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Address by Dr. Guido Bertolaso  
Deputy Executive Director (External Relations)  
of the  
United Nations Children's Fund (UNICEF)  
at the  
International Jubilee Meeting on Primary Health Care

"Toward Health for All: the 'Children First' Strategy"

Almaty, Kazakhstan  
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"Toward Health for All: the 'Children First' Strategy"

I am honoured and delighted to represent the United Nations Children's Fund at this important gathering. Our Executive Director, James P. Grant, is on his way to the Education for All Summit in New Delhi and is, therefore, unable to be here with us today. He asked me to express his sincere regrets and, at the same time, to commend His Excellency President Nursultan Nazarbayev; Minister of Health V.N. Deviatko, and the entire government of Kazakhstan for hosting this forward-looking commemoration of the 15th anniversary of the International Conference on Primary Health Care, which -- as is well known worldwide -- was held in this city in September 1978.

As co-sponsors of that historic conference, it is only fitting that WHO and UNICEF are co-sponsoring this jubilee gathering in conjunction with the government of Kazakhstan. The close working relationship between WHO and UNICEF symbolizes the unity of purpose and increasingly coordinated efforts of the entire United Nations system in support of sustainable human development.

Before beginning, I must say that Alma Ata was a kind of personal milestone for me. I was at the Liverpool School of Tropical Medicine when the Conference took place. The Declaration was a major influence on my outlook and helped shape my subsequent career as a physician in the field of public health. I still feel I am working in the framework of Alma Ata in my new position as Deputy Executive Director (External Relations) of UNICEF. So I am personally moved and pleased to be here today.

**Progress for all: the longer view**

Amidst the dizzying changes, violent conflicts and terrible complexities of our times, it is not always easy to maintain a clear perspective, a steady vision of the fundamental forces and trends that shape our lives. We at UNICEF have found it helpful,

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in seeking the longer view, to return to British historian Arnold Toynbee's brilliant insight of over fifty years ago. He predicted that:

"The 20th century will be remembered chiefly, not as an age of political conflicts and technical inventions, but as an age in which human society dared to think of the health of the whole human race as a practical objective."

In another context, Toynbee broadened the insight beyond health, saying that:

"Our age is the first since the dawn of history that has dared dream it practical to make the benefits of civilization available to all."

### **Alma Ata: great leap forward for humankind**

It was precisely such a vision that inspired the work of the Alma Ata conference. In the Alma Ata Declaration, the nations of the world dared to define health as a fundamental human right and embraced a strategy -- primary health care -- and even a deadline -- the year 2000 -- for guaranteeing health not for a few, not for a privileged minority, not for the industrialized countries alone, but for all. I believe it is no exaggeration to say that the Declaration represented a great intellectual and moral leap forward for humankind.

The Alma Ata Declaration took health out of the hospital -- where the remarkable advances of modern medicine and science were accessible only to a minority -- and entrusted it to every individual, every family, every community and every State, linked in a holistic framework of caring and mutual responsibility. Suddenly, health was not about curing illness, but about preventing it, and mobilizing the very fabric of societies to create healthy, supportive environments and empowering people to live healthy and productive lives. Health systems, according to the Declaration, would have to go where people are -- no matter how poor, no matter how remote their villages. The beating heart and vital centre of health systems would have to be people and communities. Governments and ministries of health would have to reach out in a multitude of ways, through a multitude of sectors, institutions and channels, to support and involve these people and communities in the quest for Health for All.

Where, we might ask, did the international community get the confidence -- in the midst of the Cold War that made true global cooperation near-impossible and turned even the most neutral and innocent of issues into ideological battlefields -- where did it get the confidence to pose itself such an extraordinary challenge? One might be tempted to dismiss the whole thing as another exercise in lofty rhetoric and irresponsible promises. But I would argue --

and I am certain that the rich experience of these past 15 years bears me out -- that the principles articulated at Alma Ata were valid and powerful then and remain valid and powerful today because they are rooted in the fundamental character and trend of our times.

It is no accident that Alma Ata took place as the world was winning the final battle against smallpox. That first victory over an age-old scourge of humankind symbolized in such a persuasive way the new potential for preventing disease and extending the benefits of modern medicine and science, that it became a political -- even a moral -- imperative to declare health a basic human right and design a strategy for achieving it. The Alma Ata Declaration and its goal of Health for All would have been unthinkable in the absence of this new capacity to harness the scientific, technological and communications revolutions of the 20th century for the health of billions, at an affordable price.

The Declaration was the contemporary world's attempt to dispel forever the aura of inevitability that has surrounded human illness, disability and premature death from time immemorial.

#### **15 years later: the record of achievement**

The crusade did not stop with the eradication of smallpox, of course. Buoyed by the strategic consensus obtained at Alma Ata, WHO and UNICEF -- within their respective mandates and working with their respective constituencies -- threw themselves into the Health for All effort. The history of these past 15 years is one of spectacular, if uneven, achievement. Even during the prolonged economic crisis of the 1980s -- that 'lost decade' for most of the developing countries -- human development indicators steadily improved, and they improved or held their ground even where debt-burdened governments were forced to cut way back on social services.

In little more than one generation, malnutrition rates have been reduced by about 30 per cent in the developing world; life expectancy has increased by about a third; the proportion of children enrolled in primary school has risen from less than half to more than three quarters; and the percentage of rural families with access to safe water has risen from less than 10 per cent to more than 60 per cent. Average family size is now falling in almost every country.

In 1978, two out of every ten children died before their fifth birthdays. Today that number has been cut in half, to an average of one in ten, and child death rates due to largely preventable malnutrition and disease are continuing to fall, particularly in Asia, Latin America, North Africa, and the Middle East. Over 20 million deaths of young children have been averted since 1983 through low-cost interventions and mass mobilization, backbones of

what we at UNICEF call the Child Survival and Development Revolution.

But the road from Alma Ata has not been smooth or straight. The distraction of the East-West conflict... the diversion of funds from development to the arms race... the debt crisis and poor governance in so many countries... the inadequacy and skewed nature of foreign assistance... the final crisis and collapse of the former socialist States... the shocking increase in poverty in a number of industrialized democracies... and, most recently, the proliferation of intractable civil and ethnic conflicts -- these and other factors have made for rough going since Alma Ata. It has not been easy to keep the flame of Health for All ignited in such times.

### **Strategies to achieve Health for All**

As was to be expected, uncertainty and controversy surrounded efforts to implement the Alma Ata strategy from the outset. There was broad agreement on the objective: to build primary health care systems addressing, in the words of the Alma Ata Declaration, "the main health problems in the community, providing promotive, preventive, curative, and rehabilitative services..." What was not clear, however, was exactly how to build such comprehensive systems which were -- and still are -- beyond the means of the vast majority of developing nations and even of a range of industrial countries. You are all familiar with the debates about horizontal versus vertical programmes, selective versus comprehensive primary health care. Time has taken an edge off the polemics, although -- as is natural in any highly complex undertaking -- some differences remain. The important thing is that we are all learning what works -- and what doesn't work -- in the common effort to ensure Health for All.

UNICEF has favoured a selective approach to building primary health care that is neither quite 'vertical' nor 'horizontal'. I've heard a few people call it "diagonal", but I think they were joking. We have found that enabling a nation to deliver a few services -- or even a single service -- on an efficient, effective, equitable, high coverage basis can produce remarkable results -- results that can be measured not only in the large numbers of lives improved and saved, but in a strengthening and expansion of the primary health care infrastructure. The cost is low, the impact is high.

This, of course, has been seen most spectacularly in the success of the WHO-UNICEF Universal Child Immunization (UCI) programme. In October 1991, when Dr. Nakajima and Mr. Grant certified to the UN Secretary-General that 80 per cent of the world's under-one year olds had been immunized against the six major killer andcrippler diseases of childhood, we were not merely celebrating the one-shot achievement that saved three million young

lives in 1990. We were also celebrating the creation of a new capacity to reach children in virtually every corner of the globe every year with the surest tool in the toolkit of public health. Thanks to the momentum created by the UCI effort, measles will be significantly beaten back over the next few years, and polio and neonatal tetanus are slated for eradication or elimination by the year 2000 -- even sooner in selected countries and regions. Learning how to mobilize a health system and society to immunize has taught countries specific means by which they can reach their entire population.

Efforts beginning in the early 1980s to mobilize societies around oral rehydration therapy (ORT), breastfeeding and growth monitoring have not produced the same spectacular results as immunization, but we are seeing respectable gains on all these fronts. In the case of ORT, which hadn't even been discovered at the time of the Alma Ata Conference, this simple miracle is now routinely being used to combat the lethal dehydration caused by diarrhoea in over a third of all homes in the developing world. Widespread promotion of ORT use by women's and community organizations helped keep the fatality rate in Peru's 1991-2 cholera epidemic below one per cent -- much lower than ever before. It is saving about a million children's lives a year worldwide and could easily and quickly save 2 million more with stepped up efforts by mid-decade.

Now we are rapidly adding other components to ensure that the same high coverage achieved with immunization is accomplished in many areas of intervention in the quest for Health for All. EPI Plus strategies including ORT, ARI, vitamin A, iodine, antenatal care dealing with anaemia, and contact with mothers to assure safe motherhood are being implemented in one form or another in country after country. Integration and 'piggy-backing' of services is essential if we are to accelerate progress.

#### **Re-building health systems: The Bamako Initiative**

We are seriously addressing legitimate concerns that have been raised about the sustainability of programmes, the need to build national capacity and strengthen local empowerment. In response to the virtual collapse of health systems in much of sub-Saharan Africa, we are placing a great deal of emphasis on what is known as the Bamako Initiative. Conceived at a 1988 meeting of African health ministers, the Initiative is now helping to rebuild primary health systems in most of Africa.

The Bamako Initiative promotes decentralization and people's involvement in the control, management and financing of essential health services. With the help of government ministries and UNICEF, each village starts with a basic stock of medicine and supplies. The villagers themselves then elect a local council to manage their clinic, set local fees, and make sure people come in

for the care they need. The Initiative is making immunization and pre-natal care sustainable and curative care affordable. At the same time, it provides local communities with an opportunity to enhance the essential skills required for the development of democracy at the grassroots level.

The Bamako Initiative embodies the comprehensive Alma Ata vision in the context of the world's poorest countries. Initial results show a great deal of promise and a number of developing countries in Asia and Latin America are looking into the approach as a way of revitalizing their health infrastructures. Even industrialized countries with substantially more developed but overburdened health care systems -- including the Newly Independent States -- may find valuable lessons regarding low-cost approaches, decentralization and community participation emerging from the Bamako experience.

#### **Common goals for the 1990s**

Just as the imminent eradication of smallpox helped the international community make the Alma Ata breakthrough in 1978, the impending success of UCI in 1990 made it possible for a majority of the world's leaders to come together in the first ever global summit -- the World Summit for Children, whose third anniversary was commemorated with a mini-summit at the UN last September 30. What the UCI effort revealed about the world's greatly increased capacity to mobilize technology and communications and people to save the lives of children, gave the presidents and prime ministers the confidence to publicly commit themselves and their governments to reach not one or two, but over 20 measurable goals for improving children's health, nutrition and education by the year 2000.

More recently, broad consensus has developed on the need to reach a sub-set of these goals -- the more straightforward, least expensive targets -- by the end of 1995. Achievement of these mid-decade goals will not only save the lives of an additional 2 million children each year but also eliminate the main causes of preventable blindness and mental impairment affecting many millions of children. Over a hundred countries have issued or are about to issue National Programmes of Action to achieve the World Summit goals -- an unprecedented worldwide process of planning and action for children (and, importantly, for very poor children) is underway.

#### **The Convention on the Rights of the Child**

UNICEF's Executive Director often says that morality must keep in step with changing capacity. It is no accident that the Convention on the Rights of the Child -- with its sweeping provisions that translate all children's needs into all children's rights -- came into force as international law on the eve of the World Summit that acknowledged our new capacity to improve the

lives of the young. In record time, the Convention has been formally embraced by 154 countries -- more ratifications than any other human rights treaty has ever received. Clearly, a new ethic for children is being born and we sincerely hope that, by the end of 1995, the Convention becomes the first universal law of humankind. I respectfully urge the Central Asian Republics that have yet to ratify the Convention to follow the example of Tajikistan and Turkmenistan by ratifying at the earliest possible date.

### **Countries in transition: holes in the safety net**

Amidst the extraordinary difficulties of the unprecedented transition your countries are making, we have found so much to be encouraged and hopeful about. In your turn away from a centralized system and a command economy, you are not "throwing the baby out with the bathwater". While getting rid of what was bad or unfair in the old order, you are struggling to preserve the best aspects of the prior health care system, with its high coverage and care for the most vulnerable. You are not consigning health and well-being to the vagaries and cold calculus of the marketplace. You are seeking ways to plug holes that have developed in the social safety net. Much is changing here in Central Asia, but not your traditional warmth and concern for children.

I would like to take this opportunity to congratulate the leaders of Kazakhstan and Tajikistan for signing the Declaration of the World Summit for Children -- now signed by over 150 heads of state and government -- and we appeal to the other Central Asian leaders to sign this historic document as soon as possible.

Following several UNICEF and inter-agency missions to the area in 1992, last April our Executive Board approved two year bridging programmes (1993-94) for all five Central Asian Republics. Our Area Office is working with government counterparts to identify the immediate actions needed to strengthen basic services, while providing supplies and assistance for immunization, treatment of acute respiratory infections, diarrhoeal disease control, vitamin A supplementation, emergency winterization kits, school and teaching materials, and monitoring. We at UNICEF are proud to have begun to work with you in this new era and want to make our modest contribution ever more effective and useful.

### **Meeting basic needs by the year 2000**

Fifteen years ago, those who gathered in this city to issue the historic call for Health for All could not have imagined even a small portion of the extraordinary changes that would, only a decade later, transform not only this region but the entire world. The end of the Cold War, the collapse of the Soviet Union, the rise of democracy in so much of the world -- these and other events have made Toynbee's prediction about sharing human progress among all



less of a dream and more of a do-able proposition. We in UNICEF believe that by the end of the century, the basic needs of every man, woman and child for adequate nutrition, basic health care, primary education and learning, safe water and sanitation, and family planning can be met.

#### **A means of addressing the broader issues of our time**

My focus on children today is not merely because children are UNICEF's institutional mandate. It is also because reaching the year 2000 goals of the World Summit for Children will take us a larger part of the way toward the Alma Ata goal of Health for All -- for all children and for all adults -- than many now think. Children's lives are so intimately bound up with poverty, overpopulation and environmental degradation, that improving their lives impacts synergistically upon some of the central issues of our time. Meeting the goals for children -- effectively putting children first -- will boost economies and sustainable development, slow population growth and ease stress on the environment. It will also improve the status of women and strengthen democracy.

But let us not forget for a single instant that 13 million children will die again this year -- 35,000 again today -- of causes that are now largely preventable. Let us not forget this obscenity as we go about our daily lives, as we set our priorities, as we allocate resources, as we relate to our neighbours and families, as we relate to ourselves in our quiet moments of self-reflection. The world's children are looking to us for something better, something that will give them -- and us all -- a better future.