

Image--reality cleavage in development goals

Mburu, FM

<http://hinari-gw.who.int/whalecomwww.ncbi.nlm.nih.gov/whalecom0/pubmed/3086980>

<http://erepository.uonbi.ac.ke:8080/xmlui/handle/123456789/31129>

Date: 1986

Abstract:

Within a relatively short time since its inception a lot has been said on the concept of 'Health for All' (HFA). Its meaning and implications have been explored from various angles. Some have praised the idea as the very one we have been waiting for to improve health more effectively. Others have been sceptical. A few, particularly the hard core clinicians and laboratory-oriented health professionals, have been cynical. The overall outcome from the different viewpoints has been almost irreconcilable contradiction. HFA ideas will definitely work, say the proponents; if only we can objectively analyse the meaning and import of HFA, we could select what is feasible and reject the rest, advise the sceptics; HFA, insist the conservative and radical sceptics, is a terminological hotch-potch loaded with so many inexactitudes that the idea lacks direction, feasibility and acceptability even among the ranks of the majority of its proponents. Consequently, planning for HFA has been rather lacklustre in most countries. Failure is often hidden in obscurantist masses of data manipulated to support whatever position is sought to suit the desired situation. Curiously, while there is no dearth of experts on the meaning of data, the reliability of some data leaves much to be desired, their sources and method of collection being as peculiar as the results they imply. But, if the source is unreliable, so must be the outcome. What, then, is HFA and what are the needs to be met?