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RAPPORTEUR'S SUMMARY

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by

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Chairman, Ministers, Agency Heads, Colleagues:

The closing statements by Mr. Grant, Dr. Mahler and Dr. Prewitt today and Mr. Conable's statement yesterday aptly capture the spirit of Bellagio III as well as the confidence and excitement of the Child Survival Revolution, vintage March 1988. The Ministers and representatives of government, as well as donor agencies, have today provided the substance and practical meaning of vital national programs. It is a tribute to this global effort that they have made time in their busy schedules to join together with us in this meeting.

It is not an enviable role to be a rapporteur whose responsibility it is to attempt some sort of coherent review of the extraordinarily rich diet you have partaken of over the past 2 days. Deans, no less than ministers or agency heads, are said never to be at a loss for words but I suspect at this hour of the day, you would be more appreciative of brevity and synthesis rather than a full recapitulation, especially since my co-rapporteur did such a magnificent job yesterday.

The many speakers at this conference have brilliantly portrayed the fact that across the globe, a revolution in public health has begun and that over the past decade, it has gained real momentum. It is a revolution begun in immunization and family planning but one which now is extending into oral rehydration, dietary supplementation and women's education. Clearly, it is laying the foundation for the preventive and community-based activities of primary health care, by far its most beneficial and cost-effective componet. Given the perspective of only a year or two, progress has sometimes appeared to be slow, even uncertain, but our speakers, in portraying for us a larger time frame, provide an appreciation of just how far we have come. Indeed, it is a very long way even in the brief span of time which has lapsed since our Bellagio I Conference.

In reflecting on progress, it is well to recall the plaintive cry of Mahatma Ghandi who near the end of his life said: "I am hard-hearted enough to let the sick die if you could tell me how to prevent others from becoming sick." Affordable methods and feasible strategies were then few indeed. Even as recently as a decade ago, when, after nearly 200 years, we were finally able to stop vaccinating against smallpox, not more than 1 child in 20 was being vaccinated against any other disease; oral rehydration strategies had scarcely begun to be used; the importance and magnitude of marginal Vitamin A deficiency was unrecognized; and few appreciated the importance of education for women. Other illustrations could be offered but when we reflect on where we have been and where we are now, it is apparent that a <u>true</u> revolution is in progress. It is apparent, moreover, that this revolution has a political will and international support behind it which is unprecedented in history. Has any program of any kind ever before succeeded in mustering the support of so many

national governments, the support of international agencies--WHO, UNICEF, World Bank, UNDP and IADB--the Rockefeller Foundation and organizations such as Rotary International, the Red Cross, the Junior Chamber of Commerce and who knows how many private voluntary organizations?

Drs. Foege, Henderson, Merson, deQuadros and Sai have portrayed with concrete data the dramatic strides which we have made. They have told us not of tens of thousands or hundred of thousands of deaths being averted each year but literally of millions of deaths now being prevented as well as hundreds of thousands of cases of severe disability. The costs, by any standards, have been minuscule. It would be instructive were we able to contrast these numbers and the productivity of these activities with those of the vastly more expensive and traditional curative services. Unfortunately, we cannot as no attempt has been made to quantitate the effect of such services in this manner. I strongly suspect, however, that the comparison would weigh heavily in favor of the community-based child-survival and still nascent maternal health services.

But as these speakers, as well as Drs. Walsh, Warren and Robbins have so well described, there is a potential to do more--far more--to address Mr. Ghandi's lament. They have not portrayed utopian dreams but, rather, potentials for the realization of goals during the 1990's which were all but unimaginable when <u>this</u> decade began. The secret in this endeavor was best and most specifically identified by Dr. Merson who called for a broadly based research agenda characterized by closely linked laboratory and field based activities--a research initiative which Dr. Mahler suggested should command 5% of all expenditures for the program. Perhaps the most urgently needed are the vaccine research and applied technology initiatives for which the Rockefeller Foundation

has provided a leadership role. That activity represents a start, a critical catalyst, but much, much more is required.

I would not endeavor to recapitulate the many important observations, useful insights and helpful ideas provided to us today by national authorities and donor agencies. Common themes were struck—of political will, of social mobilization, of involvement of populations to the very periphery, of problems in communication, of the value and limitations of campaigns. I was especially impressed by China's report of its continued commitment to the achievement of 85% vaccination coverage by 1990 in every county of its vast country and now its announced intentions to examine the feasibility of polio eradication. We must admire Mexico's courageous decision to sustain its commitment to primary health care at the expense of high technology medicine during a period of budget crisis. This represents an extraordinary landmark in considered judgment, commitment and political will and provides ready explanations for Mexico's successes in family planning, diarrheal disease control and immunization. Brazil's successful initiative to fully involve the Catholic Church in communicating with its population deserves notice of others as do its remarkable series of research studies pertaining to polio eradication. Having visited India only 10 days back, I had been informed of the 5 special technical missions identified by the Prime Minister as being of highest priority and the special measures to pursue these. Three of them—immunization, illiteracy and safe water—directly pertain to the Child Survival Revolution. The plea from our colleague from Indonesia for applied research in vaccines and vaccination devices strikes a resonant note for all of us and reinforces Dr. Mahler's plea for a substantially greater allocation of funds for such efforts. He also illustrated the very effective use in Indonesia of women volunteers in the

family welfare movement and called for a greater emphasis on female literacy, a plea which is being increasingly heard from many corners of the world. Other colleagues from Columbia, Pakistan, Morocco and Peru openly and constructively shared with us experiences, problems and needs. Finally, Dr. Rugunda served to remind us that we share one world and common problems which cannot and should not to be addressed as supplicant and donor. He emphasized our collective responsibility and the special needs of humanity, especially in those countries where poverty and political stability are the greatest problems. The reaffirmations of support by donors as well as the brevity of their remarks were very much appreciated.

A number of speakers, both yesterday and today, have expressed important concerns—about sustainability, about cost and commitment, about integration of programs, about political will and about the problems of intersectoral cooperation. In doing so, it seemed to me that a very important point was alluded to but, not specifically highlighted. What is in progress is basically a revolution in health care, a revolution rooted primarily in community based services to provide, in Dr. Sai's words and I paraphrase slightly: "Wanted, healthy children cared for by healthy mothers". It is a revolution which adds to the traditional curative-based systems of health care a long neglected but new dimension of community interventions which the traditional curative health systems have not been able to provide.

Dr. Sai characterized such programs as having 4 components:

1) Community-based services which recognize that the clinic-based system is inadequate
2) Programs which recognize the user or clients perspective

3) Community participation including, in particular, the "empowerment of women"

4) Integration of the programs in a broader development framework.

As he explicitly pointed out and others implied: "It is not whether the services are integrated per se which leads to their success but the way they are delivered, the type of personnel who deliver the service and the types of leaders who are involved."

In brief, the revolution presents a challenge to all of us to reexamine our traditional health-care systems and to seek new paradigms. It is obvious that this should not and must not be an exercise in endeavoring to force these new and highly productive activities into the traditional mold and method of operation of existing curative health-care systems. Rather, it is an exercise in the creation of new, more broadly-based contemporary systems for health care. Inevitably, revolutions create anxieties in those of the establishment and the establishment in this case represents ourselves and our physician colleagues who have been trained for and presently provide curative care in hospitals and health centers to those who come to the centers seeking help. As we know, such centers are customarily directed by physicians whose training has been to treat the sick and this is what they have done because this is what they know best how to do. In most countries, upwards of 80% of all government health expenditures have been devoted to these curative care functions. However, most of these physicians know little about the organization and execution of programs throughout the community itself, about methods for communication and health education, about motivation of voluntary groups and the potential support they can provide, about management, about assessment or about epidemiology. Yet,

these are the skills which have made the programs of the child survival revolution the success they have been--the programs which demonstrably have cost so little and yet have done so much.

The revolution offers now a unique opportunity to define specifically the goals of our health systems, to decide on optimum strategies and the best mechanisms for carrying them out--to reallocate scarce resources in order to maximize the goal of "wanted, healthy children cared for by healthy mothers". Mr. Woods expressed this process in terms of deciding who we are trying to reach and how and why. Rightly, he indicated that this would require time and experimentation to accomplish and pointed out that there was need for concerted effort both to perfect technologies and to develop new ones.

It would seem logical in the process of this examination to cast aside other artificial constraints in addition to those which hold that eventually these activities must be encompassed within existing systems of the type we now know. One of importance is the belief that all health workers, like traditional physicians, must in some manner perform the many different activities and functions as so-called multi-purpose workers; that there is something intrinsically wrong with programs whose workers are devoted to a single program or group of tasks. Dr. Sai addressed this question, most effectively, and I would add that such ideological constraints do not seem to trouble us in other sectors. If you will pardon a personal illustration--I would note that at my home in Baltimore, a mailman delivers mail each day, trash men pick up the garbage twice each week, a paper boy delivers a newspaper each day and a gas and electric company employee reads the meters once each month. Heaven knows what the results might be if all of these functions were to be undertaken by a

multipurpose municipal worker! Complementarity, cooperation and appropriate sharing of responsibility can obviously accomplish more than activities performed in isolation but all workers cannot perform all functions. The point is, as Dr. Foege has pointed out, objectives need first to be defined and systems need to be appropriately crafted, unencumbered by what we now recognize to be archaic constraints.

If the first precept is that of recasting our traditional health systems to accommodate new approaches for improved child and maternal health, the second precept must be that of measurement of outcomes to determine the success of our efforts and to use this information to redirect programs. As Dr. Ralph Henderson has noted in illustration, the objective of an immunization program is not the vaccination of children but the prevention of disease. It is helpful to know how many millions have been vaccinated and to know the coverage rates but all of this is quite irrelevant if the disease incidence has not declined. Dr. deQuadros has portrayed well what surveillance has meant in designing the polio eradication campaign in the Americas. All programs require indicators of outcomes if they are to be successful. Here, we have a substantial task before us, as many speakers have emphasized. Systems for surveillance are still primitive and incomplete. But as we shift our attention from treatment of individual sick and disabled patients to ascertaining the health of a community we need different measurements than we have been accustomed to gathering and we need to learn to use these in management and redirection of programs. This is a matter of urgency. In doing so, we must not forget, as Sir John Wilson has reminded us, that we must also deal with the burden of the unfortunate already suffering from major disabilities.

We need to state specific objectives and then we need to have a Bellagio IV and V and VI and VII to assess our rate of progress, our successes and our failures--to redirect strategy and resources--to learn through doing and to decide priorities in research which might facilitate the task.

Several have offered goals to which we should aspire by the year 2000 and these I should like to summarize from notes which I have taken during the meeting:

1) Infant mortality rates in all countries should be less than 50 per 1000.
2) Childhood mortality rates in all countries should decrease by at least half between 1980 and 2000.
3) Polio should be eradicated.
4) Measles cases should be diminished by 90% and deaths by 95% compared to 1985 rates.
5) Neonatal tetanus in all countries should be less than 1 per 100000 live births.
6) Maternal mortality in all countries should be less than 60 per 100000.
7) Diarrhea deaths should be reduced by 70% compared to 1985 rates.
8) Respiratory disease deaths should be reduced by 50% compared to 1985 rates.
9) Low birth weight babies in all countries should account for no more than 10% of all live births.

Let me note again, however, that if we are to meet these targets, we will need data to assess such progress and ultimately to determine success. This means surveillance as we have not so far managed to achieve.

These are bold goals indeed but as Mr. Conable said, "Outlays for these kinds of activities are outlays which developing countries cannot afford not to make." He added, "In difficult times, investment in preventive health care remains a necessity" but as he pointed out, a Grand Alliance for Health has now been created.

In forging ahead, it is difficult indeed to foresee the shape or content of what a Bellagio IV Conference. Each of these meetings has surpassed its predecessor, in content and venue. The hospitality we have enjoyed at Talloires has no precedent and for this we are all deeply indebted to the Tufts International Center, and especially to Mrs. MacJannet and Dr. Charles Merieux and the Marcel Merieux Foundation—to the Task Force for Child Survival and its sensitive wise leadership. We salute, in particular, Dr. Bill Foege, Mr. Bill Watson, Mrs. Carol Walters and the Task Force staff who have quietly and effectively facilitated these efforts and efficiently dealt with the innumerable problems in bringing us together. And let me not neglect to thank our interpreters who have valiantly struggled to make sense of a babel of accents.

I would like to close with the observation that closed a proceeding meeting, words crafted by President Betanourt of Colombia and Dr. John Evans. The Child Survival Revolution has served us well in building a new confidence in multilateral action and the ordering of nations, in finding opportunity where others have found problems, in giving back to the world its faith and confidence in life and development. We depart Talloires with renewed faith in that vision.