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Introduction by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to  
Jon Rohde Book

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Many greeted the call for Health For All by the year 2000, first enunciated in the WHO/UNICEF meeting at Alma Ata in 1978, as unrealistic development rhetoric. Experience in the 1970s had shown that primary health care based in the community and relevant to the most common and pressing needs of the poor was indeed possible. The 1980s saw an accelerating pace, with an expansion of community activities, larger scale national projects, nationwide programmes reorienting priorities to emphasize primary health care, and the emergence of global programmes focused on the most pressing needs of immunization, diarrhoeal disease, family planning, and nutrition. These have amply demonstrated both the need to involve the community and the potential for achievement when social action and mobilization actually occur. The success of these expanded efforts in health led, in the year 1990, to the World Summit for Children, the largest ever gathering of world leaders, who committed themselves to a decade of hard work and ambitious goals that provide both the formula and a recommitment to the achievement of Health For All by the end of this decade. These ambitious goals form a development agenda on human issues unprecedented in world history.

The global challenges of the 1980s culminating in unforeseen and unprecedented economic and political changes in 1989-1991 have led to an even

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greater need than ever for the establishment of social safety nets. In countries undergoing structural adjustment processes or where centrally-controlled political and economic systems failed, large populations have been left exceedingly vulnerable. While market forces may be acknowledged as the best guidelines for economic activities, it is well recognized that public programmes are required to protect the most vulnerable members of society and to ensure the basic investments in people required for truly equitable and healthy development. This book provides an in-depth view of the strategic and operational issues underlying the quest for Health For All. Through more than 20 case studies, it illustrates the tensions and trade-offs between the array of options that face any decision-maker attempting to efficiently allocate limited resources to improve the health of millions. The choices are difficult but critical, for it is the balance of these choices faced daily by policy-makers that will determine both the efficiency and equity of the outcome. These case studies are relevant to practitioners and students of public health, to managers, workers, and teachers who wish to understand, design, and run the programmes of the 1990s.

Above all, this book shows the hope and promise that indeed Health For All can be attained. The cases amply demonstrate the power of community action, the potential of grassroots health workers and their relevance and acceptance by the communities they serve. It shows how countries can afford essential primary health services which are effective, efficient, and equitable. It shows that global effort amply supported by mobilization of modern communication, political will, and socially committed constituencies can accomplish things the sceptics said could never be done. This valuable book details the issues and the means by which reaching Health For All can become a possible dream in our time.