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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
World Conference on Medical Education
delivered on behalf of Mr. Grant
by
Dr. Nyi Nyi
Special Advisor to the Executie Director

Edinburgh, Scotland
9 August 1993

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I am honoured and delighted to participate in this important Conference, and particularly, to deliver the address that UNICEF's Executive Director, Mr. James P. Grant, would have given, health permitting. Unfortunately, he has had to cut back on his travel schedule while recovering from surgery -- recovering quite well, I am happy to report. As many of you know, Mr. Grant attended the 1988 World Conference on Medical Education, and he asked me to tell you how inspired and energized he was by that first summit meeting of medical educators. He deeply regrets not being here with you today and sends his heartfelt wishes for a successful conference. He and all of us at UNICEF look forward to working closely with you -- together with WHO, UNESCO and UNDP -- in implementing the actions you agree upon at this new summit, as part of the global Health for All effort which you embraced in the historic Edinburgh Declaration of 1988. Permit me now to read Mr. Grant's statement.

"Medical Education: Finishing the Unfinished Business of the 20th Century"

Good friends and distinguished colleagues:

Let me begin with three propositions:

- First, **the single biggest piece of "unfinished business" of the 20th century is to extend the basic benefits of modern science and medicine now enjoyed by three-quarters of humankind, to the over one billion people living in abject poverty in both the developing and industrialized worlds.** This is not only the right and moral thing to do, but it is necessary to prevent the proliferation of conflicts, to strengthen democratic systems, spur sustainable development, slow population growth and ease stress on the environment.

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- Second, **the eradication of poverty's worst symptoms -- among them frequent illness, malnutrition, poor growth, illiteracy, high birth rates, and gender bias, which are also among its fundamental causes -- is not only possible, but it is possible by the year 2000, if we use children and women as the cutting edge of our global efforts.**

- Third and final proposition: **the medical profession -- including, prominently, medical educators and medical institutions -- can play a key role in the achievement of this age-old dream.**

These propositions are consistent with the three main themes of the remarks I made here in 1988:

- First, I stressed that the most urgent task before us is to get medical and health knowledge to those most in need of that knowledge. Of the approximately 50 million people who were dying each year in the mid-to-late 1980s, fully two thirds could have been saved through the application of that knowledge. Our capacity to bridge the health gap -- or rather "abyss" -- separating rich and poor is greater today than ever.

- Second, I noted that the use made of medical knowledge depends very heavily on social organization. I outlined some of the tremendous contrasts between those societies that have been able to organize effectively to this end and those that have not.

- Third, I emphasized that medical education has a major responsibility to contribute to the development of successful organization for health in each society. In order to make such a contribution, a major overhaul is needed in curriculum, research and in the relationship of medical schools to local communities. I remarked that every self-respecting hospital should, in the 1990s, have a teaching district -- comparable to the teaching hospital -- where students learn through direct service to the local population, and particularly, to those most in need.

The world has changed immensely since our 1988 meeting. Not a single one of us could have imagined, at the time, what epoch-making events were just around the corner. Extraordinary opportunities for cooperation and progress have been opened up by the end of the Cold War and the upsurge of democracy in so much of the world. But humankind seems distracted and perplexed and, yes, frightened by the new kinds of conflicts and hatreds that have surfaced in recent years, and we are in danger of losing sight of the remarkable opportunities that have come within reach.

But we have at least come part of the way in just a few short years, and I am convinced that what was visionary and idealistic and wishful in the Edinburgh Declaration of 1988... what was visionary and idealistic and wishful in the Alma Ata Health for All pledge of 1978... is now, for the first time, becoming practical and realistic and doable thanks to the transformations of the past few years -- if only we take the initiative and provide the kind of bold leadership that is needed.

What has happened since 1988, with respect to health in general, and children and women's health in particular? For one thing, there's been a remarkable increase on the demand side. People everywhere are coming to expect -- and demand -- that health services reach everyone, and not just the privileged. This is particularly true for children. Since our 1988 meeting, we've seen the Convention on the Rights of the Child enter into force in 1990, and become, in record time, the most universally embraced human rights treaty in history -- having been ratified, to date, by 146 countries.

What does the Convention say about health? It says that States Parties "recognize the right of the child to the enjoyment of the highest attainable standard of health" through effective access to the health care system -- in particular, primary health care -- irrespective of the child's socio-economic status, sex, race, religion, or any other individual or family characteristic.

I sincerely hope that each and every one of you, and the medical institutions and professional societies to which you belong, will take to heart the notion of health and health care as a human right rather than a privilege, and that you will use your well-deserved prestige and influence to lobby governments to ratify and seriously implement the Convention.

The new ethos embodied in the Convention received dramatic support within weeks of its coming into force -- at the highest political level. In September 1990, the World Summit for Children -- the first-ever global summit -- embraced the simple but revolutionary principle that children's essential needs are rights, and they should have a "first call" on society's resources, whether times are good or bad, in peace or wartime. But the world's top political leaders did not just endorse abstract principles; they set specific, measurable goals for radically improving the lives of children and women. And they committed themselves to achieving the goals by the year 2000, and asked the United Nations to monitor progress along the way.

In the health field, the World Summit goals reflect the consensus of the world's leading medical and public health experts and agencies on priority areas for action and on what can be achieved for millions of children and women in this decade. These

The 1993 World Development Report of the World Bank, devoted entirely to health issues, notes that:

> "Expanding EPI coverage to 95 per cent of all children would have significant impact on children in poor households, who make up a disproportionately large share of those not reached by the EPI. Other vaccines, particularly Hepatitis B and yellow fever, could be added to the six currently included in the EPI, as could vitamin A and iodine supplements. In most developing countries such an "EPI Plus" cluster of interventions in the first year of life would have the highest cost-effectiveness of any health measures available in the world today." (p. 8)

The combination of energetic Third World participation in the immunization effort and complacency about infectious disease in some of the industrialized countries has led to Calcutta, Lagos, and Mexico City having far higher levels of immunization of children at age one and two than do New York City, Washington D.C. or even the United States as a whole. This embarrassing -- and dangerous -- state of affairs led President Clinton to proclaim, shortly after assuming office, that immunization "ought to be like clean water and clear air. It ought to be a part of the fabric of our life." Decrying what he called "shocking" increases in vaccine prices, Clinton went on to pledge: "We'll make sure that excessive profits do not stand in the way of children's health. We will not stop until preventable children's diseases no longer threaten the families, the children, the future of the United States."

As you can see, dramatic changes are occurring in world thinking about health care systems and the roles of government, the private sector, the community and the individual. The United States, for example, is engaged in a monumental exercise in search of affordable ways to bring health care to all its citizens -- indicative of the growing global consensus that Health for All is a meaningful right. How to ensure that right in a sustainable way when health systems are in crisis almost everywhere is one of the thorniest issues of our time. A variety of approaches and models will obviously be needed to meet the requirements of societies at different levels of development and with widely differing demographics, economies and cultures.

But, as has emerged in the discussions led by Dr. Nakajima and WHO in search of a new paradigm in health care, and as is reflected in the 1993 World Development Report, there is now widespread acceptance of the principle of Health for All, of the strategy of primary health care, of the central responsibility of government to ensure universal access to basic health care (whatever the mix of public-private providers and insurers), and of the importance of community involvement and individual responsibility in preventing disease and maintaining health in healthy environments.

But it will take some time for these principles and strategies to revitalize and extend the reach of health systems that have been decimated by rising costs and massive cut-backs in health budgets. In the meantime, powerful vested interests benefiting from the status quo are resisting change -- in some cases, frankly, the medical establishment is a leading opponent of progressive reform. In the name of free market economics, for example, some governments are abdicating their responsibility, "privatizing" health services and charging excessive user fees that effectively narrow access to the health system by the poor.

Experience has shown -- particularly in Africa, under the rubric of the community-based Bamako Initiative -- that in order to provide basic health care for all, a partnership between government and the local community is essential. Wherever communities have systems for managing and financing their services, these are more effective and sustainable. But government must support and supervise these services, as well as ensure the availability of preventive and referral services that local communities cannot provide for themselves.

A resource as precious as a nation's health cannot be left to the marketplace; it must be invested in and nurtured, with attainment of equity as a conscious, affirmative goal. The economic "success stories" of recent decades -- the newly industrializing countries of Asia, for example -- all invested heavily, early on, in the health and education of their populations. The medical profession has a responsibility to help build the social consensus necessary for health care reform aimed at achieving both cost-effectiveness and equity. The spirit of your 1988 Edinburgh Declaration needs to inform the global debate on new paradigms for health care.

It is against this background of opportunities and challenges that the World Conference on Medical Education has convened. Physicians are cast in a key role at this cross-roads of human history. Improving their education and training, and moulding their motivations and value systems is tantamount to improving the health care of people. This has always been the case, but I would argue that the potential for improvement today, in the particular conditions of the 1990s, is greater than it has ever been. For the first time in human history, we have the means of quickly narrowing and closing the health and human development gap between rich and poor -- what I called earlier the great unfinished business of the 20th century.

Will you as physicians and medical educators respond to this challenge? If so, how do you intend to bring about the changes needed in preparing physicians for the 21st century? At your 1988 Conference you took the first distinctive steps in the long march of reform and revolution in medical education. The World Federation for Medical Education has been following up on the

recommendations of that Conference. At all four levels -- global, regional, national and institutional -- I am delighted that much progress has been made.

* Today there is greater attention than ever being paid to the process of medical education, with an emphasis on problem-solving, self-learning, objective methods of evaluation, etc.

* Curriculum is expanding to foster new competencies in economics, policy analysis, communications and public advocacy, human rights and ethics. This broadened focus is bringing physicians together with many other public health professionals and experts from law, the media and business.

* There is greater recognition of the power and relevancy of non-Western schools of medicine, traditional forms of healing based on indigenous cultures. Alternative approaches, including diet, exercise, meditation, visualization, support groups, etc., have gained greater legitimacy.

* The work of socially-conscious physicians' groups such as International Physicians for the Prevention of Nuclear War (which won the Nobel Peace Prize in 1985) has had an impact on medical education, and a growing number of graduates now see themselves as citizens of the world with social responsibilities going beyond the care of individual patients. Medical students and physicians are even organizing to help protect the environment.

* There has been progress in community orientation of medical education and it has been most gratifying to witness the expansion of the vitally-important Network of Community-Oriented Educational Institutions for Health Sciences.

But much more remains to be done -- deep and fundamental changes are needed.

Forgive me if I am being too blunt, but I believe that a specific barrier to reform of medical education is the inertia of medical teachers themselves. Inertia is the word used by the Association of American Medical Colleges in its ACME-TRI report. Would it be too much to ask medical educators to heed the old adage: "Physician, heal thyself?"

In the early part of the century, medical education underwent a revolution, bringing modern science to the practice of the art. At the close of this century, medical education must undergo a new revolution, applying that science for universal benefit.

Specifically, I would urge this Conference to consider the following challenges:

* First, that medical school curriculum be expanded to include the tenets of the Convention on the Rights of the Child, and the principles and goals of the World Summit for Children. Specialties may wish to take on responsibility for achieving the World Summit goals -- pediatrics for the child goals, obstetrics for the goals for women, family practice for the whole package, and teaching of these specialties could be organized around attainment of these historic objectives. Doctors can take the lead in reaching the goals in two fundamental ways: in their medical practices, by applying the technologies and knowledge that need to be promoted and legitimized worldwide, such as ORT, immunization, breastfeeding, etc; and by becoming outspoken public advocates for equitable, preventive, community-based solutions, and for committing the necessary resources to keep the promises to children.

* Second, medical schools need to give higher priority to training the general practitioners and primary care physicians so desperately needed by underserved communities. They should increasingly open their doors to students from poor and minority communities who are most likely to return to serve in those communities and who best understand local problems. Medical schools should continue to adopt communities to expose future practitioners to community practice.

* Third, since women's health, education and leadership are so central to society and the development process, medical schools need to make more of an effort to enroll and graduate women, while training all future doctors to have greater gender sensitivity.

* Fourth, physicians need to be trained as communicators of the life-saving information communities, families and individuals require -- the kind of basic information contained in FACTS FOR LIFE, the 2nd edition of which is hot off the presses and which is being launched here today, exactly five years from the launch here in Edinburgh of the first edition which ran to 8 million copies in 176 languages in over 100 countries!

* Fifth, medical education needs to produce physicians who are more sensitive to and supportive of the diverse and vital roles performed by the entire range of health professionals and para-professionals, from nurses to community health workers. Especially where doctors are

in short supply or where their advanced skills are not required, greater empowerment and legitimacy need to be accorded to community health workers.

* Sixth and lastly, medical education needs to sharpen its ethical component, so that the technology, know-how and power placed in the hands of future physicians are employed wisely. The increasing use of ultra-sound in Asia in the service of aborting fetuses identified as female and therefore deemed "undesirable", is only one example of the kind of gross malpractice that needs to be halted and discouraged among the doctors of tomorrow.

In short, medical schools must reorient themselves to prepare physicians to fulfill their original social role as healers of societies as well as of individuals, as teachers of an ethos of health that encompasses all aspects of community life.

I would like to close on a personal note. As you know, I am recovering from surgery, having benefitted from the very best medical care and the most up-to-date, sophisticated medical treatments available today. If I "behave myself" and follow doctor's orders, I should have a good number of years left for the world's children. So when I call on the physicians, the medical educators, the medical profession -- when I call on <u>you</u> -- to meet the challenge of extending at least the basics of your knowledge and your technology to the world's poor, and especially its children, it is with a deep and renewed personal appreciation of medicine's tremendous achievements and a burning desire to see that they are shared by all.

Accomplishing our goals is so doable and so affordable, and so beneficial to a broad range of challenges facing humankind today, that it would be unconscionable not to give our all to achieve them. Let us, together, get down to the unfinished business of the 20th century, in order to build a healthier and better 21st!