Health for No One or Health for All:

The Need for a Unified Effort from the Bottom Up

CHAPTER **21**

History is the long and tragic story of the fact that privileged groups do not give up their privileges voluntarily.

—Martin Luther King, Jr., letter from Birmingham City Jail

The Evolution of Social Responsibility—and Recent Reversals

In the last part of this book we have looked at four initiatives, large and small, which have tried to address the health needs of disadvantaged people in fair and participatory ways. None was without flaws and contradictions. But each represented an alternative, equity-oriented strategy that sought to empower people to address their immediate health problems while simultaneously sowing the seeds for the ultimate emergence of fairer, healthier social structures.

However, each of these initiatives encountered obstacles which can be traced back to the global power structure. Today that structure is so pervasive that it is difficult for any village or nation to chart its own autonomous course toward health and development. We have seen how the deteriorating economic situation of many Third World countries, exacerbated by staggering foreign debt and structural adjustment policies, has further depressed the living standards of poor families and their children. At the same time that real wages are falling, government spending on social services is being ruthlessly cut.

This grim situation threatens to reverse the hard-won social progress that has occurred during the modern era. During the last two centuries the seeds of social responsibility have gradually taken root, along with an emerging ethic of fairness, equity, and well-being to which all people are entitled. Slavery has largely been abolished and racism has lost its legal underpinnings and is less socially acceptable.

Most importantly, during the last century an ethos of collective responsibility gradually emerged whereby those with more than their share of wealth were expected to contribute to the common good and to the welfare of those who have less. In this spirit, progressive taxation was institutionalized to assure that all citizens' basic needs could be met. The communal sense of the extended family—which had shrunk to the nuclear family in the course of Western civilization—reappeared in the form of civic responsibility. As the interconnectedness of all life and events on the planet has become more apparent, there has been growing awareness of the need for an interactive and mutually supportive global community. Today's eco-crises (both economic and ecologic) make the building of a balanced and sustainable global community more urgent than ever.

A major milestone in the evolution of this social consciousness, was the 1945 founding of the United Nations, with its various agencies and its charters to protect vulnerable groups (children, women, refugees, poor people, etc.). In recent decades we have witnessed a gradual shift toward a basic-needs approach to development. In 1978, the Alma Ata Declaration proclaimed that health was a basic human right. The world's nations endorsed Primary Health Care as a strategy to reach the utopian goal of *Health for All.*

However, as the year 2000 approaches, the goal of Health for All grows more distant despite all the high level campaigns to achieve it. It is increasingly evident that the greatest obstacle to achieving satisfactory levels of health is the inequitable global economic order, dominated by the transnational corporations.[48] Because they fail to address this central fact, the health and development strategies promoted by the ruling class are mere bandages on the wounds of social injustice.

As the power structures of the North, in alliance with the elite of the South, have joined in a global united front, progressive alternative health and development initiatives have found it increasingly difficult to survive. Until recently, it was still possible for people in a small community or country to implement alternative health and development strategies that could achieve impressive improvements in citizens'—and children's—well-being. Today such self-determined autonomy has become virtually impossible.

Toward a Healthier Society

There are no easy answers to the question of how to meet the needs of poor and disadvantaged children. It is much easier to analyze the causes of high child mortality than to find workable solutions. Many social analysts agree that to correct the root causes of high child mortality will require nothing short of sweeping transformation of the present social order, both within countries and at the global level.

The underlying thesis in this book is that health for all can only be attained through a more equitable distribution of wealth, resources, opportunity, and ultimately, power. If this is so, how can the sweeping social changes necessary to realize this goal be brought about? Disadvantaged and concerned people around the world are seeking ways to forge an alternative path of development, leading toward a healthier, more compassionate and more sustainable global community. Although there is no road map, let us briefly examine some existing attempts to find a way forward.

History and common sense tell us that people and groups with entrenched interests rarely surrender their privileged positions without a fight. The changes that are needed can only be achieved through an organized popular movement for social change. But given the globalized front of the prevailing economic order, this movement cannot hope to prevail unless it too becomes global in scope. Paradoxically, in order to ensure accountability to its disadvantaged constituency, this movement must remain diverse, decentralized, and locally supported. The slogan, "think globally and act locally," has never been more timely.

In order to be effective, any effort to reduce the mortality and improve the quality of life of the world's most vulnerable groups, including children, will have to be comprehensive and holistic. Citizens will need to address the issues at all levels, from the local to the international, and extending well beyond the boundaries of the formal health sector. The following suggestions for action are drawn from the experiences of various activists, advocates, and community organizers from around the world.

Laying the Groundwork for Change: A Strategy for Health Improvement

- Ensure that measures intended to improve the situation of disadvantaged people encourage their active participation and foster self-determination.
- Take care that such interventions are implemented in ways that facilitate equity, power sharing, and group problem solving.
- Beware of recommendations, technologies, or funding sources that increase dependency, subservience, or unquestioning compliance.

As we have seen, even a stopgap intervention like oral rehydration therapy can be introduced in ways that encourage self-reliance and help people to collectively analyze and solve their problems. The pilot diarrhea control project in Mozambique, involving participatory research by schoolchildren, is a good example. The greater the number of community members—especially those who are most marginalized—who participate in a project's planning, implementation, and evaluation, the more likely it is that they will be able to foster healthful change.

When assessing any initiative, consider not only its short-term impact on health but also its long-term implications for social change. Try to answer the following questions:

- Does this initiative help people to gain greater control of their health and their lives?
- Does it help them to develop the confidence and collective ability to solve their own problems and to stand up for their rights?
- Does it help to equip the most disadvantaged people with analytical, organizing, communication, and other skills that will be needed to defend their rights?
- Does it strengthen the economic base or increase the political leverage of the weakest members of the community relative to the strongest members?
- Does it facilitate or impede the long-term structural changes that are needed to achieve meaningful, lasting health gains?

One of the authors, David Sanders, has outlined a strategy that progressive health workers can follow to lay the groundwork for the transformation of the health sector and of society as a whole:

HOW HEALTH WORKERS CAN LAY THE GROUNDWORK FOR CHANGE

The present model for medical and health services in the South—as it is in the North from which it comes—is determined and dominated by the combined influences of the medical profession, business interests, and the state. Health-care consumers are relegated to the role of passive recipients (objects) rather than active participants (subjects) in decisionmaking related to health.

Clearly, ways need to be devised for changing this relationship of forces. To improve overall levels of health, especially the health status of the least advantaged members of society, community health initiatives need to be part of a wider process aimed at stimulating progressive social change. Granted, the essential character of health care will only be changed when the present economic and political system is transformed. But introducing changes in the balance of power within the health sector—through certain basic reforms—can help to create popular pressure for thorough-going social transformation. Increasing the power of nonprofessionals within the health sector is a necessary part of a struggle for popular control of all areas of society.

Possible approaches to improving and democratizing the health sectors in both developed and underdeveloped countries include:

- *fighting for democratic control over health care by representatives of the majority of the people rather than by appointees of the state; and*
- *weakening the monopoly of the medical profession on medical knowledge, which allows it to maintain control over health care;*
- *limiting the excesses of medical business interests by exposing their operations to the scrutiny of the public*[49]

1. Suggestions for Those Who Are Involved in Community Health Work, or Who Have Any Way of Influencing It:

Community health workers (CHWs) can play a key role in carrying out the strategy outlined above. Health workers are in an excellent position to act as agents of change, especially if they are trained to take an enabling approach, and are given the power to facilitate autonomous decisionmaking in their communities.

A health initiative is more likely to be empowering if CHWs are selected democratically and are sustained or remunerated by the community in which they work. There are two reasons for this. First, the CHW is more likely to feel accountable to the people rather than the medical profession or the state. Second, it is easier for CHWs to demystify and disseminate their skills if community members view them as being "one of us." The local CHW can also help people to analyze their situation and to realize that many of their health problems are rooted in their living and working conditions and other social factors. This empowers community members by enabling them to recognize the sources of ill health.[50]

It is true that the most important role of the community health worker is preventive, but this work should be preventive in the fullest sense of the word. Ultimately, the health worker should help put an end to oppressive inequities, and help her people—as individuals and as a community—liberate themselves, not only from outside exploitation and oppression, but also from their own short-sightedness, greed, and futility. To quote a slogan of the Health Workers Association of South Africa (an independent coalition which helped lead the battle against apartheid), *"The struggle for health is a struggle for liberation."*

2. Suggestions for Teachers, Writers, and Communicators (And We All Are Communicators in One Form or Another):

Become as well informed as you can about the major problems facing humanity, especially those that compromise the health and well-being of children and other

vulnerable groups. Try to see how these problems are related, why the current global social order has failed to resolve them, and what prevents the people who suffer from the inequities of the status quo from openly revolting against it.

You can become better informed about these issues by reading and by conversing with reliable sources. But remember, the mass media will feed you a lot of disinformation. Even where the press is officially free, as in the US, economic realities dictate otherwise. Most of us, for instance, cannot afford to buy access to television, radio or newspapers. The individuals and corporations that own media outlets (which are becoming concentrated into ever fewer hands) are part of the global power structure. Governments and wealthy interests count on the mainstream media to paint a distorted, incomplete picture of reality. (In fact, this is one of the most effective tools of social control that the ruling elite has at its disposal.) Therefore, you may have to rely primarily on the alternative press.

But whatever the source, chew before you swallow. Critically analyze all you read or are told. Consider the source, the author's biases, and whether the information squares with your own experiences and observations, and whether it makes sense.

As you become better informed, share what you are learning with others. Help people begin to ask probing questions such as: "Why do prevailing health and development policies bring neither health nor development for growing numbers of destitute people?" "Why does the gap between the haves and the have-nots keep growing wider?" "In what ways are these trends rooted in the present economic order and development paradigm?" Only when enough people start thinking critically about their current situation can an effective movement for a more equitable, accountable, and democratic system be launched.

At the end of this book, you will find a short annotated reading list on "The Politics of Health." Some of the topics covered range well beyond child survival, primary health care, or even development issues. Yet the social, economic, and political factors addressed in these publications have a far greater impact on child survival and well-being than all of our more narrowly focused health care interventions combined. (For those interested, a more extensive *Annotated Reading List on the Politics of Health*, updated yearly, is available from HealthWrights and the International People's Health Council.)

3. If You Are an Activist, a Community Organizer, a Member of a Group of Disadvantaged People, or a Concerned Citizen Working for Change:

Encourage your neighbors and coworkers to think globally and act locally. Collectively analyze the causes of current hardships and poor health, reflect on root causes and possibilities for change, and explore ways to take collective action. But be prepared for forceful opposition.

Remember, when disadvantaged people—or even members of the middle class—stand up for their rights, they run the risk of triggering a repressive backlash by the local, national or global power structure. After all, the elite are not likely to share or yield decisionmaking control without a battle. Initiating confrontation without sufficient preparation can be disastrous. It is generally wiser to gradually build the group's confidence and skills through an incremental series of non-confrontational activities *before* directly challenging the local power structure. Remember that strength lies in numbers. This is especially true for groups who traditionally have been relatively powerless.

Forge alliances with other groups struggling for their rights.

As we have seen, the world's elite have already joined forces to form a global front: a New World Order dedicated to preserving the inequities of the status quo.

They are pursuing a divide-and-conquer strategy designed to pit marginalized groups against each other. It is therefore essential for people from different socio-economic backgrounds, creeds, ethnic communities, national origins, and areas of interest to set aside their biases and stereotypes, end their feuding, and find common ground. We must learn to respect our differences and work together to realize our shared goal of a healthier social order. All of us who are working for change—progressive health workers, human rights advocates, social reformers, labor organizers, feminists, liberation theologians, environmentalists, and activists working on issues ranging from development to disarmament, from corporate accountability to breastfeeding to rational use of medicines—are fighting the same war on different fronts. This idea is eloquently captured in a quote from Samora Machel, the late president of Mozambique:

> Solidarity is not an act of charity. It is an act of unity between allies fighting on different terrains toward the same objectives.[51]

The Need for a Grassroots United Front for World Health

> *Our historic challenge is to add, sift, stir, spice, knead, and otherwise blend ourselves together, over time, into a genuine people's political power.*[52]
>
> —James Hightower

Given the united front of the global power structure, it is imperative that progressive regional, national, and global coalitions and networks mobilize a broad-based demand for a more equitable, health-promoting world order. Both South-South and South-North coalitions are important.

A number of South-South networks have already formed around issues of health, development, consumer protection, and trade. South-North coalitions are equally essential. Collectives of unemployed, underpaid, homeless, and otherwise disadvantaged groups in the North need to form bonds with oppressed groups in the South, in recognition that their struggles are essentially one and the same. After all, the gap between rich and poor is widening in the developed as well as in the underdeveloped countries. The global trend is staggering. In 1960 the average income ratio of the richest 20% to the poorest 20% of the world's people was 30 to 1. By 1991 the ratio was 61 to 1.[53] Similar forces of exploitation and social control are at work both in the Third World and the First, though they sometimes express themselves in different ways. Therefore disadvantaged and concerned people from all societies need to work together for a common cause.

Al Senturias of the Asia-Pacific Task Force on Human Rights argues that as long as the international financial institutions dictate—and self-seeking government officials implement—policies that cause massive unemployment, unjust low wages, and loss by peasants of their control over land and resources, there will never be improvements in the rights or health of our peoples. As the Piaxtla health team and many others have done, Senturias notes the global forces that increasingly violate or obstruct local self-determination. And he stresses the need for a united struggle for healthier social structures, from the bottom up:

> We have seen that as soon as people organize themselves, as soon as they get together, as soon as they demonstrate and march together, they also get the iron hand of the government, again following the dictates of these unjust economic and political structures that are dictated and abetted by the IMF and World Bank.
>
> You cannot talk about human rights [or health rights] for all, as long as the neo-colonial hold on the economic and political structures in the Third World remains untouched.
>
> In order to guarantee that human rights are respected, we have to collectively mobilize the strengths of entire peoples, not through a coup d'état or some political party coming to power in one country or other. It means the education and mobilization of the entire population in order to transform society so that the society will truly be in the hands of the people. Only in this way will the people themselves be able to decide their own future and come to enjoy the rights that are due them, to have dignity as human beings.[54]

In many parts of the world—especially in the South—activists, members of popular health movements, and grassroots organizers are likewise concluding that, "We have to collectively mobilize the strengths of the popular majority." In order to change the course of development so that it responds to the needs of all people, more people need to strongly participate. This means that today's dangerously undemocratic global power structure must be replaced by a truly participatory democratic process.

African Social Scientists Unite in Favor of an Equity-Oriented Alternative

On no other continent is the mo unting crisis in health and development more severe than it is in Africa. In a paper titled "From Development to Sustained Crisis: Structural Adjustment, Equity and Health," the authors, who are social scientists and health workers, argue that:

> The economic crisis in sub-Saharan Africa cannot be understood outside the context of the legacy of colonialism and class formation. Structural adjustment programmes serve to exacerbate inequalities and threaten to reverse the social gains of the majority achieved through the struggle for independence. Under such circumstances social scientists have a social responsibility to take a stand against the current policies that have led to an unprecedented decline of the health status of the poor; their skills must be put at the disposal of the oppressed with a view to giving voice to the experiences and needs of the majority.[55]

In keeping with the above commitment, at the first Regional Conference of Social Science and Medicine, social scientists and health workers from various African countries formulated what has become known as the Ukunda Declaration.[56] The Declaration covers, in brief, much of the analysis we have included in this book, and ends with a call for sweeping structural change. Because it presents such an excellent summary of much of what we have tried to say, and because it is such an important early step by concerned professionals to take a united stand in favor of an alternative development strategy based on social justice and human needs, we include the Ukunda Declaration in its entirety:

THE UKUNDA DECLARATION ON ECONOMIC POLICY AND HEALTH
13th September 1990

1. Africa's recent colonial history, experience of capitalist underdevelopment, and more recently recession, debt and the impact of structural adjustment policies (SAPs) have severely affected the health status and survival chances of the overwhelming majority of the population. There is accumulating evidence that the current economic crisis and attendant responses (including SAPs) have severely hampered the ability of Africa's people, especially "vulnerable groups," to maintain their already inadequate living standards and minimal access to effective health and social services. In addition, the gains of independence have already been largely eroded.

2. It is well recognized that health (and disease) experience is the outcome of social, economic, political and cultural influences. Much historical evidence exists to show that without sustained improvements in socioeconomic conditions and consequent standards of living, advances in health are unlikely to be achieved and maintained.

3. Both as a result of the economic crisis and as a consequence of the SAPs, there are growing sections of the population who have become marginalized, disempowered, and are increasingly unable to meet their basic needs. These are primarily low paid workers in the formal and informal sectors, a growing stratum of rural producers. Within these groups, it is women and their dependents who have been most adversely affected. In short, the greatest burden of these economic policies is being borne by those least capable of shouldering it.

4. In response to this crisis, there has been increasingly widespread popular opposition in the form of food riots, strikes, and other forms of protest. Advocacy initiatives such as UNICEF's *Adjustment with a Human Face* and the World Bank's *Social Dimensions of Adjustment*, have manifestly failed to address the underlying structural causes and have not even succeeded in their objective of mitigating the effects of SAPs. Worse still, these initiatives may have contributed to obscuring the fundamental bases of this crisis, and thus further disempowered the most vulnerable.

5. The core of these "recovery" programmes posits export-led growth as a strategy not only for resolving the short term economic crisis but also for creating the basis for future sustained development. The experiences of the

last decades demonstrate—even during the long post war boom—the hollowness of this model. Indeed the pursuance of this approach even in the rich countries, is leading to increasing stratification and the impoverishment of significant strata within societies. Moreover, the unprecedented accumulated debt, particularly of the USA, underscores the bankruptcy of this approach and furthermore, cynically shifts the real burden of this debt to the underdeveloped world through the agency of the IMF and the World Bank, to maintain the value of the dollar and the high standard of living of the American middle class.

6. These policies have been implemented through the (sometimes unwilling) agency of African governments. While these policies have had disastrous effects on the majority of Africans, a few have benefitted inter-alia, from trade liberalization, currency devaluation, and reduction in the value of real wages. Moreover, these groups have been relatively unaffected by sharp reductions in social sector spending because of the existence of alternatives—e.g., private sector health, education and welfare services.

7. Within the health sector itself, important and promising initiatives such as primary health care (PHC) have not escaped the influence of "adjustment" to the present reality. Programmes such as the child survival initiative have been interpreted in a narrow and overly technical way, and in many countries have been reduced to limited, vertical and often externally funded immunization and rehydration programmes. Even such limited interventions have been hampered in their implementation by the effects of the economic crisis —lack of transport, spare parts, equipment, vaccines, drugs and now even salaries. This situation has led to the devising and promotion of such initiatives as "cost sharing" and the "Bamako Initiative" which putatively seek to generate income to "improve the quality of services" and foster "community participation" in PHC. It is already becoming apparent that such programmes are further aggravating inequity, particularly since the distinction between willingness and ability to pay has not been addressed in policy formulation. Although the implementation of such programmes will save costs in the public sector, it is clear that the economic crisis and SAPs have resulted in the rapid expansion of the private sector where foreign exchange consumption for often irrational importations (unnecessary, expensive patent drugs for the least needy) dwarfs the income generated through cost sharing initiatives in the public sector.

8. These limited technocratic and piecemeal approaches in the context of the crisis have led to unprecedented and disturbing demographic changes. While reductions in infant mortality (probably temporary) have been achieved in some countries, morbidity and malnutrition rates have increased in most sub-Saharan African countries and in some where the recession has been most severe, even mortality rates have started to rise. Additionally, the crucial social mobilizing content of the PHC initiative which holds the solution to some of these problems, appears to have been lost.

9. Clearly the long term solution to this crisis will require fundamental structural changes at national and international levels. It is suggested that inter-alia, the following policy options be seriously considered:

    - diversification of the productive base away from the legacy of the colonial past
    - development of indigenous technologies
    - emphasis on regional self-sufficiency in food expenditure switching towards agriculture and social sectors
    - environmental protection establishment of a debtor's club that could in a united way argue from a position of relative strength for debt repudiation

The adoption of the above policies will require political will on the part of African governments. The best guarantee of such bold initiatives is the sustained pressure from the majority who have been so adversely affected in this crisis. For this process to be initiated and maintained, fundamental democratization of the political and social structures is a prerequisite.

10. A minimum responsibility of health and social scientists is to facilitate the above enterprise. While there are a number of areas where research is necessary, it is our firm belief that for any research to have any operational or political outcome, the objects of research must become the subjects. Thus the definition of the research agenda and its implementation and utilization must result from a democratic dialogue between researchers and those most affected by the current crisis. Research areas should include a focus on the evolving impact of the economic crisis and SAPs on:

    - living conditions of those most affected.
    - the development of cost recovery programmes and their effects on equity in health service access, utilization and quality.
    - social stratification, integrity and social violence.
    - social organizations and community responses in health and development related areas.

Among other actions, progressive groups must endeavor to restructure, realign, and then empower the United Nations—including WHO, UNICEF, UNDP, and the World Court—to speak out against the global obstacles to health and well-being. It is urgent that such bodies as the United Nations and nongovernmental organizations take a united, nonaligned stand for the rights of all people—even if this means defying Washington and big business and thereby suffering drastic cutbacks in their present budgets.

With the goal of working toward a healthier global community, a wide range of international groups and networks have been forming. Their activities focus on concerns as diverse as human rights, women's and children's rights, minority and indigenous rights, disability rights, poor people's rights, workers' rights, civil rights, immigrant and refugee rights, gay rights, and legislative and penal reform, as well as concerns related to health, development, education, communications, environmental protection, alternative economics, fair trade, arms control, and watchdogging of the various multinational industries, UN organizations, and the international financial institutions. Organized action around each of these concerns is important for building a healthier, more equitable social order. But since all these concerns are interrelated—and strength comes through unity that respects differences—alliances and solidarity need to be formed between these various networks and movements.

Two broad-based networks with which the authors are most familiar are the *Third World Network* based in Malaysia, and the *International People's Health Council (IPHC)* based in Nicaragua. The idea for the IPHC grew out of a meeting on "Health Care in Societies in Transition" in Managua, Nicaragua in December, 1991. The founders are health rights activists and leaders of progressive community health programs from Africa, South East Asia, the Far East, and Latin America. The IPHC has close links with the Third World Network (TWN) and a sub-group of the TWN called the People's Health Network. The primary authors of this book, David Werner and David Sanders, are the IPHC regional coordinators for Africa and North America, respectively.

THE INTERNATIONAL PEOPLE'S HEALTH COUNCIL

What is it? The International People's Health Council is a worldwide coalition of people's health initiatives and socially progressive groups and movements committed to working for the health and rights of disadvantaged people … and ultimately of all people. The vision of the IPHC is to advance toward health for all--viewing health in the broad sense of physical, mental, social, economic, and environmental well being. We believe that:

Health for All can only be achieved through PARTICIPATRY DEMOCRACY (decision-making power by the people, EQUITY (in terms of equal rights and everyone's basic needs), and ACCOUNTABILITY of government and industry, with strong input by ordinary people in the decisions that effect their lives.
The policies of today's dominant power structures--tied as they are to powerful economic interests--have done much to precipitate and worsen humanity's present social, economic, environmental, and health crises. Those who prosper from unfair social structures are resistant to change. They also have vast power and global reach. So today, changes leading toward a healthier world order must be spearheaded through a worldwide grassroots movement that is strong and well-coordinated enough so it can force the dominant power structures to listen and finally yield.

The IPHC intends to facilitate sharing of information, experiences, methods, and resources among a wide range of persons and coalitions involved in community health work who are oriented toward empowerment and self-determination. Its goal is to contribute toward a broad base of collective grassroots power which can have leverage in changing unfair and unhealthy social structures at local, national, and international levels.

Who can participate? The IPHC has no formal membership. It is an informal coalition of persons and groups who identify with its objectives and wish to participate. Although most of the founding members of the IPHC are from the South, we feel the IPHC should be a South-North network, including grassroots struggles for health and rights of the growing numbers of poor and disadvantaged people in both underdeveloped and overdeveloped countries.

If you want to learn more about the IPHC, its plan of action, future meetings, publications, or if you want to join the network or help out either on projects or with donations, please contact:

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Conclusion: The need for a "Child Quality-of-Life Revolution"

As we have discussed, the Child Survival Revolution has failed to reduce child mortality to acceptable levels. It has accomplished even less in terms of improving impoverished children's quality of life, which continues to deteriorate. Millions of children live in deplorable circumstances, lacking access to adequate food, water, health care, and other basic necessities. Even as the wealthy are suffering from the diseases of excess, poor children are ravaged by chronic undernutrition that stunts their bodies and their minds. Meanwhile, the gap between global haves and have-nots continues to grow, as does overconsumption of world resources and environmental destruction. (Between 1987 and 1993, the number of billionaires in the world more than doubled, from 98 to 233. The richest 101 individuals and families now control wealth valued at $452 billion. This is more than the total yearly income of the entire population of India, Pakistan, Bangladesh, Nigeria, and Indonesia combined, comprising more than one fourth of the world's population.)[57]

What can be done to guarantee that all the world's children not only survive, but are healthy in the fullest sense of sustainable physical, mental, emotional, and social well-being? What the world's children desperately need and deserve is a *Child Quality-of-Life Revolution*. Such a revolution must go beyond Selective Primary Health Care and quick-fix technologies. It requires a comprehensive strategy that extends beyond the health sector and combats the structural causes of poverty, malnutrition and poor health. It must promote a model of development that gives higher priority to meeting the basic needs of the poor than to fueling economic growth that benefits only the rich. Such a model must assure that all families have an adequate livelihood (either land to work or jobs with fair wages and safe working conditions). The health sector must work closely with other social and economic sectors, to assure that the needs and rights of women, children and other vulnerable groups are put first, not last.

To promote sustainable health, all children—and especially girls—must be encouraged (and enabled) to attend school. The full cost of their education should be funded through progressive taxation (not through user fees, which penalize the children of the poor). Also, schooling needs to become more relevant and more empowering. It should help children learn basic survival and coping skills, as well as the more sophisticated problem-solving and organizational skills needed to collectively analyze and act upon the conditions that shape their lives.

In short, a health strategy that seriously seeks to improve children's quality of life must be acutely and astutely political. The structural changes needed for a health-promoting society are only likely to be realized through sustained demand from an informed and organized populace. Hence health education must be comprehensive in an ethical, political, and organizational context. Awareness-raising educational materials, adapted to be accessible and exciting to persons with little schooling, need to be developed and made widely available. These materials can nurture problem-solving skills to enable communities to meet short-term health-related needs. But they can also provide analytic tools for seeking solutions to more fundamental long-term needs. They can help people analyze for themselves the local and global causes of poor health.

Above all, a comprehensive approach to health and development will encourage disempowered people the world over to unify and take a stand, demanding accountability of governments, of the UN (including WHO and UNICEF), and of the international financial institutions. Only when global decision-makers and planners are accountable for their actions through a process of participatory democracy can we realistically hope that the basic needs of the world's children will be met.

Achieving an equitable social order conducive to health will require nothing less than a worldwide uprising—a global nonviolent revolution. We can work toward such global solidarity through a two-step process. The first step is to act at the local level, where we can help to increase people's awareness of the causes of their day-to-day hardships and help them formulate strategies to improve their immediate situation and defend their rights. The second step is to link these local initiatives to broad national and international coalitions. To stand a chance of success, this "people's health movement" must be as global as the system it seeks to transform.

The struggle that lies ahead will be an uphill battle against daunting odds. But, win or lose, the struggle itself—with the friendships, shared experiences, insights, and personal growth it brings us—is worth the effort. We must not give up. The accountability of tomorrow's leaders and the well-being of today's children depend on our united efforts.