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Address by Mr. Henry R. Labouisse  
Executive Director, UNICEF  
at the Opening Ceremony of the  
International Conference on Primary Health Care  
Alma Ata, 6 September 1978

1. I first want to join Dr. Mahler in expressing UNICEF's gratitude to the Union of Soviet Socialist Republics for inviting us to Alma Ata and for providing the facilities for this Conference. It is indeed fitting that a country which has done so much to extend health care to all its citizens should host this meeting. As the Director of UNICEF, I cannot forget the comment, heard many times, that children are the "privileged class" of the Soviet Union. During a previous visit to this country, I was able to observe first hand the many forms of health care - and particularly of preventive health care - which benefit Soviet infants and children.
2. The obvious reason why we, in UNICEF, are so involved in the matter of primary health care is that health care, equitably extended to all, is essential for the well-being of children and is the very basis of development in almost any field. It therefore makes me happy that this Conference should bring together not only delegates specialized in health problems but also government and other representatives responsible for some of the diverse activities which, combined, make over-all development possible.
3. UNICEF's task is to help improve the condition of children in more than 100 developing countries, particularly in the villages and the city slums. In our co-operation with Governments, the health sector accounts for more than half of our entire programme expenditure. Over the past three decades, we have, for example, helped supply literally hundreds of thousands of health centres with equipment and drugs, most of them in rural areas. We have supported the training of over 1 million health workers. We are encouraging measures to improve child nutrition. In some 80 countries, we are providing equipment and materials for clean water programmes benefiting millions of village families. This work is, of course, multiplied many times by the financial, technical and human efforts of the Governments with which we co-operate and by assistance from bilateral sources and from numerous international organizations.

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4. In many sectors, much has been accomplished by countries in recent times. And yet, when we appraise the over-all health situation in today's developing world, the statistics could well lead us to despair. I will mention only two facts:

- more than 80 per cent of the people in the rural areas and poor urban neighbourhoods of developing countries are still without access to any health services - and the same percentage of the rural population has no access to safe water; and
- demographers calculate that, this year, throughout the world, there will be 15.5 million deaths of infants and young children up to the age of five. Of these deaths, 15 million will be in developing countries, 0.5 million in industrialized countries. Furthermore, ill health and lack of energy are reflected in the adult life of a proportion of the survivors.

5. ~~One of the reasons why we meet here today is our deep conviction that the scandalous disparities between health opportunities in different parts of the world, and also within countries, can no longer be tolerated.~~ This is not solely a situation of "haves" and "have nots". A number of societies, both poor and rich, have, I believe, reached a sort of impasse in the field of health care. The developing countries have come to realize that the conventional approach inherited from industrialized countries was hopelessly inappropriate when it came to meet, within a reasonable period of time, the health care needs of their vast populations. And the industrialized countries themselves, after making spectacular advances in the field of medicine and building up services with expensive facilities, sophisticated technology and highly specialized personnel, are now finding themselves burdened with ruinous medical care systems with which they are unable to provide proper health protection to their own very numerous poor.

6. So there has to be change everywhere. In some areas it has occurred already, in others it is one the way and we should all help to bring it about. To my mind, one of the most significant events for the developing countries in recent years has been the recognition by Governments and by most aid-providing organizations that simpler, more direct and much more decentralized actions must be taken promptly to bring to those most in need the essential health services they have never known so far. A report by WHO and UNICEF in 1974-1975 identified some of the components of this alternative approach. But we were not discovering anything; we were recognizing a necessity apparent to many and which was already leading to new patterns of services.

7. A number of countries have had experience with this approach and are applying it either nationwide or in some limited areas. They do so each in their own way, depending on their political systems, their cultural patterns, their social philosophy - and their financial resources.

We have a great deal to learn from them. It is, however, my conviction that, in spite of our different backgrounds and beliefs, we can all agree on what it will take in any country, under whatever regime, to make nationwide primary health care a reality.

8. 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. Some countries have already changed their approach to budgeting for health care. Instead of using an imported pattern of health services and extending it as far as resources will allow (which is not very far), they are, from the start, devising programmes capable of reaching everyone within the limits of available resources.

9. No service can exist in isolation, and primary health care can have only partial success if it is not supported by vigorous and concerted action from other branches of the government structure. In UNICEF's work for promoting simple, basic services at the grass roots level, we are acutely aware of the fact that development consists of interrelated efforts in many different fields. Almost every development activity can contribute, directly or indirectly, to better health - but some of the concerned ministries too often omit to include a health component in their programmes. Obvious examples of necessary action are the promotion of better agriculture and of crops with good nutritional value, with special attention to family food supply and to local food storage; the provision of safe water and improved sanitation; better housing; the reduction of the work load of women in villages; elementary health education of children and adults through the schools, through direct community action and the mass media - and of course the promotion of responsible parenthood which should be integrated into primary health care itself.

10. Such co-ordinated action within each country will not yield results in a day and the greatest determination, enthusiasm and patience will be required to reach the goal of primary health care for all. Difficult budget commitments will have to be made and there is no doubt that most developing countries will need increased co-operation from the industrialized countries and from the international community as a whole.

11. For its part, UNICEF stands ready to intensify its co-operation to the very limits of available resources. Over the years, we have always dealt separately with each country and Government and we shall continue to do so. Subject to the country's particular approach and choice of priorities regarding health care, UNICEF would hope to provide, in a variety of forms, increased co-operation in programmes related to children's health. Foremost in my mind are, for example:

- assistance in innovative programme planning, and facilitating intercountry exchanges of key personnel and information;
- the provision of supplies and equipment, including support of local production of health related items;
- support for training, particularly of paramedical personnel and community health workers; and
- increased co-operation in health related fields such as safe water supply, sanitation, nutrition, formal and informal education, and the local production and efficient storage of foodstuffs.

Last, but not least, I make the commitment that UNICEF will take every occasion - in its role as an advocate for children - for promoting primary health care together with other related basic services. The International Year of the Child, proclaimed by the United Nations General Assembly for 1979, will challenge all countries, rich and poor, to identify the greatest needs of their children and adopt long-term programmes on behalf of the young. The Year should be a great opportunity for making the concept of primary health care better understood and more widely supported.

12. I want to end on a note of hope and sincere optimism. I am enormously encouraged by the thought that, as we sit here, as we deliberate on general principles and plans of action, many countries are at this very moment, going ahead with the application of the primary health care approach, working their problems out in a variety of ways and learning from experience as they go along. The problem we are dealing with is not insoluble. I have absolutely no doubt that, in any country where the Government is determined to make and keep the necessary political commitments, it is now feasible to improve drastically the health of its entire population. If we have the will, the goal of health care for all could and should be reached before the end of this century.

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