

UNITED NATIONS
ECONOMIC
AND
SOCIAL COUNCIL



Distr.
GENERAL

E/CN.4/1986/38/Add.1
5 November 1985

Original: ENGLISH

COMMISSION ON HUMAN RIGHTS

Forty-second session

Item 8 (a) of the provisional agenda

QUESTION OF THE REALIZATION IN ALL COUNTRIES OF THE ECONOMIC, SOCIAL
AND CULTURAL RIGHTS CONTAINED IN THE UNIVERSAL DECLARATION OF HUMAN
RIGHTS AND IN THE INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND
CULTURAL RIGHTS, AND STUDY OF SPECIAL PROBLEMS WHICH THE DEVELOPING
COUNTRIES FACE IN THEIR EFFORTS TO ACHIEVE THESE HUMAN RIGHTS

PROBLEMS RELATED TO THE RIGHT TO ENJOY AN ADEQUATE STANDARD OF LIVING;
THE RIGHT TO DEVELOPMENT

Note by the Secretary-General

Addendum

The present document contains the report of the World Health Organization
submitted in accordance with Commission on Human Rights resolution 1985/42.

WORLD HEALTH ORGANIZATION

[Original: English]

[26 August 1985]

1. The common social goal of Health for All by the Year 2000, jointly accepted by the Member States of the World Health Organization in 1977, was the beginning of a new international health order.
2. Health for All means that people will be closely involved in shaping their own health, in preventing disease and alleviating unavoidable illness and disability. It means essential care will be accessible to all individuals and families, close to where they live and work. It means that people will realize that they have the power to shape their own lives and that of their families - that illness is not inevitable, that they could be free from the burdens of disease.
3. Health for All also means the removal of obstacles to health such as ignorance, malnutrition, unsafe drinking water, pollution, an unhealthy environment and unhygienic housing. It is a holistic concept which calls for efforts in agriculture, industry, education, housing and communications just as much as in medicine and public health.
4. The political will to attain the goal of health for all undoubtedly exists in a large majority of countries. Many countries are taking action to achieve universal coverage of their population through primary health care. Others are in the process of reorienting their national health system towards the primary health care approach.
5. The principles of primary health care that were defined in the Declaration of Alma Ata (1978) include increasing people's awareness of the decisive role they can play in promoting and maintaining their own health as well as reorienting the training of health workers to deal with matters that are of greatest concern to the people they are to serve.
6. The right and duty of people to participate in developing national health systems has gained wide recognition. A number of Governments are encouraging their people to become involved in their own health development. There are encouraging trends of greater involvement of communities in their own health care.
7. But serious difficulties still remain in many areas. The problem of mobilization of adequate resources continues to be a major challenge. Inadequacy of infrastructure as well as inadequate quantity and quality of appropriately trained manpower pose major difficulties in many countries. They are facing practical problems in building up health system infrastructures based on the principles of primary health care.
8. In general, information is lacking with respect to many of the social, economic and health indicators for assessing the world health situation. However, it is well known that a vast majority of people still have no access to effective health care and indeed to the essential basic needs of food, shelter, safe water for drinking and sanitation which form the essential elements of the quality of life. As a consequence, there is widespread undernutrition and malnutrition, prevalence of infectious diseases, high infant and maternal mortality and low

average expectation of life. Although smallpox has been eradicated, there are still other widely spread preventable diseases - tuberculosis, malaria, schistosomiasis, leprosy, diarrhoea, tetanus, whooping cough, diphtheria, measles and poliomyelitis.

9. At the same time, there is a wide disparity between health conditions of people in developed and developing countries. In the developing countries themselves there is a striking disparity between urban and rural areas in patterns of health problems, in access to health services and attendant morbidity and mortality. The limited coverage of the health services particularly of the rural populations, the shortage of essential drugs and the lack of trained health manpower are only some of the main problems of the rural areas.

10. However, despite existing problems and difficulties, despite overwhelming odds and formidable challenges, the unanimity of Member States to work within an agreed policy framework for the specific objective of health for all and to strive to translate these policies into practice in their own country is a major step forward.