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Subject: Rapporteur's Summary of Bellagio Meeting

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Attached is my draft - please comment freely, fully, and rapidly upon it.

As we discussed, the plan is to put this as either a foreword or after-piece to the already-written Bellagio papers and distribute the package widely through our respective channels. Ken Warren has agreed to issue the material under the imprimature of the RF Working Papers series.

Bill Foege has agreed to add a "progress report" at time = 2 weeks to round out the process and give concrete evidence of momentum and progress.

Please comment quickly - as well as making any editorial changes in your own Conference papers. It would be good to have at least some of this material ready and out by the time of the UNICEF Board (April 24) and the World Health Assembly (late May), even if the full publication is not ready that soon.

The summary paper could also go out in advance as a report of the meeting to the bilaterals who were present.

Bill Foege and D.A. Henderson will also be exploring publication of their 2 papers in the referenced literature. We are exploring with Bob McNamara and Jonas Salk the possibility of another paper on the topic in a more broad-readership context.

cc: J. Salk
 R. McNamara

Bellagio Conference to Protect the World's Children
Rapporteur's Summary
(13-15 March, 1984)

Stephen C. Joseph, M.D.

On the first evening of the Conference, three themes emerged in response to the question "Why Are We Here?" These themes were to form the basis of the discussion and deliberations of the following 2 days of the meeting.

First, Jonas Salk described the need to improve the survival of the world's children as a "moral imperative". Halfdan Mahler, quoting from a speech by Tom Clausen, pointed to the need to build upon "people's faith in their own development". Jim Grant drew attention to the "art of the possible - the feasibility of empowering families around the globe to move towards greater self-reliance in their own and their children's health". Bob McNamara urged us, in this Conference, to "look at the opportunities, not the problems", adding that, "Resources are not the key issue, will is."

As a counterpoint to this positive context, the evening's second theme was one of a realistic and even somber view of current and future resource constraints. The impact of the world recession, not only upon donor agencies, but also as a cause of developing country budgetary cutbacks, particularly in health and other social sectors, was stressed. This highlighted the problem of a mis-match between technocratic and social values, whether in developing or affluent countries. Tom Clausen and Brad Morse urged realism with regard to current social investment possibilities, and especial attention to recurrent cost burdens placed on developing countries. However, with regard to the acceleration of immunization and other primary health care initiatives, it was generally agreed that the critical constraints may be managerial (at all levels) rather than financial.

The third theme of the opening session can be summarized as follows: Given the dialectic between the first two perspectives, what is the best way forward?

Two major notes were sounded, which can be seen as complementary. Halfdan Mahler urged us to "convert complex situations into pragmatic and selectively opportunistic managerial approaches". Jim Grant pointed to the possibility of "shifting the focus of health services to the family itself - using all available channels of communication to spread awareness of such low-cost and relevant technology as oral rehydration therapy and to increase awareness of the value of, and demand for, immunization".

This review will not attempt to directly summarize the papers presented on the next day of the Conference, but rather to pick up a few of the major highlights of the presentations and discussion, posing some of them in the form of questions for further reflection.

1. R. Henderson's review of the available technology and experience make it clear that major acceleration of efforts to immunize the world's children are possible. Can the resources (human, material, and organizational) be mobilized by which to do this? Which resource constraints are indeed the major bottlenecks? It is probably not a question of "either-or" but of "several-and", and acceleration should move forward concurrently on several fronts (expanded training, increased financing for vaccine purchase, improved vaccine, enhanced managerial capabilities, etc.).

2. As evidenced by Phillipe Stoeckle's paper, there are numerous instances of successful area-based projects, with success dependent upon using all channels of communication and service delivery, and upon insuring a high quality and reliability of actions and services. How far and at what speed can such demonstrations be replicated? How can they be institutionalized within national systems and indefinitely sustained?

3. Gus Nossal's paper laid out clearly the exciting new opportunities offered by the biotechnology revolution. New, improved, and multiple agent vaccines will increase the multiplier effect of each immunization contact. How shall the donor community - individually and collectively - strike the right balance between research support at the biotechnology frontier, and support of operational research to enable us to use better the tools we have? Several participants suggested the need for some form of donor information - network in this area.

4. D.A. Henderson reminded us that most of the major models that have been developed differ very little from models set up in industrialized countries. He raised the important and provocative question, "How do we employ the techniques of merchandizing and social marketing to the development of primary health care - perhaps using immunization as the leading edge?"

Ramalingaswami took the issue further, saying that we have a "large problem and a large technologic base", but that the latter is not well-fitted to the former. He reminded us that the failure of prevention is our failure, not the community's, and that an appropriate process of education can transform desires into needs, and needs into demands.

5. Along this same line, Peter McPherson's discussion of oral rehydration therapy stressed its advantage as a tool for increasing political awareness and will: ORT has particular appeal to political leaders because of ease of communication, low recurrent costs, and rapid and tangible results.

6. Bill Foege, in the paper proposing strategies for accelerating the immunization initiative, put it quite straight forwardly: "Can We and Will We?" His direct articulation of a three-point strategy: a) concentrate initial acceleration effort in a few countries, basing program development at the country level, b) increase resource flows to/through UNICEF and WHO so that no country that wants to make immunization progress will be slowed down, and c) emphasize "research driven by program needs" - especially with regard to efficiency of delivery and improved vaccines, led to an immediate and clear-cut response from the bilateral donors present.

Donor agency representatives were supportive in their recognition of the importance and potential impact of immunizations as a priority area for improving child survival. The discussion also reflected increased recognition of the importance of newly-emerging research opportunities. Donor agency representatives strongly-supported the emphasis on a country-based approach to programming; there was some discussion of the possibilities for re-programming of existing donor funds already allocated to countries, so as to support increased emphasis on immunization activities. Several speakers pointed out the likely resistance to this by national authorities in the countries concerned.

Bilateral agency representatives expressed strong pessimism concerning the availability of new, truly additional, funds at this time. Even more strongly expressed was a lack of enthusiasm for the creation of formal new institutional structures; there was consensus that expanded country activities be supported by existing WHO and UNICEF mechanisms.

Concern was also expressed that a) any emphasis on categorial initiatives - such as EPI - not weaken the commitment to the development of primary health care systems, and that b) any such emphasis be a response to, and not an imposition upon, rational priorities of developing countries.

The response of the heads of the convening agencies to the bilaterals' statements can be summarized as follows:

Halfdan Mahler expressed strongly the view that the Alma Ata Declaration, and the World Health Assembly resolutions on the Expanded Program of Immunization, leave no doubt as to the priority mandate of the developing countries. These perspectives create a firm but flexible policy framework within which a variety of operational approaches are possible - EPI is one key such approach.

Many examples (such as recent activities reaching immunization coverage of better than 80 % in India described by Jim Grant) give us confidence that acceleration of EPI and related child survival efforts is feasible. A "precious opportunity" (Brad Morse) lies before us. As Tom Clausen put in, that precious opportunity should be explored and developed on and from a country basis - with a realistic view of resource constraints.

Flowing with the clear sense of the meeting, the discussion of Thursday began with a series of country-focused presentations, before moving to proposals for concrete next steps.

Professor Ramalingaswami described the current situation in India as ripe for major acceleration of immunization efforts and probable addition of measles vaccination to the current spectrum of activities. He stressed the existing widespread infrastructure and a current "aura of development", and pointed to the need for India to strengthen its national-level structure and

to be ready to absorb the coming new technologies. He talked of the usefulness of external assistance for a part of the costs in the years immediately ahead, say \$ 3 per fully immunized child, reaching a total of approximately \$ 60 million annually within several years as full coverage is achieved. In the following discussion Halfdan Mahler stressed the enormous potential of India as a resource for TCDC (technical cooperation between developing countries).

The Minister of Health of Senegal, M. Diop, described his government's political commitment to an accelerated immunization program, and presented a clear-cut proposal for expansion of existing activities to national scale. He proposed Senegal as a demonstration country for acceleration efforts. Mlle Marta Arango Echavierra, representing Colombia, outlined existing immunization activities in her country, and cited as major constraints difficulty in vaccine procurement and maintenance of cold-chain.

General discussion, following the country presentations, again supported a country-based approach to program development, and pointed to the problem of internal allocation (and re-allocation) of resources by developing country governments.

Though no resolutions were formally debated or voted upon, a number of the bilateral agency representatives formulated and presented the following text, which was accepted by consensus as expressing the sense of the Conference:

"Resolved on the part of donors to look into possibilities:

- 1) to allocate (or reallocate) financial and managerial resources to support of primary health infrastructure, or the development, expansion, improvement or better utilization of this, in countries which themselves wish to give primacy or priority to that sector, and wish external support for the purpose.
- 2) to address themselves increasingly to support, in this context, directly or indirectly through UN mechanism, the inclusion and development of immunization programmes into primary health activities.

- 3) to support, increasingly, research and development in selected fields of tropical medicine.

Declare themselves ready to facilitate coordination by various means and on various levels, primarily on the level of developing countries concerned.

In this context, to set up an informal consultative group under the joint auspices of WHO, UNICEF, The World Bank and UNDP."

As the Conference moved to consideration of specific next steps, a proposal was put forward by Jim Grant, modified by general discussion, and endorsed by all participants. Its essence is described as follows:

An Ad hoc Task Force (later named the International Task Force for Child Survival) was formed, to work over the next year to develop both country-program and research aspects of accelerated immunization activities. Bill Foege will be engaged as Joint Consultant to WHO and UNICEF to direct this effort. He will be responsible to a group consisting of the heads of the four convening agencies (WHO, UNICEF, World Bank, UNDP), and these agencies (plus other interested bilateral agencies and private organizations such as the Rockefeller Foundation) will provide Dr. Foege with modest staff and logistic support. The activities of the Task Force will include:

1. Working with selected emphasis countries (India, Senegal, and probably Colombia) to develop country-based plans for accelerated immunization program proposals for presentation to bilateral and multilateral donor agencies for funding.
2. Formation of a voluntary Advisory Group on Research, to examine and prioritize research proposals, both in operational/delivery and biotechnology areas, for similar funding.

3. Preparing the agenda, and the material flowing from the actions outlined under 1 and 2 above, for a second Bellagio meeting, to be held in approximately one year's time.

The first working sessions of the Task Force took place immediately following the closure of the Conference program, developments and activities undertaken in the first two weeks are described in the accompanying report by Dr. Foegen.



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Notes

The report summarizes major speeches at the conference. Note especially paras 2 and 4, respectively speeches by Phillippe Stoeckel Philippe J. Stoeckel (Director, APMP, Association pour la Promotion de la Medicine Preventive - Association for the promotion of preventive medicine - Paris: "success depending on usnig all channels of communication and service delivery ..."; and D.A. Henderson (MD? writer on PHC in developing countries) "... How do we employ the techniques of merchandizing and social marketing to the development of primary health care ..."

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