File Sub: CF/EXD/SP/1990-0017

Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the
Tulane University Medical Center
School of Public Health and Tropical Medicine

The Henry R. Labouisse Lecture

New Orleans, Louisiana
14 May 1990

cover + 10 pp + ∅b

unicef

United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia
Детский Фонд Организации Обьединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للطفولة

File Sub: CF/EXD/SP/1990-0017

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

at the

Tulane University Medical Center
School of Public Health and Tropical Medicine

New Orleans - 14 May 1990

The Henry R. Labouisse Lecture

I am delighted to join you to commemorate this important moment of transition for those of you who are about to enter, or, for many of you, reenter, the field of public health as highly trained professionals. This is a time of opportunity for major health breakthroughs throughout the world.

It is a special honour to deliver the first annual Henry R. Labouisse lecture, to do so in his own home-town, and to pay homage to the major contribution he made to the development of the concept and practice of Primary Health Care (PHC), a vital link between medicine and your field of public health.

New Orleans must have witnessed the early development of the remarkable integrity, keen analytical capacity and sound judgement, and the personal warmth and courtesy for which he was held in such esteem. A giant in international development circles, Harry, as he was widely known, was heavily involved in shaping and implementing the Marshall Plan, and served as Chief of the Marshall Plan Special Mission to France. He was the Director of the United Nations Relief and Works Agency (UNRWA) for four years in the mid 1950s; he led President Kennedy's Task Force which established the U.S. Agency for International Development (USAID) in 1961, and served as Ambassador to Greece in the early 1960s - to name but a few of the tasks he took on during his stellar career. He was also, of course, the second Executive Director of the United Nations Children's Fund (UNICEF) from 1965 through 1979, and my immediate predecessor in that role.

It was in UNICEF that Harry Labouisse made his mark in the field of public health, and we look back upon the efforts which he touched as great milestones. He was co-organizer, along with then-Director-General of the WHO Halfden Mahler, of the International Conference on Primary Health Care, held in Alma Ata in 1978. Alma Ata was the source of the goal of Health for All by

Cover + 10pp + 0b

the year 2000 through Primary Health Care, which was later formally adopted by the international community. The principles codified at Alma Ata provide the guiding light for those determined to make the benefits of modern health sciences available to all the world's people.

At the opening of that conference, Harry Labouisse stated:

> "We can all agree on what it will take in any country, under whatever regime, to make nationwide primary health care a reality.
>
> "It will take first a drastic reordering of priorities and a change of attitudes at all levels of Governments and legislatures, beginning by the very top where the crucial political decisions are made. It will take the training or retraining of many professionals used to concepts and routines no longer relevant. It will take, of course, increased budgetary funds for the expansion of services supporting health, and for ensuring their effective use. The problem is not just to extend the existing infrastructure of health services, generally very limited: it is, in a sense, to begin building at the other end, at the village end and in the city slums and to mobilize, in the process, the interest and the creative spirit of the very people whose health will be improved and lives transformed by the services to come."

Now, as we pass the half-way mark of the time-frame toward the goal set at Alma Ata...with more than a decade of experience behind us in implementing the principles of PHC...and as you enter the public health arena as major players - now we must ask the question: How far have we come? How far have we come toward the drastic reordering of priorities and changes of attitudes for which Henry called?

Because of the particular concern inherent in the role that I have the privilege to share with Henry Labouisse, I will narrow the question to: How far have we come, as far as children are concerned, toward achieving Health for All by the Year 2000? I suggest, however, that the lessons learned will have a more universal application, for adults as well as children, and for industrial as well as developing countries.

Health for all children

The international community quantified what is meant by Health for All for children when, at the beginning of the 1980s, it adopted the goal of halving 1980 infant and under-five child mortality rates in all countries by the year 2000, or reducing them to 50 and 70 per 1,000 live births respectively, whichever is less. This would bring developing countries to about the level achieved in the U.S. by 1940. Success would mean saving the lives of more than 60 million children over two decades.

Today, nearly 12 years after Alma Ata and 10 before the year 2000, considerable progress has been made toward improving child health, particularly in the past five years. For example, as a result of two interventions alone, some 10 million child lives were saved since the early

1980s, rising to 3 million children annually by December 1989, with nearly comparable numbers being protected from lives of crippling disability as a side-effect of childhood disease. But perhaps most important is that several elements, based on experience in PHC as well as the general development process, combine to give us hope - and reason to believe - that the stage is set for major advances in the next few years, and this ambitious goal for reducing child mortality can actually be achieved. What are these factors?

Education/communication - at the heart of PHC

For the first factor we can turn to the very content of the Declaration of Alma Ata itself, and before I mention other developments which bring new hope for improving the health of the world's children, I would like to spend a moment looking deeper into the heart of Alma Ata's message. The Declaration singles out eight essential elements of PHC, and first among these is: "education concerning prevailing health problems and the methods of preventing and controlling them". The Declaration also states that PHC, "involves, in addition to the health sector, all related sectors and aspects of national and community development", and that it, "requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources; and to this end develops through appropriate education the ability of communities to participate".

The awareness that health communication and education is critical to public health in today's world was also stressed by the current Director-General of the WHO, Dr. Hiroshi Nakajima, when he told the last World Conference on Health Education in 1988:

> "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 3 million lives - and another 3 million deaths a year could be prevented by oral rehydration, a simple and cheap technology."

More with less

Indeed, the role of health communication and education is perhaps even more central today than it was in 1978, as a result of several key developments of the 1980s. First, the economic recession of the 1980s was suffered most severely in developing countries, especially Africa and Latin America, forcing drastic changes in health expenditures. The dimension of this economic influence was much more devastating than most realize in the industrialized countries, where the adverse impact, while significant and still being felt, was much less. It is still widely believed, for example, that money is flowing from rich nations to poor nations to assist in the struggle against poverty. Ten years ago, that was true. Today, however, the

flow has been reversed. Taking everything into account - loans, aid, repayment of interest and capital on outstanding Third World debt - developing countries are now transferring tens of billions of U.S. dollars to the industrialized countries each year. Furthermore, in the 37 poorest nations, spending per person on health was reduced by 50 per cent during the last few years of the decade. With the burden of these changes borne disproportionately by the most vulnerable within poor societies - especially children and women - an urgent need emerged to restrucure the health sector to do more with less.

Fortunately, the health knowledge and technologies exist to make dramatic improvements in the health and well-being of children at very low cost if only families could be adequately informed and motivated to act. During the 1980s it was realized that combining these existing low-cost/high-impact health knowledge and technologies with our new capacity to communicate among peoples of the world could create the potential for a virtual revolution in child survival and development - a "child survival and development revolution" (CSDR). But these revolutionary possibilities could become realities if, and only if, the popular and political will emerged to make them happen - the will to inform, to motivate and to provide the necessary support systems such as those required to promote immunization and breastfeeding.

Social mobilization for child survival and development

Guided by the principles codified at Alma Ata and perhaps pressed by hard economic realities to do more with less...perhaps spurred creatively by the synergistic combination of new health knowledge and the means to communicate it - the 1980s taught us in the field of child health that communication and education can have a tremendous impact. They taught us how you public health professionals can capture and mobilize these new tools to promote your health objectives.

Colombia was the first country to take advantage of these merging forces for action on a truly national scale. The pioneering Colombian example began in 1984 with leadership from the top to persuade all sectors of society to participate. Then-President Betancur mobilized the cooperation of the media, including the leading opposition press, and he recruited the Church and the Red Cross, the Rotarians and Lions, Scouts, schoolteachers, businesspeople, 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 3-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 school teacher 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 immunized against the six

diseases. For the children of the world, with more than 12,000 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 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 safeguard and improve the health of their children - including the use of oral rehydration therapy to combat the lethal effects of the number one killer of young children - the dehydration associated with diarrhoeal diseases.

By 1986 the "campaign" emphasis of 1984 and 1985 was largely and properly replaced by on-going PHC infrastructures which have been vastly bolstered by intensive and complementary follow-up efforts. UCI was proving a useful "Trojan horse" for capturing national attention and that of all concerned sectors for the cause of health. The primary school curriculum has been significantly 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, breastfeeding, 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, compared with curative costs - as well as saving the lives of more than 10,000 children yearly and preventing the crippling and wasting of many thousands more.

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

Among these, another dramatic example is Turkey, where under-5 child deaths have been increasingly reduced during the 1980s, now by more than 50,000 annually. Again, a major Child Survival Revolution was begun with a Universal Child Immunization effort based on the Colombian experience. In September 1985, both the President and the Prime Minister helped launch the first of three national immunization weeks to protect 5 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; 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.

One of the most remarkable aspects of social mobilization demonstrated by the Turkish initiative in 1985 was its financing. The imputed cost of the 1985 immunization programme for 5 million children was calculated at US$29

million, of which less than 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 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 of imams, school teachers, Rotarians, etc. - (I believe even my own time was calculated in that!) - and other benefits that accumulate when a programme "piggy-backs" on an existing system.

Such examples of the power of social mobilization are far from alone. For example, civil strife torn El Salvador has been invoking "days of tranquility" annually since 1985, and during these days the great majority of children are reached by immunization.

1990 is, of course, the final year of the international goal to reach Universl Child Immunization (i.e., coverage of 80 per cent of children in every country), and I am happy to report that, according to the latest WHO statistics, the immunization coverage at the end of 1989 reached 71 per cent globally. This is a major achievement, considering that only some 20 per cent of the world's children were immunized at the begining of the decade, before acceleration efforts began. If we can maintain the current momentum and take full advantage of opportunities before us, immunization coverage will reach 80 per cent globally by the end of this year. Achieving this level will prevent more than 3 million infant and child deaths annually. It is noteworthy that major cities such as Addis Ababa, Algiers, Cairo, Dakar, Harare and Maputo not only reached their immunization goal ahead of schedule through massive social mobilization efforts, but they achieved levels of immunization for infants under one equal or superior to those of New York City and Washington, D.C.

The relevancy of these experiences to the United States is brought out by the Center for Disease Control (CDC) report in the early 1980s that more than 10 years could be added to the life expectancy of the average American male if he could be informed and motivated to adopt just four self-help measures. This literally priceless health benefit can be won by (1) stopping smoking, (2) drinking alcohol only in moderation, (3) guarding the quantity and quality of food intake, and (4) getting adequate exercise. A respectable start has been made on each of the four, but think how much better American life expectancy - now 13th in the world - would be if national social mobilization were to be applied to all four.

The Convention on the Rights of the Child

While Alma Ata declared the importance of health education, and experiences of the CSDR proved the potential of empowering families and communities with health knowledge and the support to put that knowledge to use, another development of the 1980s - the Convention on the Rights of the Child - brought this issue a second giant step further. It is a step which contributes greatly to our hope for improving the situation of children within this new decade. It also provides public health professionals with a major new asset for these advocacy efforts.

Just six months ago, the United Nations adopted the Convention on the Rights of the Child, which establishes that, when children are concerned, health education is not just a nice thing to do, or an interesting option among health services. Children have a right to health services and to health education. And children's rights translate, of course, into obligations by adult society.

The Convention not only asserts children's rights: "to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health." It also commits nations which ratify the Convention: "To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents..."

It is worth noting that although the Convention was adopted by the United Nations in November, it must be ratified by 20 nations before it actually comes into force for signatories. There is every hope that the quota will be attained this year; however, ratification will not happen automatically, and it is up to each of us to discover what stand our own government is taking. It is up to each of us to support the ratification. Of even greater importance, it is up to each of us to become aware of the provisions of the Convention, and to work to ensure that they are implemented for all the world's children.

Goals for children for the 1990s

Another breakthrough - the third - of the late 1980s offers new hope for child health in the 1990s - and for the work of many of you. Thanks to the tenacious and collaborative efforts of leading health experts and decision-makers from throughout the world, an invaluable set of ambitious but feasible goals for children have been prioritized and agreed-upon; the best experts have determined what is truly do-able. (I have attached to the distribution copy of my remarks to you, a list of those goals.) They are the culmination of an extraordinarily extensive consultative process, involving the major international agencies, and more than 100 governments. The seven key goals proposed for the 1990s are:

-- Between 1990 and the year 2000, reduction of infant and under-5 mortality rate in all countries by one-third or to 50 and 70 per 1,000 live births respectively, whichever is less (achievement of these goals will reduce child deaths by some 50 million in the 1990s);

-- Between 1990 and the year 2000, reduction of maternal mortality rate by half (achievement of this will reduce maternal deaths by more than 2 million in the 1990s);

-- Universal access to safe drinking water and to sanitary means of excreta disposal;

-- By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school age children;

-- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy; and

-- Improved protection of children in especially difficult circumstances.

A major by-product of attaining these goals would be a significant additional reduction of birth rates over the coming years as parents become more confident that their first-born children will survive. We now know that combining accelerated child survival and family planning programmes will bring far earlier population stabilization, and at lower levels, than relying on either alone.

Our confidence that these goals can be achieved was won, in reality, through the successes of the child survival and development activities, and particularly universal child immunization. Having learned what works in a relatively straightforward goal like UCI by 1990, we are ready to apply the lessons to the more complex goals identified for the 1990s.

The World Summit for Children

Taken together, this set of individually do-able goals represents the most ambitious endeavour for children ever undertaken. We have long been saying that new possibilities on behalf of children can only become realities if the popular and political will emerge to make them happen. I personally doubt that this set of goals would be achievable as a group without some special catalyst that could set off an historically unprecedented infusion of commitment and support. One of the principal reasons we dare believe that the tremendous advance for the children of the world represented by these goals is truly within reach is that a catalyst of this nature is now, surprisingly to many, at hand as a fourth major breakthrough.

Let me ask you, in fact: how many of you at this commencement ceremony, which marks a full training in public health, are aware of a particularly relevant event to be held in New York, at the United Nations, on 29 and 30 September?

* * * * *

Yes, the World Summit for Children. When you think about it, isn't it really quite remarkable, that the first ever truly global summit of world leaders - a North-South-East-West gathering of heads of state or government - should hold as the sole focus of their agenda, issues related to children? The World Summit for Children, initiated by six concerned governments, is gathering momentum from a rapidly growing number of countries.

In recent years, child-related issues have been rising higher and higher on political agendas throughout the world. From the President Betancurs, such

as I mentioned a moment ago, leading their countries in the fight against the main child-killing diseases through universal child immunization, to then-President Reagan of the U.S. and General-Secretary Gorbachev of the USSR speaking of child survival and development as the only social issue in the joint communique from their last historic Moscow Summit in June of 1988 - child-related issues are becoming recognized as extremely important. Child health is being recognized as a high priority political issue.

Like the goal of achieving universal child immunization by 1990, each of the goals for the 1990s is deemed feasible, given a serious national effort, by global experts who have extended the full balance of their expertise to measure the global need against the scientific capacity, cost and resources available. Together, however, the goals are formidable without a significant shift in our willingness to prioritize action on behalf of children. The Summit promises to propel just such a shift. The means are within reach - we need, now, to choose whether we will seize the opportunity.

The next steps

You who are gathered here at Tulane for your own graduation, enter the field of public health at the first tick of a moment which holds a delicate but very real promise of ushering in the most important era for children in history. Will you support maintaining a status quo in which causes for which we have long since discovered low-cost cures and preventions bring about the deaths of 150 million children between this day and the turn of the century? Or will you figure out how to pitch in toward accomplishing the globally-common goals which promise, if they are achieved, to save some 50 million child lives during the 1990s? How will your own actions affect the balance?

The drastic reordering of priorities that Harry Labouisse called for can be read, today, in the goals before you; the change of attitudes at all levels of Government, beginning at the top, which he called for, is clearly evidenced in plans for a World Summit for Children. You have just completed training or retraining in new and relevant practices.

Will the next chapter in the history of public health record that at the village end and in the city slums, people were empowered by learning to take greater control of the forces affecting their lives, as Harry Labouisse said it must? It is up to you.

The finely honed tools which you graduates have in your hands as you leave this room are, I believe, a great and unique legacy. We are just catching on to the untapped potential of communication and social mobilization for public health (and Tulane is to be commended for taking the lead in establishing degree programmes). Are you willing to take the next step...discover the deeper secrets, and use them...set loose the untapped potential...for a new era of Health for All, for adults as well as for children? The global health community is just learning, through bold and risky pioneering experiments, the value of communications, and the importance of educating people on available health knowledge and on the Convention on the Rights of the Child. Are you willing to use these tools and develop them further?

As I said to the Convocation of Nobel Laureates two years ago in Paris in relation to the miraculous advances in child health, surely the time has come to put the mass deaths of children from immunizable diseases, from diarrhoea and from other causes readily preventable at low-cost - alongside slavery, colonialism, racism and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind.

Low-cost/high-impact advances exist throughout the health field in both developing and industrial countries, and from UNICEF's point of view there is now an obscene gap between medical knowledge and its application for those who most need to know, especially given the new and powerful tools of education and social mobilization to help cross the distance. The time - and opportunity - have come to bridge that gap in the 1990s. What more worthy gift, I ask you, could we devise from the 20th to the 21st century?

It is you, today's generation of public health professionals - who must assume the leadership role in making these possibilities realities throughout the world. I urge you to engage your fullest measure of creativity and determination in this peaceful revolution for the children - and for health generally - of our world.

Thank you and good wishes to each of you at this historic window of opportunity for international health!