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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Scholars for Medicine Program
of the
School of Medicine for the State University of New York at Stony Brook

Stony Brook, New York
12 February 1991

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It is always a challenge to speak in the United States on health care in the Third World. There are obviously myriad problems faced in developing countries which are different from the concerns that physicians face here, but there is an equally striking maze of similarities...not only in the problems, but in the means available to overcome them.

We meet at a volatile moment, indeed, in world history, and our issue here, that of health care in the Third World, is inextricably linked to global events. For a brief exciting moment after the easing of East-West tensions at the end of the Cold War, it appeared that global attention and resources might very well be shifting to an active focus on improving the well-being of people. For that brief moment, it was clear to see that doors of opportunity were jarred open, and the human family peered beyond the threshold to a world in which the resources and efforts of our societies were apportioned to the constructive uses of peace...i.e., health, education, and investment in human development.

Was the vision just a mirage? Has the multi-billion dollar war given new life to armament budgets and drained life from that ephemeral "peace dividend"? The economics of Third World health care is currently threatened by global resources pouring into other concerns.

Despite recent setbacks, there is no question in my mind that the door of opportunity remains open. Too much has happened in the final years of the 1980s to not have altered the fundamental character of world affairs. We see an example of this in the aspect of the Gulf Crisis (as tragic as that regression to violence is) which brings to bear an international intolerance for aggression of neighbor against neighbor, that will perhaps serve as a deterrent against similar acts in the future.

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Amidst this crisis, a dramatic innovation in the health arena has occurred with plans for the provision, through the United Nations, of medicinal supplies for injured citizens in Iraq - mostly children and women. The World Health Organization (WHO) and UNICEF are both involved in plans for the delivery of these mostly paediatric supplies, with the direct involvement of the Secretary-General and at the request ofIraq. A shipment is expected to be cleared into Baghdad this week. This is the first time that such assistance has been sanctioned for civilians who suffer in what might be called a major war.

Caring for people's health has always meant caring for people, themselves. It is primal. Your profession is one that deals with primal forces. And the significance of this act in Iraq is perhaps far more important on a symbolic level than even on the practical level of assistance that it may bring. It is categorically in keeping with a new level of responsibility that societies have accepted in meeting the basic needs of children - even those who live across oceans and beyond political borders.

An historic shift of this nature does not occur in a vacuum. It occurs at a moment when children's issues enjoy a greater legitimacy in the public arena, when they are higher on the agenda, than ever before. It occurs in the context of promises made by nations and by world leaders during the year 1990 - perhaps the most important year in history for the children of the world, and possibly for Third World health care as well. It is advances on the health front, I am convinced, that provided the initial and sustaining impetus to efforts which reached a synergistic crescendo last year.

1990 saw the culmination of a number of milestone efforts on behalf of children. It seems quite clear, as final figures are beginning to come in, that the United Nations goal of Universal Child Immunization (UCI) by 1990 - that is, immunization of 80 per cent of the world's children, was, in fact, met. It is expected that approximately 60 countries - including China and India - will have immunized at least 80 per cent of their children with the main antigens, and another 15 will have achieved that goal for all except measles. (The somewhat lower achievement in measles is in part due to the need to administer this vaccine during the very narrow window between the time children reach 9 months of age and the target date of their first birthday.)

The efforts made to reach these levels of immunization coverage in nation after nation throughout the world has been monumental...efforts in which all factions and sectors of society have participated, from presidents and prime ministers, to health ministries, to the media and religious institutions, to girl scouts. 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.

An estimated three million child deaths due to vaccine preventable diseases are now being averted annually as a result of these efforts. This is a near miracle. It is a near miracle especially because it was achieved against a background of extreme economic hardship for much of the Third World,

a period in which unfavourable balance of trade, the debt crisis and recession caused severe constraints on most health systems.

It has been this persistently expanding use of immunization to save child lives while strengthening Third World health infrastructure - and doing so successfully despite grim economic conditions - which has accelerated the mushrooming of support for children's issues that we have seen in other arenas. It became clear early on that supporting this relatively straightforward goal was politically attractive. It also became clear that when all sectors of society commit to common health goals, tremendous achievements can be gained.

Success in this domain set an example, I believe, for the education field. Thus we saw in 1990 the largest gathering of basic education experts and policy/decision makers ever to convene. The World Conference on Education for All, held in Jomtien, Thailand, in March, set the goal of basic Education For All by the Year 2000.

Success in UCI accelerated progress, I believe, on the Convention on the Rights of the Child, which came into force on 2 September after a shorter ratification period than any human rights convention in history. To date there are 71 States Parties to the Convention, and another 63 countries have signed and are in the process of ratification. The Convention establishes the right of children, among many other rights, to the best health care available. But children's rights translate, of course, to obligations by adult society. So for the first time, an international standard has been established that says providing health care for all of the children within a society is not just a nice thing to do. It is the responsibility of that society.

The synergism among these events of 1990 reached an ultimate manifestation on 29-30 September in New York. It was a moment which The Nation magazine described as "among the most important gatherings ever called by the nations of the world". And frankly, Third World health care systems may never be quite the same once the full effects of the World Summit for Children are felt.

The promises made in the area of child health at the Summit are extraordinary both in terms of what was promised, and also in the nature of the promise. The World Summit was the first truly global summit, in which the leaders of all nations were invited to participate. 71 Heads of State and Government did attend - by far the largest such gathering in history. And another 88 countries were represented at ministerial or other high level. This unique representation of world leadership produced a Declaration and Plan of Action that went far beyond what is normally expected of summit promises, in terms of specific goals and commitments.

I have attached to the distribution copy of these remarks a list of the Summit goals. They were not chosen lightly. An extensive process of consultations at country, regional and international level and among a wide variety of experts was conducted over a period of years to determine goals of the highest priority among that which is considered feasible.

You will see that the main health goals include:

-- reduction of infant and under-5 mortality rates by a third or to 50 and 70 per 1,000 live births respectively, whichever is the greater reduction;

-- reduction of maternal mortality rates by half;

-- reduction of malnutrion among under-5 children by half; and

-- universal access to safe drinking water and to sanitary means of excreta disposal.

A number of goals to support these objectives are spelled out in specific, quantifiable terms.

President Bush, in his address to the World Summit, stated that the United States intends to act on behalf of children in both the Third World and within its own borders. Speaking of the 14 million children in the world who die each year, the vast majority from preventable causes, he said:

> "So let us affirm at this historic Summit that these children can be saved. They can be saved when we live up to our responsibilities, not just as an assembly of Governments but as a world community of adults, of parents."

About children in this country, President Bush asserted:

> "Let me tell you what the American people intend to do. This month our Secretary of Health and Human Serivces, Dr. Sullivan, announced ambitious health objectives that we as a nation - citizens, family, business and government - hope to reach by the year 2000. We seek to reduce infant mortality and low-weight births, to increase child immunization levels and improve the health of both mothers and children."

The goals in the report to which President Bush referred, "Goals for the Year 2000: A National Program of Action for Children" are far-reaching, indeed. Anyone involved in the health care of children and women in this country should become familiar with it.

Another exemplary effort emanating from World Summit activities in this country comes from the medical research community, which has taken a very strong role in the international effort to improve children's vaccines. "The Children's Vaccine Initiaitve", originated at an international meeting of health experts just prior to the Summit, produced a declaration asserting both the technical feasibility and the public health urgency of accelerating vaccine development in this decade.

Vaccines and their delivery are available today at a price that makes them accessible to all Americans who have access to basic health services. In the Third World, however, the cost of the cold-chain, or even the cost to parents of bringing their children in to public health

centers on each of the three visits necessary for full immunization, can be a difficult hurdle to surmount. It is especially important that the sophisticated resources of the medical research community be used to solve the problems of the world's poor, rather than focusing solely on the more glamorous "rich-prone" diseases.

Many of the world leaders at the Summit indicated their intentions for their own countries, as did President Bush. It is especially noteworthy, however, that the promises made to the children of the world at in the Declaration and Plan of Action of the World Summit are not restricted by political boundaries. In following-up on the course set at the Summit, adult society takes responsibility for all the world's children.

One might well ask, at this point, if world health experts could possibly be right that these ambitious goals are, in reality, do-able within this decade. While they might be feasible in theory, they would clearly require participation by a far broader spectrum of society than has ever been involved in health issues. Can people throughout the world muster the forces and collaboration without which such aims would not even be dreamable?

The stakes are huge. If the Summit goals for children and development for the 1990s are reached, the lives of some 50 million young children will be saved over the decade, and comparable numbers will be saved from lives of crippling disability. It is important to note that the same kinds of self-health measures that are capable of such an impact lead to an actual slowing of population growth rates, as parents become confident that their first children will survive.

If you were to study the goals, you would have a pretty good idea of what ought most importantly to be done in Third World health over the next decade, at least in terms of children's health. And by turning to the World Summit Declaration and the Plan of Action which contains the goals, you would see the kind of support which governments have promised of themselves - including promises for funding the goals - and of the international agencies which they, of course, comprise by representation. Countries and agencies, for example, are expected to produce their own specific plans by the end of 1991 for implementing the full Plan of Action.

As global attention turns toward how to accomplish the goals and the full Plan of Action, the questions asked are the same as those you yourselves might ask regarding how health care can be improved in the developing and in industrialized countries. It is my conviction that we should all look to the guiding principles codified at the International Conference on Primary Health Care (PHC), co-sponsored by the WHO and UNICEF in 1978 at Alma Ata. It was the principles of primary health care which were adapted for the Child Survival and Development Revolution (CSDR) of the 1980s, with its cutting edge of UCI, and it was the success of these principles in action which was responsible for historic advances on behalf of children in the 1980s. It is only by adapting these

principles to the full breadth of the health structure that it will be possible to attain the kind of scale demanded by the Summit goals.

What are those principles? I remember my father, Dr. John B. Grant, who took the lead in establishing the first public health tranining institutions in China and India, and in championing the principles of PHC, warning his colleagues 60 years ago that the most urgent problem facing the health community of the day was the lag between modern knowledge and its use in the setting of a community. He said that social organization is the key to efficient use of medical knowledge and health protection. That is the first principle.

Two dramatic examples of this lag between knowledge and use are the leading single cause of premature death in the USA - tobacco - and the leading single cause of premature death in the developing world - diarrhoea. Nearly 400,000 Americans (more than 1,000 daily) die prematurely each year because of smoking. In the developing world we are still faced with more than 4 million needless deaths each year (10,000 daily) from diarrhoeal dehydration despite the inexpensive availability of oral rehydration therapy, not to mention that much diarrhoea could be avoided in the first place by such relatively simple measures as washing hands in conjunction with the use of latrines and drinking clean water.

A second basic principle is that a vertical medical system cannot be truly effective, or even stand by itself, unless it is integrated in other activities in society in a concerted 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, communication channels and the media, and through national and local community leadership. Coping with alcoholism - the second leading cause of premature deaths in the United States - is a graphic example, but even immunization requires a multisectoral approach.

A third principle is that successful organization implies reliance upon economically practical strategies for serving the entire population rather than just the relatively well-off. There are all-too-many examples of major hospitals established or expanded in the poorest of countries where the drain of operational costs has led to the curtailment of health clinics and preventive services. We are also well aware of the needless competition of hospitals in industrialized nations which each feels that it must have tremendously expensive diagnostic equipment.

PHC 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. It is an approach clearly of relevance both in Third World situations and in inner city neighborhoods or urual areas of the United States and other industrialized countries. While these principles have been known for decades, they are still not fully applied.

On the pioneering side of child health where these principles have been adopted, the lessons learned could provide the key to accomplishing the broader goals of the World Summit. Their adoption was dramatically bolstered in the CSDR experience of the 1980s by two converging forces.

The increasing communications and development revolution of recent decades - the ubiquitous radio, TV, schools in virtually every village, the explosion of modern marketing, the rapid increase in non-governmental organizations - have created new low-cost patterns for social organization. This, combined with advances in low-cost/high-impact health knowledge and technology, offers a vast, new capacity to extend health care far beyond the very limited domain of one-to-one, doctor-to-patient relationships. The synergistic combination of such forces has brought within reach for the first time health goals on the dimension of the Summit promises.

The new potential arises from one of the most basic, and still least acted-upon, facts about human health in our times. That is that the majority of the serious threats to human life and physical well-being are, at this point, more susceptible to informed actions by individuals than they are to further medical breakthroughs or even increased professional services, important as these may be.

As Dr. Hiroshi Nakajima told 1,500 health educators in his first public address in the United States as Director-General of the World Health Organization:

> "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. A recent report by the U.S. 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 worldwide 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." (emphasis added)

While the Summit goals are considered feasible, these new possibilities will become realities if - and only if - popular will, including, most significantly, the will of the medical and health community itself, rises to the challenge and ensures that these promises

are fulfilled. As we look toward applying the lessons of the 1980s to the Summit goals for the 1990s, we must ask how recent advances were made. Guided by the principles codified at Alma Ata and perhaps pressed by the hard economic realities of the 1980s to do more with less...perhaps spurred creatively by the synergistic combination of new health knowledge and the means to communicate it - the last decade taught us in the field of child health that massive participation and social mobilization can have a temendous impact when combined with low-cost high-impact health knowledge and technology.

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.

Within two years the "campaign" emphasis was largely and properly replaced by on-going PHC infrastructures which have been vastly bolstered by intensive and complementary follow-up efforts. UCI proved to be a useful "Trojan horse" for capturing national attention and that of all concerned sectors for the cause of health. The primary school curriculum was significantly revised to emphasize health education, and all high school students are now required 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 support role. The Catholic Church 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, as evidenced by the historic number of countries that reached the UCI goal despite extremely difficult conditions. Some of the efforts involved truly historic innovations, such as the concept pioneered in 1985 in El Salvador of invoking "days of tranquility" in which both factions in that country's tragic civil strife laid down their arms to allow safe conduct of the immunization campaign for the necessary three sessions per year. Not only have the days of tranquility been carried out successfully every year since; they have also, for example, been replicated in Lebanon and have served as the model for "corridors of tranquility" through war-torn Sudan to deliver food to the drought stricken South. The success of these efforts, in fact, have given hope that the WHO/UNICEF mission into Baghdad of medical supplies this week will be honoured with safe-conduct through a "bubble of tranquility".

These examples allude to but a few of the burgeoning number of efforts connected with the CSDR in which social mobilizations have begun to show results in a tremendous impact on children's ability to survive. But the effects to not even stop there, as important as it is to save the lives of individual children. This people-empowering approach can also extend to another profound level in which the beneficiary's very sense of self and role in the society is enhanced. The principal reason for this is that the Child Survival and Development Revolution has rested upon one central foundation embodied in the concept of Primary Health Care: that people can and ought to be enabled to take far greater care of themselves. The key to empowering people lies in support which is extended through the community - support which reaches all of the people, rather than just the relative few who traditionally enjoy easy access to state- of-the art basic health knowledge and technology.

Indeed, there is very much a common tie between the sets of problems affecting the developing countries and the concerns of many people in North America, Europe and other developed countries in taking more personal responsibility for their own health. A study in the 1980s by the Center for Disease Control noted that increasing the life-span of a typical American man by a single year would cost billions of dollars, using common curative technologies. Yet the life of the same man could be extended by 10 years by measures which actually save money: by not smoking, by getting adequate exercise, eating wisely and in moderation, and by drinking no more than a moderate amount of alcohol. These are self-health measures. The essence is a new respect for the capacity of the individual and the importance of governments enhancing and encouraging use of that capacity.

Whether we are talking about the challenge of the major health threats in the industrialized world, or the greatest health problems of the developing world, or the new and universal threat of AIDS, the

challenge is principally one of informing and supporting people in applying what is already known.

For the doctor to become the teacher of his community would be to return the title "doctor" to its original meaning, namely, from the Latin "docere" - "one who teaches".

I was reminded recently by a wise friend, that in the days of old every educated Chinese was expected also to be a doctor - to have studied the healing and medicinal arts of the day as part of his being an educated person. Today the challenge is whether every doctor and everyone involved in the healing professions can also be, at least equally, an educator - "one who teaches" ... a "doctor" in the truest sense.

The Summit goals are clearly defined after an unprecedented scrutiny by the international medical and political communities. 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 many more, is well within our grasp, it becomes increasingly unconscionable not to act on these new possibilities. Never before has the world ocmmunity been faced with the opportunity - and the challenge - to do so much, for so many, for so little.

Surely time has come to put the mass deaths of children from immunizable diseases, from diarrhoea and from other low-cost preventable causes, along 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 contineu day after day, year after year, as our civilization moves into the 21st century.

It is exactly people such as you gathered in this room - the physicians who will usher our societies into the next millennium - who hold the potential to make these possibilities into realities throughout the world. I urge each of you to to be a true leader in this peaceful revolution for the children - and the future - of the world.