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Presentation by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Forty-First World Health Assembly
Round Table Discussion on Alma-Ata

Geneva, Switzerland
6 May 1988

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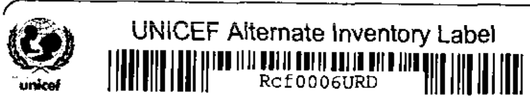
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Dr. Mahler;
Dame Nita Barrow;
Sir John Reid;
Distinguished Representatives of the six WHO regions;
Distinguished delegates to the World Health Assembly, colleagues and friends:

It is, indeed, an honour to open this discussion on achievements since Alma-Ata and on what lies ahead in Primary Health Care, as we commemorate a decade of intense global health activity which has taken its direction from the principles codified in the visionary Declaration of Alma-Ata, which we have just heard recited.

UNICEF has truly been guided by these principles; we have committed tremendous energy to actualizing the directives articulated in Alma-Ata. We are eager to testify as to how workable a plan the declaration announces, and equally, to see the lessons learned from successes in this first decade of activity applied to a far broader scope of health issues - and even to social issues beyond the health field.

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The global health community is at the midpoint in its attempt to realize the goal set by the World Health Assembly in 1977 through the means refined at Alma-Ata - the goal of Health for All by the year 2000 through Primary Health Care. From this midpoint vantage we face, like Janus, in two directions at once.

Looking back over the first decade of putting Primary Health Care into action, among the lessons we see, this one stands out: that the insights of the Declaration can be trusted for practical guidance! At UNICEF our first-hand experience has, of course, been in the field of maternal and child health.

In the successes of several countries in child survival and development activities - most notably in increased immunization coverage and improved diarrhoeal disease control and in bringing child health higher on the national political agenda - populations and their governments have had the opportunity to glimpse - not in theory, but through actual pracice - the potential of utilizing the principles of PHC. Thus, for example, when a country has mobilized several sectors to attain the goal of universal immunization for its children, political will has been activated to, "mobilize the country's resources" as promoted by the Declaration.

Such efforts have given countries a "hands on" experience, which, as the Declaration advocates, "...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". Following the path indicated by the Declaration, these accelerated programmes have involved, "in addition to the health sector, all related sectors and aspects of national and community development", and have required, "the coordinated efforts of all those sectors".

Once a country learns how to mobilize for health, learns to organize networks for alternate means of health education and provision of services, and discovers means to utilize previously untapped resoures for health - such as human resources - that knowledge can be naturally designed into broader application.

Take for example, Turkey, as one among many recent country examples, where, during the first expanded immunization programme in 1985, immunization of over 4 million children more than doubled coverage, to 80 per cent. This was made possible by bringing together the health services, the mass media, over 200,000 teachers, more than 50,000 imams, thousands of volunteers from non-governmental organizations - and the President, the Prime Minister, every provincial governor (vali) and districts administrator (kayamakan). Besides the immediate gain of preventing disease and saving child lives, the programme

set child health much higher on the nation's agenda. Turkey's positive experience opened doors for a new commitment which has developed into a sustained approach. New policies include permanently expanded immunization facilities which, after a temporary dip, now maintain coverage at 1985 levels. But the effort also catalysed other primary health care action. Hospitals now use oral rehydration therapy as standard practice. New mass approaches are being used to combat acute respiratory infections. The rectors of all 22 medical faculties and the heads of paediatric departments are strengthening child survival strategies in all medical and nursing curricula. Retraining programmes are being set up for all practising doctors and nurses.

Similarly in Indonesia we have seen the cutting edge of child survival activities accelerate extensive community involvement in provision of maternal and child health care. This was of course acknowleged internationally last month by both WHO and UNICEF, who awarded respectively, the Sasakawa Health Prize and the Maurice Pate Award to the PKK, a national women's organization, for their role in strengthening and voluntarily staffing the posyandu system which has just expanded (three years ahead of schedule) to provide five basic health services (growth monitoring, immunization, oral rehydration therapy, prenatal care and family planning) to women and children for 85 per cent of the population at the ratio of one center per 100 children younger than 5 years of age in 200,000 village centers. In keeping with the principles of Alma-Ata, this has been a brilliant example of allocating a nation's limited

resources during a period of budgetary retrenchment to meet the health needs of all of the people, rather than just the priviledged few.

UNICEF's specialized vantage of the rapidly expanding application of the principles of Alma-Ata to children highlights a particular corner of the overall picture of primary health care. But it has been an important corner - perhaps even the corner where we will find one door to far broader application. It has been territory of "learning by doing", and we anticipate that as countries, communities, organizations and individuals are empowered by taking a greater role in ensuring their own health and well-being, they will design new ways to use that capacity for other purposes as well. As a dramatic demonstration of this new potential in the 1980s, the lives of millions of children - reaching 2 million in 1987 alone - have been saved, and the cripplings of millions more prevented, by nations which through social mobilization have put today's low-cost solutions at the disposal of the majority of families

The sobering aspect of past experience is, of course, the slowness with which countries have thrown the weight of the majority of their health resources behind the now increasingly demonstrated principles of Primary Health Care and Alma-Ata. Tens of thousands of children still die needlessly each day as a consequence.

At this midpoint moment in the achievement of Alam-Ata's year-2000 goals, our gaze of Janus also focuses on the future. Today as we ask, "What are the next steps?" we look both with increasingly grounded trust to the Declaration for direction and to the fact that, while the means are now proven, hundreds of millions of families remain unreached by this Primary Health Care potential for a virtual revolution in child survival and development - a breakthrough which, by the year 2000, could reduce 1980's child death rates by half, save more than 100 million children from death and disablement, improve the health and nutrition of many hundreds of millions more, and slow population growth as well.

The next steps involve the need for redoubled commitment and acceleration of programmes that work. We look to creative use of human and health resources, as with the recent Bamako Initiative of the African Health Ministers, to do more with what is available, to mobilize more domestic and international resources for child health, and to prioritize, on national and international agendas, the meeting of basic human needs.

We believe that Health for All, and particularly for all children, by the year 2000 through Primary Health Care is the right goal. But to achieve it will require a far greater political will for Primary Health Care than that of today. Child mortality rates will need to be reduced at twice the percentage rates of recent decades and of recent years.

Should't we insist far more vigourously that in any civilization, morality must march with capacity? Shouldn't we assert unequivocably that it is now unacceptable for so many millions of children to die so needlessly from causes so readily preventable through Primary Health Care? Shouldn't morality be brought into step with our new capacity to move forward through Primary Health Care? Shouldn't the mass deaths of children be placed alongside slavery, colonialism, racism and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind?

The question UNICEF asks of its colleagues is straightforward: Shouldn't we who have contributed so much to create the capacity now within the world's hands, contribute more - whether collectively or in clusters or individually - to ensure that that capacity is not wasted ... that morality keeps pace with our ability to change the face of the 21st Century?