decry the importance of health technologies in improving health status and claim that changes were almost entirely due to improvement of the general social situation, but we now know that both have had their part to play.

We see governments spending more on health and even though the data for this country skews the distribution, the general tendency is towards an increase. There is no magic figure for the ideal fraction of a country's wealth that should be spent on health, and the variation in the Region represents not only the absolute wealth, but also a mixture of political and ideological considerations. The vast majority is still spent on curative medicine, usually in tertiary institutions, and that also is due to the strengths of various interested sections of the society and the political perceptions of the possible demands rather than needs of the public. Almost all countries are engaged in some form of restructuring of their health services with the objective of making them more equitably distributed and in many cases reduction of the costs that should be borne by the state is a driving force behind the reform.

The pattern of diseases is changing. There is a steady increase in the incidence of the non-communicable diseases such as cardiovascular diseases which are almost at epidemic proportions in many countries. The demographic transition is a reality and this is resulting in an ever older population that accounts in part for the importance of the non-communicable diseases. This does not mean that the communicable diseases have disappeared, although the data show that the risk of dying from communicable disease has been falling steadily. However we must still note that there are still major problems with diseases such as tuberculosis, malaria and of course HIV/AIDS, and children still die of diarrhea and respiratory diseases that are infectious in origin.

But if we are to construct a better world, we must pay attention not only to the disease pattern and the health outcomes. We must be conscious of the many inequalities that in our view are unjust and therefore smack of inequity. There is acceptance of the role of poverty in relation to health, but we are becoming ever more aware of the importance of income inequality as a contributing factor in its own right. In those countries with greatest income inequality, the health indicators are generally poorer. There are inequalities in relation not only to income, but also determined by ethnicity, gender and geography.

I do not know nor have I been able to find evidence that Hubert Humphrey, although he was connected to the health profession by virtue of being a pharmacist gave any thought to the inequalities in health that are so important to me and influence the work of my Organization. This is perhaps because much of this thinking and the production of empirical evidence in relation to health inequalities and inequity are relatively new. But I am sure that his liberal bent would have made him warm to the possibility of reducing the gaps in health that so concern us, and one of his questions might have been to ask what should be done. He might have suggested that I give you some tools with which to work in this field of using health to build a better world. Of course you should yourselves be models of good health behavior. You could also learn more about the determinants of health and perhaps pay special attention to those lifestyles that do so much to damage health. I will not cite them all, but draw your attention to the problem of tobacco use. This substance is one of the major contributors to disease and ill health in our Region and the world.

I propose that you be vigorous advocates for a different perception of health in relation to societal well-being. There is no question about the intrinsic value of health to the individual. But we must be vocal in proposing that health is important for other aspects of societal well-being. There is now increasing enthusiasm for the proposition that the health of individuals and societies contributes to the economic growth of countries, and we find more attention being paid to the work of persons like the Nobel Laureate Robert Fogel who shows that some 30 percent of the increase in per caput income in Western Europe over approximately the last 200 years was due to improvements in health and nutrition.

It is possible that it is not only absolute health status that is important, but the inequalities in health also may affect economic performance. It has been shown that inequality in access to land and education are significant factors that contribute to poverty, and the assumption is that the effect in education relates to the formation of human capital. I would argue that to the extent that health is an important input into human capital formation as well, then inequality in access

to those measures that determine health and perhaps health outcome itself are important for a society's ability to prosper economically. I have been encouraged in this thinking by Professor Fogel's recent presidential address to the American Economic Association. He argues that the profession of economics is lagging behind the economy. Attention should be given not only to the production and distribution of material assets, but inequality in distribution of spiritual assets will affect economic growth. Whereas income distribution is a fixed-sum game, the distribution of spiritual assets is not. He said "It is a game in which total resources increase and the share of the deprived in this larger total may also increase without in any way diminishing those who have a superabundance of spiritual resources." I have posited the same for health, and it will be part of our responsibility to stimulate the production of the empirical data to prove the hypothesis, if any hypothesis can indeed be proved. The social production and distribution of health as well as health inequality will affect economic growth.

Let me wish you well in the rest of your conference and I hope you go back to your homes refreshed and enthused with the prospect of contributing to the building of a better world together. I hope I have whetted your interest in considering the role you can play if you use health in fashioning the building.