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IMMUNIZATION - NEW HORIZONS
A DIALOGUE BETWEEN EXPERTS AND JOURNALISTS

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I would like to pose the topic we have today - "Immunization: new horizons" - a little differently: "Immunization: can it be the trojan horse of primary health care?", for immunization is clearly not an end in itself, important as it is.

The important role of communicators

(a) Health through knowledge

In this general discussion, one of the key questions is how to use the knowledge we have to improve the health status of populations. It is very clear that if one looks forward to the next twenty years, the next great frontier or advance in the health of people will not be achieved through new technology, but through information that empowers them. This is as true in the industrial countries as it is in the developing, and it is why your role here is so important.

This was driven home to me most graphically at a session at the Centers for Disease Control (CDC) in Atlanta in May 1983. It was William Foege, the former director of CDC, who then said that to add one year to the life of the average American male through medical means would take tens of billions of dollars. But more than ten years could be added to the life of the average American male through four costless measures. First, stop smoking - at that time nearly 1,000 American men were dying prematurely every day because of smoking. Secondly, cut down alcoholic consumption. One just has to look at the carnage on the highways to see the consequences of alcohol. Thirdly, diet - reduce the amount and adjust the quality, the balance of fats and fibre. Fourthly, take moderate exercise.

Today, in hospitals in industrial countries, three out of four beds are occupied by people with diseases that are essentially preventable through the empowering of individuals. This is equally true of the older diseases of the developing world.

The single biggest killer of children in the developing world is the dehydration caused by diarrhoea - about 14,000 children die from this every day. The death toll from diarrhoea in just two days equals close to or exceeds the total known toll from AIDS. And this is an area in which most illness can be prevented through self-empowerment - washing hands, boiling and filtering water, sanitation - and can, in the great majority of cases, be cured at home. Even 99% of cholera cases could today be dealt with at home using the oral rehydration therapy that was developed in the late 1960s and early 1970s.

The British medical magazine The Lancet properly called oral rehydration therapy potentially the biggest medical breakthrough of this century. This simple method can be used by parents in the home. There is no need to acquire high skills in order to dispense the salts, undergo relatively expensive intravenous treatment, go into hospital with all the risks that this implies, including now the risk of AIDS transmission through the use of injections.

Again, in the whole process of AIDS, it is clear that, until a new vaccine is developed, most of what can be done to prevent its spread is through education. For example, how does one handle one's sexual relationships? Patients must insist upon blood transfusions that have been screened, and upon sterile syringes and needles. They will then force the system to respond to their needs.

(b) Information and public opinion

In another sense, we witnessed the power that the media has to save lives on 24 October 1984, when the BBC broadcast their famous television documentary on Ethiopia. Within two weeks, there was a complete about-turn in the policies of the United States government towards Ethiopia. Within two weeks, the USSR had sent in 12 big transport planes, each with two helicopters. Within two weeks, the Ethiopian government had moved the ships waiting loaded with grain to the front of the line. This was the power of public opinion through the media. Governments had being saying no to all this for months. UNICEF and WHO, in our little ways, had been trying to communicate to them, but we did not get through until the media got through. The same thing happened in Kampuchea. Clearly, therefore, the power of communications to improve the health and well-being of people in both rich and poor countries today is of an infinitely greater capacity than is generally recognized.

Alma Ata - a historic landmark

Let us look back to the International Conference on Primary Health Care held in Alma Ata in 1978 which, in my judgement, was and is one of the great historic landmarks of the 20th century because it marked the acceptance of a revolution. This revolution was based on three basic realizations.

First, we have known for a long time that the use made of medical knowledge depends upon social organization. The world is full of highly useful knowledge that is not being used, the most dramatic forms of which we have just touched on - smoking and diarrhoea. The knowledge needed to fight these two biggest killers is there, but most are still not using it.

Secondly, social organization depends not just on the health system but on the mobilization of all systems. For example, the educational system of a country is terribly important - how do you build knowledge for health into the curriculum? So is the role of political leadership. Social organization must encompass many sectors, not just the formal health system.

Thirdly, it is clear that the organizational approach adopted has to be replicable on a national scale cost-effectively, or it is only meaningful for the rich. The purpose of providing health services is to reach everyone. This shows the need for greater emphasis on education and prevention, as well as, most importantly, on motivating people and communities. Ultimately, in order to empower people at the bottom, you need to work through the community level.

It was as a result of these realizations that we came to the conclusion that "health for all by the year 2000" was possible through a primary health care approach.

Major developments since Alma Ata

Since Alma Ata, there have been a number of major developments. There has been a remarkable rhetorical acceptance of primary health care. Officially, virtually every government in the world today accepts it. Dr Mahler has personally contributed greatly to this process by taking it far beyond the World Health Assembly. He has gone to country after country, and has sat down and persuaded heads of states to sign the statement on primary halth care.

We have also seen a significant shift in the way ministries of health function. There are millions more health auxiliaries and village health units than there were in 1978. A legitimacy has been conveyed. However, in the early 1980s, primary health care still remained peripheral to most ministries of health rather than being central. Most ministries of health still treated the curative side as their primary responsibility.

The third major development since Alma Ata has been the global economic crisis, which has had major adverse effects on health systems around the world as well as on the general health status of populations. It has meant that more people are in trouble than ever before. It has also meant that allocations of funding to health, education, and to social services in general are in jeopardy and in most countries have been cut back proportionately much more seriously than the other so-called productive areas.

We can see this in the United States. In 1984, 40% of the children in New York City were born into families below the poverty line, compared with 15% in the mid-1970s. There were fewer services to these families than were provided seven or eight years prior to then. All around the world the same phenomenon can be seen.

Three days ago I was in the Congo. There, the health budget has dropped from CFA 1,200 million to 60 million. Of these CFA 60 million, 53 million have been allocated to one teaching hospital. We are therefore seeing not only drastic cuts on the health side but in many places distorted allocations within the health systems. The education budget in the Congo has dropped from CFA 400 million to 90 million in two years. The greater part of the cuts have been made within the primary school system, not in the universities or secondary school system.

A massive reexamination

These realities have led us all to a massive reexamination of where we are. Just as the depression of the 1930s stimulated a lot of rethinking and World War II led to the Bretton Woods Institutions and other innovative approaches so we have, I think, also identified a number of new impetuses.

First, it has become crystal clear that there is a vast amount of knowledge that could be applied at very low cost but which is not being utilized. This situation is really dramatized by the fact that we have now a new approach to the prevention and cure of diarrhoea that is not being utilized and that there are still some 10,000 children dying every day from not being immunized with 50-cents-worth of vaccine againt the six major diseases. There has been the scientific rediscovery of the wonders of mothers' milk, but in most developing countries there is still a trend away from breast-feeding, despite the beginning of a turn-around as a result of the corrective action of the World Health Assembly and the WHO/UNICEF proposals for a code of marketing of breast-milk substitutes. Again, we now know that the bulk of malnutrition in small children is a result of preventable causes other than food: improper weaning practices, diarrhoea, and measles are the primary causes.

The second major observation that we made during this major reexamination was the belated discovery that there was a whole new capacity to communicate. The Union Carbide disaster in Bhopal, India, which killed between 2,000 and 3,000 people, commanded the headlines of the world. That same day almost as many Indian children died from diseases which they could have been immunized against, but that was not news. The same number died the day before and the day after. Why was the radio not being used to convey the message that there exists a way to prevent these diseases?

Radio, which is now found in almost every home, must be mobilized, as must television, which has really spread like wildfire to all parts of the world. Ten years ago in Egypt one home in 10 had a television set, today four out of five do. Half of the mothers in the 20-38 year-old age bracket can now read and write. There is a school in virtually every village in the developing world. Religious organizations have transformed their communication capacities. Retail strcutures can get soda pop to every village of the world and ice to two-thirds of them when summer comes. If you can mobilize women's and farmers organizations, there is a further capacity to communicate, to empower. The challenge, therefore, is how can we mobilize.

The potential for massive breakthroughs

It is against this background that WHO and UNICEF see the potential for massive breakthroughs. We in UNICEF have tended to call this the potential for a Child Survival and Development Revolution. Although we call it a revolution, it is really a revolution within a revolution.

The concept of primary health care is the umbrella revolution. The revolution within the revolution is that in most developing countries if you were really to get this knowledge to those who need it, you could expect to improve the health of children to such an extent that within five to 10 years the infant mortality rates could be cut in half. This is historically unprecedented. It is a revolution, just as there was a Green Revolution in Asia in the late 1960s and early 1970s as we learnt how to double the grain crop in five years when historically it had taken 20 to 40 years.

When we articulated the Child Survival and Development Revolution in 1982, the element that caught on most was immunization. I myself had thought that oral rehydration therapy would be the cutting edge of this package of measures. But for a variety of reasons it was immunization that was the starting point. The first exciting place was in Colombia.

The example of immunization

When the head of state of Colombia decided to mobilize the country to immunize all its children, he first went, interestingly enough, to the media – to an opposition paper, El Tiempo. He then went to the radio and television, to the opposition political parties and to the Council of Bishops to obtain their support. A major push was made with 10,000 radio and television spots broadcast in three months. Information on the campaign was carried daily in the newspapers, all school teachers were involved, and the radio and television treated the campaign like elections. On three Sundays a month apart all Roman Catholic priests devoted their Sunday homilies to the importance of immunization. For us, the result was very much like landing on the moon was for others 15 years earlier. It was a historic breakthrough in mobilization which could only be achieved when the whole country was mobilized against these enemies of children just as if they were terrorists.

We have gone on from there. With these dramatic results, we were able to go to the leadership of countries like El Salvador and draw attention to the fact that, in 1984, more children died there from not being immunized than there were people killed in the fighting, including political assassinations. It was agreed that the war should be stopped on three occasions, each a month apart, to allow the children of the country to be immunized. This first occurred in 1985. The church played the role of intermediary. President Duarte administered immunizations to children, as did the guerrilla leaders. I was back there in February and witnessed the beginning of the third year of these campaigns.

In the fall of 1985, the General Assembly took up this issue and the WHO target of universal immunization by 1990 really began to be transformed into a serious rather than a notional goal. Political leaders around the world took on the challenge. In China, President Li Xiannian himself gave the example by publicly immunizing children with polio vaccines. If you go to India, Prime Minister Rajiv Gandhi is doing the same. If you go to Indonesia, President Suharto is doing the same. If you go to Nigeria, President Babangida is doing the same.

At a time when the recession was pushing health and education off the political map we have found a way to make it good politics for national leaders to commit themselves to health programmes in a major way. At present, universal child immunization by 1990 is on track. If we can keep this up, the prospects are that around 80% of all the children in the world will be fully immunized by 1990 and the daily death toll, which was 14,000 a day in the early 1980s, could be down to just several thousand a day.

Some of you may rightly wonder how sustainable this is and what will happen after 1990? The political motivation will clearly be different then. Now, if you go to Indonesia or Nigeria where so many children are dying of these diseases, it is obviously good politics for a president to mobilize his country to respond. The problem is visible and villagers can see the beneficial impact of a campaign within one or two or three years. What happens, however, once you have achieved 85% coverage and you simply have to maintain it? This has been in part the malaria problem.

Towards a total breakthrough in primary health care

Furthermore, we have to consider how immunization can be the trojan horse in our efforts to seek a total breakthrough in primary health care. WHO and UNICEF have had to keep in the forefront of their minds that immunization is not an end in itself, or is not the only end.

Now if you go to Colombia, where this famous breakthrough took place, you will see that media coverage is continuing and that the primary school curricula have already been revised in the two-year period that has followed the first campaign. Normally it takes between ten and twenty years to introduce a new curriculum. Before graduation, all secondary students have to do 100 hours of health scout service, 20 hours of which is training in primary health care, including on breast-feeding, immunization, and how to avoid diarrhoea through oral rehydration therapy. One of the biggest benefits of this will be that these students will leave secondary school with a new knowledge and will set new norms and models for their society. The Catholic Church has institutionalized child health within its pre-marital counselling system. When babies are brought for baptism the parents are asked whether the child has been immunized. However, what is perhaps the most important consequence is that within the health system of Colombia there has been a change in priorities. Preventive health measures are no longer peripheral. Oral rehydration and the prevention of diarrhoea as well as attention to acute respiratory infections and family spacing have been significantly stepped up. This is quite encouraging.

Indonesia offers another example. The village health system for maternal and child care is centred on the village post, of which there is one for every 100 children under 5 years of age. The post has five functions - growth monitoring, oral rehydration therapy, immunization, family spacing, and pre-natal care. Once President Suharto gave his support to universal child immunization he was advised that the only way to achieve this objective would be through proliferation of the village posts. However, it was calculated that a further 100,000 of them would be needed in order to reach 85% of the children. These were not due to be built until 1992. President Suharto agreed to accleration of the programme so that they would be available by March 1988. Therefore, as a result of commitment to a greatly accelereated immunization programme, there will also be a great acceleration in the availability of village health posts which carry with them family spacing, pre-natal care and oral rehydration therapy. Even more remarkable is the fact that this occurred at a time when the budget in Indonesia was being reduced by 35% across the board. The President's commitment meant that, first, the health ministry was cut slightly less than the other sectors - marking a change from the usual pattern - and, secondly, the construction of 100 hospitals across Indonesia was stopped to finance the accelerated effort within a reduced budget. This is the kind of adjustment process that shows that it is possible to put primary health care in the centre of the health process rather than at the periphery.

The same educational process is becoming important in the industrial world but, in one sense, the developing world is a jump ahead. Communication for health in the industrial world so far has primarily influenced those who are already rich and advantaged. Who is it who stops smoking? Not the labourers. Who is it that has reverted back to breast-feeding? Until recently, less than 20% of mothers in the United States were breast-feeding. Today, 70% of women who have a graduate degree are breast-feeding . Three years ago in the hospitals in Harlem which are mainly frequented by low-income and low-education mothers, less than 5% were breast-feeding. The same thing with alcohol consumption, diet, exercise - who is exercising? For the first time, AIDS will challenge the industrial world to come up with an information-programme that reaches everybody. In my judgement there is a lot they can learn from what has been going on in Colombia, in Indonesia, and in China.

Associated with this has been the need for a new strategy in the field of macro-eocnomics. This is what we in UNICEF call adjustment with a human face. In many countries of the developing world the word development has been removed from the lexicon and replaced by the need for adjustment with growth. We are back to where we were in the late 1960s when we had to build human development into the concept of development and growth. Adjustment with a human face requires not only more funds allocated to the social sectors but also adjustment within the social sectors. In 1983, in Pakistan, the construction of a prestigious hospital in the capital city Islamabad was stopped and the funds were used to finance a nation-wide acceleration of immunization, oral rehydration and the retraining of 30,000 TBAs over a three-year period. This one policy shift in our estimate saved 100,000 children's lives in 1986.

The role of the media in creating a new ethos

Let me close by saying that never before in history have we had so much knowledge available to improve health through low-cost means. Never before in history has there been a greater gap between the knowledge that is available and its applied use. Never before in history have we had such a capacity to communicate at low cost if only societies were mobilized. We need a new ethos with respect to what we in UNICEF and WHO call the silent emergency to parallel the new ethos that has developed with respect to the loud emergencies - the earthquakes, Ethiopia, Kampuchea.

When UNICEF was established it was the first time in history that the world community decided to respond to a disaster collectively. Prior to that I was in Calcutta at the tail-end of the famine when 1,500,000 people died in the streets while the grain stores of Calcutta were full.

The Raj felt no responsibility to bridge the gap in the same way that during the very same years that the potato famine occurred in Ireland and was killing people by the thousands there were the biggest corn exports of a generation from Ireland to the United

Kingdom. There is a new ethic today. Once public opinion hears of a disaster it explodes, making it bad politics for governments not to act and good politics to act. Our challenge is how to broaden this so that it is not just the disasters of the type that occurred in Bhopal which get the headlines but also if a country does not mobilize itself to immunize its children, to provide knowledge on the prevention of diarrhoea and on oral rehydration to its parents, then that is treated as news.

The first area where I see this possibility emerging is on the immunization front. Once we have reached the 1990 goal we have to be concerned about retrogressions. We are trying to build in sustainability but a vigilant press can help by drawing attention to the fact that a backward slippage might mean that 100,000 children will die that did not die the previous year. It should be treated like a Bhopal. It is the media that ultimately can build this base.