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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Fifth International Congress of the
World Federation of Public Health Associations

Mexico City – 25 March 1987

"Mobilizing all for Health in Dark Times:
Promoting A Child Survival Revolution through Knowledge"

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MOBILIZING ALL FOR HEALTH IN DARK TIMES:
Promoting A Child Survival Revolution through Knowledge

In the six years since I had the honor of delivering the Hugh R. Leavell lecture to the World Federation of Public Health Associations in Calcuttā in February 1981, protracted severe global economic difficulties have slowed economic growth in many parts of the world and led to significant retrenchment in public services in the most seriously affected countries. Progress in preserving the lives of our children has slowed after four decades of unprecedented improvement which witnessed more progress for children as a whole than the preceding 2,000 years. Between the end of World War II and 1980, for example, child death rates in the developing countries were reduced by half.

But, in the 1980s, that world-wide progress has not been maintained. We are all painfully aware that this is a time of economic constraint in most countries, including that of our gracious host. In country after country, there is evidence of rising levels of malnutrition, in some cases of rising infant mortality, and many indications of a decline in other indicators of child welfare, particularly among the poor and vulnerable.

Adjustment with a human face

The cut-backs and adjustments which many countries are undertaking reflect in part the severe constraints imposed by the international economic system and in part on the way countries have re-formulated their policies in response to these pressures. It is the summation of these factors which brought forth the anguished plea from President Nyerere of Tanzania when he stated, "Must we starve our children to pay our debts?"

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Our response to President Nyerere must be an emphatic "No" - Children shouldn't be required to die to pay a country's debts! Unfortunately, actual practice is all too often, still, to let children die, and many are dying each day as a consequence in the mid 1980s.

Our experience is that there must be a two-pronged response to this situation. First, we must vigorously defend the importance of social investment to the overall future of a country so that the social sectors do not carry disporportionate cut-backs, as too often has been the case. I have just visited a country which has reduced its health expenditure by 90 per cent in the past 2 years. In view of this, we welcomed with enthusiasm the remarks of Jacques de Larosière, the just-retired Managing Director of the IMF - who, in his address to the United Nations Economic and Social Council (ECOSOC) in Geneva last summer, stated:

> "Adjustment that pays attention to the health, nutritional and educational requirements of the most vulnerable groups is going to protect the human condition better than adjustment that ignores them. This means, in turn, that the authorities have to be concerned not only with whether they close the fiscal deficit but also with how they do so."

The challenge now is to convert a growing rhetorical consensus with Jacques de Larosière's statement into actual practice. Second, and of equal if not greater importance - for those of us gathered here - because the power to act lies substantially with those of us in the health and other social sectors, is that the social sectors themselves must produce internal restructuring to put priorities on those programmes which result in the most benefit to the most vulnerable.

The opportunity for a re-ordering of priorities within the health sector is perhaps best illustrated by a statement made by Dr. Mahbub-ul-Haq, then Pakistani Minister for Finance, Planning and Economic Affairs at the Annual Meetings of the World Bank and IMF in Seoul (October 1985):

> "Must we spend a good part of our development budgets to provide facilities for the rich and privileged? I discovered from my own experience that it took only the postponement of one expensive urban hospital to finance the entire cost of an accelerated immunization and health care programme for all our children."

Health begins with people

All of these developments put much greater emphasis on new approaches to public health care. We are finding not only that we must do much more with less, but fortunately, that we can accomplish more with less, if we turn quite seriously toward preventive health care measures and toward Primary Health Care approaches that honor the very high return of improving health through knowledge.

Principles of health care and public health services that encompass such an approach and which are capable of addressing these current circumstances have been known in theory for years by such health giants as Dr. Hugh Leavell and Dr. Abraham Horwitz, and yet as Dr. Horwitz noted yesterday in his closing comments, most countries are still slow in fully applying them today.

The first principle is that the use made of medical knowledge and the efficiency of health protection depends chiefly upon social organization. The immediate social problem is to overtake the lag between the discovery of modern knowledge and its use in the setting of a community. This is just as valid in industrialized as in developing countries. For example, increasing the life expectancy of the average American male by a single year using curative measures would cost billions of dollars, according to figures from the Center for Disease Control in Atlanta. Yet the life expectancy of that same man could be increased by 10 years through four simple self-health measures that actually save money: by not smoking, eating less with a better diet, drinking alcohol in moderation, and getting adequate exercise.

Similarly, in the developing world, 4.5 million young children die annually from the dehydration associated with diarrhoea, even though life-saving and extremely low-cost Oral Rehydration Therapy has been available since the early 1970s, and can even be produced from sugars and salts already available in most kitchens, if only the families know how to use them. And most diarrhoea could be prevented in the first place through prolonging breast feeding, washing hands, boiling drinking water, and good sanitary practices. In fact, we could say in 1985 that never before in history had there been, first, so much knowledge available for improving the health of children, and second, such a gap between knowledge and use.

A second basic principle is that a vertical medical system cannot be truly effective unless it is integrated with other activities in society in a joint attack on the problems of development and social reconstruction. Health is not simply a "sector", a responsibility of the Health Ministry alone; it must be an explicit goal to be achieved through all sectors with mass citizen participation - through education, better nutrition, and national and local community leadership.

A third principle is that successful health organization implies reliance upon economically practical strategies for serving the entire population rather than just the relatively well-off. There are far too many examples of major hospitals whose operational costs led to the curtailment of health clinics and preventive services - and in some countries this problem is getting worse.

Reflecting these principles, the Alma Ata Conference sponsored by WHO and UNICEF in 1978 articulated the concept of Primary Health Care (PHC), which holds the potential of transforming the health of peoples even at low income levels. A main emphasis of this approach is on how to accomplish a maximum effect with a minimum of resources.

New developments...new possibilities

Since Alma Ata, three major new developments have designed the global course of events through which the PHC principles still guide us. The first is the deteriorated economic situation which promises to plague us for most of the next 5 to 10 years. It is quite possible that the 1980s will be remembered as "the decade of rude awakenings". More fundamental change is being forced upon more institutions - whether governments (rich and poor), corporations, or international organizations - than perhaps at any other time in recent history. Even the seemingly most secure and stable have been compelled to relinquish previously held expectations of invulnerability and adjust to new realities. Countries - from the United States and United Kingdom to Mexico and Brazil to Nigeria and Tanzania - have been forced to massivly alter their assumptions. Even the most stable-appearing corporate institutions - the great banks, broadcasting conglomerates, heavy equipment manufacturers, and the world's most fabled airlines - have been challenged to restructure or disappear - and often both.

The second major development that has had a profound impact since Alma Ata has been the growing awareness of the importance of a number of new, improved or rediscovered low-cost/high-impact health technologies. The United Nations Children's Fund, the World Health Organization, the United States Agency for International Development, the League of Red Cross and Red Crescent Societies, and others have seized upon a series of breakthrough techniques in the field of child health. We now know that the vast majority of infant and child deaths and disabilities are caused by illnesses which are readily preventible or for which we have long-since discovered cures. Moreover, life-saving interventions are available at such low-cost that even the poorest of countries can afford to make them available with only a minimum of international assistance.

The actual medical techniques [detailed in UNICEF's annual report, The State of the World's Children] are, of course, familiar to you, and include:

-- The recently discovered Oral Rehydration Therapy consisting of a remarkable yet simple treatment composed of salts, potassium and glucose (sugar) in water - and costing only a few cents - which can be applied by parents at home for a child suffering from diarrhoeal dehydration, the number one child-killer that claims nearly 5 million lives annually. No wonder Britain's Lancet described this as "potentially the most important medical advance of this century".

-- Recent advances in vaccines, now costing only fifty cents to immunize a child for life against tetanus, measles, polio, whooping cough, diptheria and tuberculosis which cripple and kill several millions of children every year.

-- The recent swing back to an appreciation of the nutritional merits and medical advantages of breastfeeding and improved weaning practices.

-- Growth monitoring through frequent charting (usually monthly) of weights that enables the mother to detect early signs of malnutrition and, in a surprising majority of cases, to deal with it through means within the parents' own control.

-- Better family spacing of children, which alone could reduce the infant toll by half among low income families in developing countries.

-- Increased female literacy, so that mothers can better apply the knowledge now available.

-- Food supplementation through such low-cost means as iodization of salt and assurance of adequate Vitamin A intake through inclusion of leafy green vegetables in the diet when possible, or inexpensive diet supplements.

The third new dimension since Alma Ata which has so impacted the direction of primary health care is largely a by-product of the general development process. We have witnessed a complete transformation in our ability to communicate with and educate the poor majority in developing countries. A revolution in social communications and organization has occurred, and the possible applications of this revolution for social benefit are only beginning to emerge. For example, in Egypt in 1979, only one family in 80 had a television; today, four out of five families own TVs. Throughout the developing world, almost every village today has a primary school. The majority of rural homes now have a radio. Thousands of farmers', women's and other organizations have come into existence. Religious structures have a new capacity to communicate. And since Alma Ata, literally millions of health auxiliaries have been trained. Accompanying this expansion, the international community has also developed a whole new perception of what can be done with programme communication as a powerful tool for educating and mobilizing.

Basic principles; revolutionary application

It is the combination of low-cost/high-impact medical technologies with this vastly expanded ability to communicate with the world's poor that has produced the potential for what UNICEF has called a "Child Survival and Development Revolution" (CSDR). The synergistic combination of these two forces has facilitated acceleration of the application of PHC principles to such an extent that many health professionals and public health organizations, UNICEF among them, believe it is now possible to so improve child health by the turn of the century as to halve the mid-1980s rate of child deaths and disablements which took the devastating death toll of 15 million children each year and crippled or disabled for life an equal number. Thus, the mid-1980s have already seen in many countries a very sharp expansion of the immunization and ORT programmes in particular. Vaccine use for the six diseases targeted by the Universal Child Immunization programme has more than trebled since 1983. Similarly, a full half of the 487 million children under five years of age in the developing world now have access to ORS; as recently as 1982, only 6 per cent of the same population could obtain this simple life-saving formula. The lives of close to one and one half million young children were saved in 1986 as a result of acceleration of these two measures alone in the

past several years, and an equal number were protected from the crippling disabilities of childhood disease.

Achieving more with less

Of the many countries which have seized the historically unique opportunity presented by these developments in recent years (as pioneered by Colombia in 1984), Turkey's experience of 1985 is one dramatic example. Personal leadership on the part of both the President and the Prime Minister of Turkey helped launch a Child Survival Revolution in September 1985 with the first of three national immunization weeks for 5 million children under 5 years old. The campaign focused on 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); and with the active participation of 95,000 village teachers (who returned from summer vacation two weeks early for the purpose); 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 of more than 50 million population had ever accomplished so much for children in such a short period of time. Last spring, the social mobilization approach was extended again to encompass Oral Rehydration Therapy, means for coping with acute respiratory infections, and family planning.

One of the most remarkable aspects of the Turkish initiative in 1985 was its financing. The immunization programme cost US$29 million, of which only US$4 million was actual cash expenditure by the Ministry of Health. 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 government 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 "piggy-backs" on an existing system.

For a minimum expenditure, Turkey achieved an enviable improvement in the health and well-being of its populace and a high-return investment in its future. This is very much in keeping with the pragmatic insight of Dr. Mahbub-ul-Haq which I quoted earlier. As a result of postponing construction of the hospital he mentioned and allocating the funds toward universal immunization of young children, the lives of 100,000 Pakistani children are already being saved each year. How many lives, one might ask in comparison, would have been saved in that hospital in the five years that it has been postponed?

Indonesia is another noteworthy example of restructuring the health sector in order to accomplish a broader impact on the health and well being of the populace in return for limited resources. Despite falling oil prices which caused severe financial constraints resulting in cut-backs to the overall

health budget and the reduction of hospital construction throughout Indonesia, the President has announced the sharp acceleration of the expanded programme on immunization and of the village-level "posyandus" system, which mobilizes participation by calling upon the already existing service organizations (such as women's associations and local village groups) to deliver self-help preventative health messages that integrate family planning methods, child survival, and a number of other primary health care techniques. More than 75,000 additional village posyandu maternal and child health centres, supported primarily through these means, are to be completed by 1988 - for a total of over 200,000 - and will provide coverage to 85 per cent of Indonesia's under-5 population in groups of approximately 100.

The manner in which Senegal has incorporated the lessons of these innovative national exercises clearly demonstrates one major component of these highly successful programmes - the role of Heads of State. While Senegal had been committed to immunization of its young since 1978, fewer than 30 per cent of its young children were immunized as recently as six months ago. A major turn-around occurred in September when President Abdou Diouf, on the advice of the Minister of Health, committed himself and his government to achieving the target of 75 per cent of one-year-olds by World Health Day, 7 April 1987. With his strong leadership, a monumental effort is underway to mobilize all sectors of Senegalese society, and there is every indication that actual coverage will reach 80 per cent this year.

AIDS: All the more urgency for Primary Health Care

What new concerns does the AIDS pandemic raise for the survival and development of children? And on the urgency and potential for accelerating primary health care?

AIDS clearly threatens the health of small children - through acquiring it at birth from an HIV-infected mother, through improperly screened blood transfusions, or through injections with unsterile syringe or needle used earlier on an infected person. It has broader potential threats as well: the battle against AIDS may divert funds and political priorities away from primary health care in general and from universal immunization programmes in particular, and the fear of AIDS may panic some to oppose immunization efforts simply because of the association of syringes and needles with the spread of HIV infection.

The response, of course, is for accelerated, rather than decreased, attention to primary health care. Pending development of a vaccine, universal health education is the only means of containing AIDS: health education on sexual intercourse, on the importance of insisting on screened blood for transfusions, and on proper sterilization of syringes and needles for all injections. And there is particular urgency to promoting ORT and UCI by 1990 - ORT because it removes the risk of contaminated needles for intravenous treatment; UCI because, when a vaccine for AIDS is found, the existence in-place of an immunization system that reaches virtually the entire population will avoid the multi-year delay of creating a system to deliver the

AIDS vaccine. And in pressing forward with accelerating EPI, of course, intensive attention needs to be given to stepping up the precautionary measures to ensure the sterility of syringes and needles so that the present very small risk of AIDS transmission through EPI is eliminated entirely.

The challenge to the world community

The historic opportunity that exists to improve the health of children and women despite deteriorating economic conditions offers an unquestionable ray of new hope in these dark times. It is accompanied by an equally powerful responsibility and challenge. The world community must face the reality that, at least until the year 2000, the least developed countries will need continuing external support, including some financing of recurrent costs. It is not unreasonable under these circumstances, however, to expect governments to restructure their systems to become more cost-effective. As an international community we have also acquired enough knowledge and experience to reasonably expect donors to be supportive in their actions, and not disruptive - and to avoid the situation we have had in the 1980s where there have been many major hospital contributions by several donor agencies which in themselves have become white elephants through constituting a drain on the system as a whole.

Finally, as it becomes increasingly undeniable that the capacity to save the lives of so many children, and to improve the health and well-being of so many more, is well within our grasp, it becomes increasingly unconscionable not to act on these new possibilities. Never before has the world community been faced with the opportunity - and the challenge - to do so much, for so many, for so little.

Surely the time has come to put the mass deaths of children from immunizable diseases - from diarrhoea and from other low-cost preventable causes, alongside slavery, colonialism, racism, and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind. Surely the time has come to say that it is obscene to let this continue day after day, year after year, as our civilization moves into the 21st century.

It is you, the world's public health officials, who must take a leadership role in making these possibilities realities throughout the world. I urge you to take even stronger leadership in this peaceful revolution for the children - and the future - of the world.