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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
XIII World Conference on Health Education:
Participation for All in Health

"The Education – Knowledge – Road to Health for All"
Strategy for the 1990s
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Opening Address by
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XIII WORLD CONFERENCE ON HEALTH EDUCATION

HOUSTON
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Closing Address by
JAMES P. GRANT
Executive Director
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The Education-Knowledge-Road to Health for All Strategy for the 1990s

Address by James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)

We are gathered in Houston at one of the most exciting times for health in all history. Despite the problems we see in so many developing countries, particularly in Latin America and Africa, we can now see the potential for greater improvement in health over the remaining years of this century than in any comparable period in history—greater even than the golden period between 1950 and 1980.

We have heard some important messages at this conference on how this health road might best be travelled. The scene was set by Dr. Hiroshi Nakajima, Director-General of the World Health Organization (WHO), at the opening of this conference. He provided the anvil on which we have all been able to pound.

Momentum on the education – knowledge – road to health

You all know the most important of these messages.

First and foremost, we have the **knowledge** today that could, through low-cost means, prevent the majority of premature deaths in the world. This unprecedented potential is most dramatic in regard to children.

As Dr. Nakajima said,

> "We must recognize that most of the world's major health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but they have to be transformed into effective action at the community level. Parents and families, properly supported, could save two thirds of the 14 million children who die every year – if only they were properly informed and motivated. Immunization alone could save three million lives – and another three million deaths a year could be prevented by oral rehydration a simple and cheap technology. A recent report by the US Surgeon General indicated that diet and food habits are implicated in two thirds of all deaths in the United States. A study just completed in India has shown that about 600,000 Indians

die from tobacco-related diseases a year; the world-wide total, as estimated by WHO, is 2.5 million deaths per year.

"We know conclusively that no smoking, careful driving, appropriate dietary habits, low salt and fat intake, no more than moderate alcohol consumption and physical exercise, will have a profound impact on the health of every individual, including the elderly. An apt slogan, 'AIDS – don't die from ignorance', can be applied to practically every other health problem."

Dr. William Foege brought us very much the same message on Wednesday. In short, there is the potential for a virtual revolution – globally – in health in the remaining years of this century, particularly with regard to children.

Second, an important factor in making this revolution possible is the recent **advances in knowledge**, ranging from scientific breakthroughs, such as the development of the measles vaccine and the invention of ORS in the 1960s to a better understanding of the negative impact of smoking and alcohol abuse on health, and of the beneficial impact of breast-feeding.

Third, and extremely important, is the tremendous improvement in the **capacity to communicate**, and through communication, first to inform and to empower people with knowledge, so that they know about the importance of immunization, breast-feeding, and not smoking, and second, to **motivate** the change in behaviour. This change in behaviour is more likely if the user has participated – has a sense of ownership – as we heard yesterday, in social mobilization for change.

Fourth, the process of **empowering people with knowledge**, and motivating them to use it is a responsibility of all parts of society, and to which every element of society can contribute.

There is an important role for national leaders, both in executive and legislative branches; for community leaders, be they teachers, priests, or leaders of NGOs such as the Rotary and women's groups but also for individuals.

Individuals have played a very important role in the United States, for example, in the shift from smoking and towards breast-feeding. Millions of individuals were ahead of the Government in both of these illustrative areas.

Finally, among the most important messages at this conference is this: that possibly the greatest role for health educators is to be the brokers – the catalysts – in encouraging all groups in society, at the national level as well as locally at the community level, to participate in improving health through empowerment of people with knowledge and promoting behavioural change. As Dr. Nakajima noted, the impact of effective health education and social mobilization at the community level can be greatly enhanced, can be multiplied, if the nation as a whole and its leaders in key sectors such as

politics, religion, mass media, education, and the NGO community become actively involved.

Health educators should be tremendously encouraged by what has happened in the past five years. We are experiencing the beginnings of what could become the greatest era for health in history if enough individuals, including particularly health educators, will provide **leadership**.

In the industrialized countries the most dramatic example of this is in smoking – in North America, the Nordic countries, the United Kingdom, and several others. In Eastern Europe it is progress in reducing the tremendous toll from alcoholism.

In the developing world, by far the most dramatic example of what is happening is in the revolution for child survival and development.

Thus, at the start of the decade, some four million children were dying each year from vaccine-preventable diseases. Today it is possible to talk about saving the lives of well over one million children a year as a result of recent programmes, and, as 1990 approaches, the prospects for achieving universal child immunization (UCI) by that target date are realistic indeed.

With regard to control of diarrhoeal diseases, where there were some five million young children dying each year at the start of the decade, we can see that the lives of nearly a million children a year are being saved.

A 'Grand Alliance'

All of this has been possible because of the gathering of a 'Grand Alliance' for the health of children, joining together with you of the traditional health sector.

Who are your emerging new allies? A selective list of some who have already proven their allegiance includes: The League of Red Cross and Red Crescent Societies with their "Child Alive" programme; the Rotarians with their PolioPlus programme; the Jaycees with their initiatives in the control of diarrhoeal diseases in countries around the globe; professional societies such as the International Pediatrics Association; religious groups such as the Catholic Church, the Islamic Center at El Azhar University; Buddhists; Parliamentarians – both within their own countries, such as we saw with the joint resolution of the US Congress in 1983 endorsing the child survival and development revolution (CSDR) and their creation of the Child Survival Fund, and internationally, with the Global Parliamentarians on Population and Development. Just 10 days ago in Japan more than 100 parliamentarians from all parties established a support group for children and UNICEF.

These alliances are particularly emerging on national scales. Colombia was the first example. And it has extended throughout the world. The power of this can be seen even in countries in conflict – in Afghanistan, El Salvador, Lebanon. In each of these, it has been the mobilization and par-

ticipating approaches we have discussed here which have made these historic health advances happen.

The pioneering Colombian example began with leadership from the top to persuade all sectors of society to participate. Then-President Betancur mobilized the co-operation of the media, including the leading opposition press, and he recruited the Church and the Red Cross, the Rotarians and Lions, Scouts, schoolteachers, business people, and all of his government ministries into a grand alliance for Colombia's children.

Together, they set out to do what had never been done before in history. In one three-month period, through three national immunization days, a nation mobilized to immunize the great majority of its children against five major diseases then killing and crippling tens of thousands of Colombian children each year. There were more than 10,000 TV spots; virtually every parish priest devoted several sermons to the importance of families immunizing their children; and every schoolteacher was involved. President Betancur and other leaders personally immunized children.

The campaign began in June 1984. By the end of that August, more than three quarters of the under-fives had been fully immunized. For the children of the world, with more than 10,000 dying each day from these six diseases, this unprecedented accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

Colombia illustrates the use of communications with a vengeance. The results demonstrate how we can defend children against these brutal mass killers and cripplers, if only we fully mobilize to do so. The great majority of Colombian children now have been immunized and a significant start has been made in teaching millions of mothers how to use oral rehydration therapy (ORT), thereby saving the lives of more than 10,000 children a year who would otherwise have died.

So many children were reached in 1984 and 1985 that the 'campaign' approach has been able to give way to the ongoing primary health care infrastructures which have been vastly bolstered by intensive and complementary follow-up efforts. The primary school curriculum has been drastically revised to emphasize health education, and all high school students have to contribute 100 hours of 'health scout' service as a pre-condition to receiving their graduation certificates. Television and radio spots and promotions now have a continuing supporting role. The Catholic Church has introduced a training programme for priests; pre-marital counselling now includes health care of children — on immunization, ORT, etc. — as a major component. And, of course, all these measures have resulted **not** in higher costs for government services, but in the **saving** of many millions of dollars — as well as saving the lives of more then 10,000 children yearly and preventing the crippling and wasting of many thousands more.

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Colombia's pioneering success has been joined by literally scores of countries.

Among these, another dramatic example is Turkey. Again, a major child survival revolution was begun with a UCI effort. In September 1985, both the President and the Prime Minister helped launch the first of three national immunization weeks to protect five million young children against the six diseases which in 1984 took the lives of more than 30,000 Turkish children, and crippled tens of thousands more. With more than 50,000 Moslem *imams* taking the lead in each mosque (just as priests had in their churches in previous campaigns in other parts of the world); with the active participation of 95,000 village teachers (who returned from summer vacation two weeks early for the purpose); and with the local leadership of all 67 provincial governors and the help of thousands of radio and TV spots, some 85 per cent of all young Turks were fully immunized against these dread diseases by winter snowfall. No country of Turkey's large size (more than 50 million population) had ever accomplished so much for children in such a short period of time. Since that first ground-breaking campaign, the social mobilization approach has been extended to encompass ORT, means for coping with acute respiratory infections, family playing and *Facts for Life* (which I will refer to further in a moment).

One of the most remarkable aspects of the Turkish initiative in 1985 was its financing. The immunization programme cost US$29 million, of which less than US$4 million was actual cash expenditure. Even of that portion, the majority came from UNICEF and other external sources such as Rotary International and USAID, with the result that the **outlay by the Turkish Ministry of Health amounted to no more than US$1.6 million**, and that was largely accomplished by a transfer of previously obligated funds from other departments of the Ministry. The other US$25 million summed up the value of donations such as free television time, sports benefits, volunteer time (I believe even my own time was calculated in that!) and other benefits that accumulate when a programme 'piggybacks' on an existing system.

Such examples are far from alone. In Africa, seven sub-Saharan and four North African countries, with a population totalling over 100 million, have already achieved the 75 per cent immunization coverage goal set by African Health Ministers. Another two countries have achieved it in all but measles, and others appear to be but a few months from meeting the mark. Major cities such as Addis Ababa, Algiers, Cairo, Dakar, Harare and Maputo have not only reached their immunization goal ahead of schedule through massive social mobilization efforts, but they have achieved levels of immunization for infants under one equal or superior to those of New York City and Washington, D.C.

Allies for child health are gathering on regional levels, too, as we have

seen in Central America, where the six Heads of State of the region appeared together on television on World Health Day in 1986 to launch an effort aimed at reducing 100,000 child deaths annually to 50,000 by the end of 1990.

Similarly, the South Asian Association for Regional Co-operation (SAARC) summit in November 1986 issued its landmark Declaration on Child Survival, which was reaffirmed in 1987. And the Organization of African Unity (OAU) summit meeting in 1987 declared 1988 as the year of the African Child and adopted a Declaration on Child Survival and Development; this year, OAU invited the Executive Director of UNICEF to address its 25th anniversary summit meeting and adopted three further resolutions related to children.

This year also saw the Moscow summit meeting of US President Reagan and USSR General-Secretary Gorbachev in May produce a joint comimnique with but one reference to development issues:

> "Both leaders reaffirmed their support for the WHO/UNICEF goal of reducing the scale of preventable childhood deaths through the most effective methods of saving children. They urged other countries and the international community to intensify efforts to achieve this goal."

And, very important, there is effective collaboration at the global level between the principal institutional actors – the international agencies, the bilateral aid agencies and the key ministries of the recipient countries. This was first institutionalized at a meeting at Bellagio, Italy, in March 1984, sponsored by WHO, UNICEF, the World Bank, UNDP and the Rockefeller Foundation, which created a permanent secretariat – the Child Survival Task Force, with Bill Foege as its chief. The principals have met twice to review progress and discuss issues since the initial meeting at Bellagio – first at Cartagena, Colombia, in November 1985, and then at Talloires, France, in March 1988. The Declaration of Talloires, adopted by consensus, begins with the statement:

> "Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability of financial support and appropriate technologies."

It is because of the momentum of this gathering alliance – because of this massive mobilization to educate and support people – that we have been able to say that in 1987 the lives of two million young children were saved

as a result of two interventions alone – immunization and ORT. It is likely that this will increase to 2.5 million in 1988, with the goal of seven million by the year 2,000.

Progress on child survival has also facilitated progress on the drafting of the Convention on the Rights of the Child, first proposed in 1979. Prospects look very hopeful for adoption of the Convention by the United Nations General Assembly in the fall of 1989 – a fitting commemoration of the 10th anniversary of the International year of the Child. Its subsequent ratification by countries should contribute greatly to the Grand Alliance for child survival.

Finally, plans are under way for an Alma Ata type conference for achieving 'Basic Education for All'. Sponsored by UNESCO, the World Bank and UNICEF, this conference will be held in the fall of 1989.

One result of all of these new developments is that issues related to child survival and development have shifted to a new level in the perspective of societies, i.e. championing the causes of children is becoming very **good politics** for national and local leaders. This greatly increases political will to support child survival programmes even in difficult economic circumstances.

For health educators, this vast world-wide changing condition opens up whole new vistas of opportunity.

How do we take full advantage of this new situation?

The role of health educators – agents of change

This health revolution can be brought about. It is not a fanciful theory. But along with this historically unique capacity comes a tremendous responsibility and challenge. For it will come about **if** – and only if – we are willing to use the new resources at our disposal. The new resources are **ourselves**; they all involve '**people-power**'.

What, specifically, can health educators do? As we complete this week of brainstorming and exchange of ideas, a plethora of messages tells us to change our own behaviour in order to become more effective 'agents of change'. These few, I believe, are the keys to the next phase of a health movement which could shift the well-being of people from all walks of life, and from all corners of the globe.

You can:

A. Aim your messages at **change in behaviour** when you are communicating on health topics, or designing communication on health topics. This may seem quite obvious, but all too often – whether it is a class with a group of mothers learning health practices, an appointment with a minister of health to design strategy, or an interview with the media – precious and limited time with a target audience is lost on a wrong or ineffective message. When you want a new health practice to be adopted:

1) **Convince people to adopt the new behaviour.** That is the first step.

To accomplish it, it is essential to have listened, to know their concerns and to involve them.

2) **Make sure they know how to apply it correctly.**

3) Last — and this is another area in which it is essential to know people's concerns — **find out what impediments stand in the way of actual adoption of new health practices, and organize support to overcome them.** For example, in order to enable working mothers to breast-feed the proper length of time, adequate child care must be available. It is a sad commentary that women need extraordinary support on this issue in the wealthiest countries in the world as well as in the poorest.

B. Solicit participation in health education programme from a vast array of potential 'allies' for better health: religious structures with their priests, imams and rabbis; the media; NGOs such as Rotary, the Jaycees and the Red Cross; the school system; political figures such as Parliamentarians and mayors; and businesses and commercial entities with their outreach to every village. And do not be afraid to **speak out** among local leaders, and advocate powerfully.

To create this Grand Alliance, however, there must be an agreed set of messages to communicate. I am very pleased, therefore, to be able to share with you today that, in the task of bringing basic health knowledge to those who need it most, this conference has been privy to a major step to be taken later this year with the publication by WHO, UNICEF and UNESCO of a collection of 55 priority messages on 10 themes under the title *Facts for Life*. Advance copies have been available in the exhibition area here. *Facts for Life* contains, in message form, the most important information now available to help parents protect their children's lives and growth. That knowledge — organized under 10 topics such as the timing of births, the promotion of growth, the feeding of young children, the prevention of illness; (including diarrhoea and AIDS), the technique of oral rehydration, and the importance of full immunization — is knowledge on which there is world-wide scientific consensus; it is knowledge on which most parents can act; and it is knowledge which has the potential to reduce drastically child deaths and child malnutrition. It is therefore knowledge which every family, by right, should have.

Facts for Life has made a special effort to represent this in information messages which can be understood by all. Although the ultimate recipients are the families who must actually use the knowledge, the more immediate target is the broad spectrum of communicators of all kinds — community workers and groups, health and medical educators, and all those who can help to put today's knowledge at the **disposal** of todays'

parents so that it can actually be used to save the lives and improve the health of those previously unreached by such benefits of modern progress. *Facts for Life* is, especially, a primer which health educators can use to teach.

C. **Vigorously pursue linkages between the health sector – especially health educators – and the media.** Design plans for the co-ordination of television and radio health programming in conjunction with national health campaign, and convince those who control the media to adopt such programming.

D. **Request budget resources** for information/education/communication (IEC) activities and advocate the importance of including formal IEC components in the health education programme at all levels – community, national or regional.

E. **Train** local leaders and volunteers to educate and mobilize their own communities, and, as Dr. Nakajima said, strengthen the training of health educators as well. Press medical schools to make their education of doctors more relevant to their communities.

F. Insist that communities make **supporting services** available, so that people are facilitated in using their life-saving knowledge (e.g. vaccination services must be accessible to the motivated parent).

G. As Dr. Nakajima pointed out, we must embrace all the modern tools of communication and social action for health education.

H. Finally, support the development of a new ethic which finds it unconscionable to allow millions to die prematurely from readily preventable causes. If the equivalent of Hiroshima's nuclear destruction of a city occurred every three days, the world would deem it unconscionable. Why not, then, for child deaths?

We are **beginning** to close the vital gap between readily available low-cost knowledge and technology and its actual **use** by those for whom it will make the vital difference. It has long been acknowledged that a major challenge to health professionals is to make existing techniques available to those removed from the channels of easy access, or, as stated in the Declaration of Alma Ata, "The use made of medical knowledge depends on social organization". The 1980s have seen major strides in meeting this age-old challenge after an excellent base was laid for primary health care

at Alma Ata in 1978. Can you, in your role of leadership in the field of health education, channel the benefits of progress and momentum now evident at the international level into efforts in your own countries and communities which will contribute to achieving the United Nations goal of Health for All — particularly including children — by the year 2000?

Indeed, breakthroughs in public health in the 1980s — from reductions in many countries in smoking, alcohol abuse and heart disease to the truly astounding reductions in child mortality — indicate that there is a miracle in the making, and we are participating in it together. 'Agents of change' are those who move an issue from the realm of good ideas to the realm of common practice. They are the leaders who see that all of the steps necessary to go that crucial distance are taken. I urge you to assert that leadership role — to become even more active as agents of change for the children — and the future — of the world.