

UNICEF's Involvement in the Health Sector and Primary Health Care

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Present Situation

Infectious and other diseases, malnutrition, too frequent pregnancies and unhygienic living conditions still threaten the lives of hundreds of millions of children and mothers in developing countries, particularly in the most disadvantaged areas of these countries, where the interaction of poverty and ignorance creates a stagnant social condition that hinders development and perpetuates disease in a vicious circle. Broadly, it is in the same areas that the environmental component of the ecosystem has an important role in causing disease.

In the less developed regions, the infant mortality rate in the early 1970's was 140 per 1000 live births. This contrasts dramatically with the rate of 27 per 1000 in the more developed countries. While infant mortality is ten to twenty times higher in developing countries than in industrialized ones, the average mortality rate in the 0–5-age group is thirty to fifty times higher. In Africa alone, one million children below the age of 5 die every year of malaria, and even more of gastroenteritis—a clear indication of the important role the environment plays in relation to child health.

There remain serious imbalances among countries and there is an even greater disparity within countries, that is to say between the more developed parts and the less accessible and underprivileged ones. According to studies made by WHO, only 20 % of the population of developing countries has access to health services. Reasonably safe drinking water is inaccessible to one-fifth of the urban population and three-quarters of the rural population. In developing countries, approximately 80 % of public sector expenditures are for the urban/hospital complex from which only some 20 % of the population derive direct or indirect benefit.

Historic Evolution

Governments the world over have been exposed to the pressures and demands of their own underprivileged population groups. They have in turn joined a worldwide movement advocating a fundamental reappraisal of the economic and social relations between developing countries, the industrialized and the oil-rich countries. These pioneering efforts, helped by improved communication facilities, have led to a gradual but constantly growing awareness by people of existing

Les problèmes de santé que connaissent la plupart des pays ont amené au niveau mondial une prise de conscience de la nécessité d'approches nouvelles. L'OMS et le FISE/UNICEF ont élaboré le concept des soins de santé primaires, qui met l'accent sur les relations étroites qui existent entre la santé et le milieu, l'adaptation aux conditions locales et l'engagement actif de la communauté. Cette approche requiert de profondes réorientations, en vue desquelles les organisations internationales doivent apporter leur contribution.

Die Gesundheitsprobleme, welche die meisten Länder kennen, haben zu einem Verantwortungsbewusstsein auf Weltebene und zu einer Einsicht in die Notwendigkeit neuer Ansätze geführt. Die WHO und FISE/UNICEF haben ein Konzept der primären Gesundheitsversorgung ausgearbeitet, welches das Schwergewicht auf die engen Beziehungen zwischen der Gesundheit und dem Milieu, auf die Anpassung an die lokalen Bedingungen und die aktive Beteiligung des Gemeinwesens legt. Dieser Ansatz erfordert grundlegende Neuorientierungen, zu denen die internationalen Organisationen beizutragen haben.

needs, as well as of the potential to improve their living conditions. With this came the realization that the interrelated concepts of health and the environment were among those to which priority attention should be given. This has created the climate in which new concepts of health and environmental policies could be considered as part of a new strategic approach.

In response to this growing need to which countries and people have increasingly given clear and anguished expression, and based on a great deal of preparatory and pioneering work by many countries and voluntary agencies, WHO and UNICEF formulated in 1975 and 1976 a primary health care (PHC) approach and, in collaboration with other agencies, have made strenuous efforts to work with developing countries toward the gradual and effective practical application of this approach.

Primary Health Care

A feasible solution to the complex problems outlined above is thus offered by the primary health care policy for the development of health services. In essence,

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primary health care represents a major shift in emphasis in the utilization of health services; its aim is to bring simple, basic health services to the largest number of people by making maximum use of available community-based workers. It entails building up a new relationship between health- and other services and communities in urban and rural areas; in this new relationship, the role of the community is that of an active and involved partner in the endeavour of reorienting the health system to support a front-line approach.

To be effective, health services at the primary level must be shaped around the life pattern and stated interests of the population they are to serve. Because they are meant to respond to the specific needs of the community, there can be no one model which is universally applicable. The application of primary health care will vary from country to country, according to differences in patterns and needs.

Need for a Political Commitment and for Leaders

All developments, but especially those in the social sector, have political implications. Therefore, to be successful, social developments must be accepted at the senior government level. This is true also of PHC. Its adoption on a national scale requires a clear and conscient statement of political will.

A clearly defined national primary health care policy is required so as to influence and help with the reorientation of existing health structures. It must apply itself to a reappraisal of the allocation of national resources to the health sector and must ensure the involvement of other government services (welfare, education, agriculture, etc.) and set up appropriate machinery for coordination at all levels among these services.

In every community there are men and women who have leadership qualities—they can exert both influence and authority and have special skills and talents that they can make available to the development of primary health care. They are people who can clearly express community needs, get others to help, and who can serve as pioneers and focal point within the community and in discussions with the government, other organizations, and so forth.

Appropriate Technology

Primary health care needs scientifically sound techniques and, as any other form of development, must use modern technology when relevant. However, such techniques and technology must be acceptable to the community and must be within the grasp and economic reach of those they are meant for.

Reports received from many countries confirm that technology can be applied to develop simple cold-chain systems for the preservation of sera and vaccines for immunization campaigns. WHO has pioneered the establishment of a reduced list of essential drugs for PHC and thus reduced the vast and varied requirements. Some countries are now basing their drug requirements for PHC on this simplified list. International organizations will have to give more thought to

country-oriented technical aid and assist with the review and strengthening of national capacity to produce, procure, store and distribute essential drugs.

Appropriate technology will have to be applied on an unprecedented scale to establish and maintain safe and adequate sources of water in rural and peri-urban areas.

Decentralization and Coordination

To establish strategies of PHC intervention and to coordinate a multisectorial mechanism of government response to community needs, appropriate structures at the national and local levels are needed. It would be both impossible and unwise to single out one pattern of coordination for general application. However, it is fair to point out that in most schemes the crucial level, at which local activities are worked out in detail and coordinated, where actual consultation with the community can take place and where national, local and community resources can be coordinated into local programmes, is the district or provincial level. Here technicians from the health sector and other services are available and the general administration is represented.

This necessitates a review and reform of present administrative systems, to permit a devolution of the decision-making process to lower levels and entrust them with the responsibility to approve and administer budgets, to encourage and coordinate cooperative action and, above all, to communicate with other local authorities and communities.

Resources Required for PHC

A determined effort will have to be made by governments to reexamine the composition of their budgets and recast them to take account of the major emphases of PHC at the community level. Cost projections will have to include not only the utilization of public funds, including external assistance, but also to identify all possible contributions from local communities.

Experience in many countries has shown that a wide variety of resources can be mobilized, ranging from voluntary participation in local health insurance schemes, to revolving funds from the sale of drugs and other supplies in village pharmacies, contributions in cash and kind, to help pay for the cost of services (e.g. simple buildings, remuneration for community health workers, etc.).

The Role of International Cooperation

With the formulation of policies for PHC and the early experiences that have been made in its practical application, there is no reason why the majority of developing countries should not initiate this approach now. The advantages of learning from and refining the approach by doing it are overwhelming.

While primary health care is a national endeavour, the implementation of the policy must be supported by concerted and significant international cooperation. It is here that international agencies can play an impor-

tant role as a forum for the formulation of appropriate policies and for the promotion of global objectives. They should not only address themselves to those in government responsible for the health sector but also to political bodies, and urge them to take action to ensure the effective interrelationship between PHC and overall development efforts. Discussion with all sectors of government whose cooperation will be needed is indispensable.

It is here too that the concept of technical cooperation among developing countries (TCDC)—that is to say the exchange of relevant knowledge and experience among them—could be widely and profitably applied.

The international organizations themselves will at the same time have to reexamine their own capacity to support national endeavours through a more coordinated approach at the country level, through studies of specific components of PHC and on the basis of practical experience at the country level. They will also have to simplify their own procedures to enable them to assist countries on a longer-term basis, assume a greater share of local cost financing and give increased support to experimental projects in countries.

It is encouraging that the adoption of a primary health care assistance policy by the governing bodies of WHO and UNICEF has been supported or accompanied by many parallel policy decisions in a number of multilateral and bilateral aid agencies as well as in voluntary agencies. Also the momentum created by the decision to hold an International Conference on Primary Health Care in the USSR in September of 1978, and the preparatory activities for this Conference now being undertaken at the country and regional levels, with the participation of a variety of agencies, have greatly helped to persuade a large number of governments to review their present health care systems with a view to introducing a PHC policy or experimenting with different types of primary health care.

Summary ¹

The severity and pattern of health problems still prevailing in most of the world, and the serious imbalances remaining both among countries and within countries (between their more developed parts and the underprivileged areas) have brought governments the world over to have to fundamentally reappraise their health services and policies (often taken from outside). In response to the growing need expressed in many parts, WHO and UNICEF formulated in 1975 and 1976 a primary health care (PHC) approach, which represents a major shift in emphasis in the implementation of health services. Among other things, it aims at making maximum use of available community-based workers, in building up a new relationship between health and other services, and in making the community an active and involved partner. It underlines the close interrelationship between health and the environment at large. To be effective, health services at the primary level must be shaped around the life pattern and stated interests of the population they are to serve. Because they are meant to respond to the specific needs of the community, there can be no one model which is universally applicable.

All developments, but especially those in the social sector, have political implications. So it is for PHC, the adoption of which on a national scale requires first and foremost a clear and conscient statement of political will. There must be a reorientation of the existing health structures, a reappraisal of the allocation of resources and the setting up of an appropriate machinery for coordination.

Particularly important issues in the implementation of PHC programmes are appropriate technology and decentralization. In most schemes, the crucial level appears to be the district or provincial level. There should thus be a devolution of the decision-making process to lower levels, a delegation of authority-responsibility in various ways.

While PHC is a national endeavour, there must be support by concerted international cooperation. International agencies can play a role in urging national administrations to give adequate resources to PHC and to ensure the necessary intersectorial collaboration. At the same time, cooperation organizations will have to reexamine their own ways of working. It is encouraging that PHC policies have been adopted by many agencies, multilateral and bilateral, public and private. This commitment was illustrated through the Alma Ata International Conference on Primary Health Care, in September 1978.

Résumé

L'engagement du FISE/UNICEF dans le secteur de la santé et les soins de santé primaires

La gravité et le type des problèmes de santé prévalant encore sur la plus grande partie de la planète, et les sérieuses différences qui persistent entre les pays et à l'intérieur des pays (entre leurs parties plus développées et les zones défavorisées) ont amené les gouvernements du monde entier à devoir réévaluer leurs services et leurs politiques de santé (souvent inspirées de l'extérieur). En réponse au besoin croissant exprimé, l'OMS et le FISE/UNICEF ont formulé en 1975 et 1976 une conception des soins de santé primaires (SSP), qui représente un changement d'orientation majeur dans la mise en œuvre des services de santé. Entre autres choses, cette approche cherche à utiliser au maximum des agents de santé basés dans la collectivité, à établir des relations nouvelles entre la santé et les autres secteurs, et à faire de la communauté un partenaire actif et engagé. Elle souligne les interactions étroites entre la santé et le milieu considéré dans un sens large. Pour être efficaces, les prestations de santé au niveau primaire doivent être fournies en fonction du mode de vie de la population et des intérêts qu'elle exprime. De plus, comme les services de santé doivent répondre aux besoins spécifiques locaux, il ne peut y avoir de modèle unique universellement applicable.

Tout développement (mais plus particulièrement dans le secteur social) a des implications politiques. C'est le cas des soins de santé primaires, dont l'adoption au niveau national nécessite une déclaration claire de volonté politique. Il doit y avoir réorientation des structures médico-sanitaires existantes, réévaluation des allocations de ressources et mise en place d'une coordination appropriée. Deux questions particulièrement importantes pour les SSP sont la technologie appropriée et la décentralisation. Dans la plupart des cas, on voit que le niveau crucial pour la mise en œuvre des programmes est le niveau du département ou de la province. Il devrait y avoir dévolution du pouvoir de décision à des niveaux plus périphériques, une délégation d'autorité-responsabilité, de diverses manières.

Quand bien même les SSP sont une entreprise nationale, ils doivent être soutenus par la coopération internationale. Les organisations internationales peuvent jouer un rôle en insistant auprès des gouvernements pour que les SSP bénéficient de ressources suffisantes et pour que soit assurée la collaboration intersectorielle indispensable. En même temps, les organismes de coopération doivent réexaminer leurs manières de travailler (dans le but de les simplifier). Il est encourageant de noter que des décisions dans le sens des SSP ont été prises par de nombreuses organisations, multi- et bilatérales, officielles et privées. Cet engagement a été illustré par la Conférence internationale d'Alma Ata sur les soins de santé primaires, tenue en septembre 1978.

¹ The summaries have been prepared by the editor.

Zusammenfassung

Das Engagement der UNICEF im Sektor Gesundheit und primäre Gesundheitsversorgung

Der Ernst und die Art der Gesundheitsprobleme, die heute noch auf dem grössten Teil der Erde vorherrschen, und die bedeutsamen Unterschiede, welche zwischen den Ländern und im Innern der einzelnen Länder auftreten (zwischen den besser entwickelten Teilen und den benachteiligten Zonen) haben die Regierungen der ganzen Welt dazu gebracht, ihre Gesundheitsdienste und ihre (oft von aussen beeinflusste) Gesundheitspolitik zu überdenken. Als Reaktion auf ein immer mehr artikuliertes Bedürfnis haben die WHO und die FISE/UNICEF in den Jahren 1975 und 1976 ein Konzept der primären Gesundheitsversorgung ausgearbeitet, das eine Änderung in den Hauptorientierungen in der Verwirklichung der Gesundheitsdienste darstellt. Unter anderem versucht dieser Ansatz, nach Möglichkeit die Gesundheitsfachkräfte aus dem Gemeinwesen zu rekrutieren, zwischen dem Gesundheitswesen und den andern Sektoren neue Beziehungen zu schaffen und aus der Gemeinde einen aktiven und engagierten Partner zu machen. Er unterstreicht die engen Wechselwirkungen zwischen der Gesundheit und der betreffenden Umwelt in einem weiten Sinne. Um wirksam zu sein, müssen die Leistungen des Gesundheitswesens auf der Basisstufe in Funktion der Lebensweise der Bevölkerung und ihrer ausgesprochenen Interessen organisiert werden. Des Weiteren, da die Gesundheitsdienste spezifischen lokalen Bedürfnissen Rechnung tragen müssen, kann es kein einzelnes allgemein anwendbares Modell für alle geben.

Jegliche Entwicklung (aber insbesondere auf dem sozialen Sektor) hat politische Implikationen. Dies ist auch der Fall in der primären Gesundheitsversorgung, deren Billigung auf nationaler Ebene eine klare politische Stellungnahme erfordert. Neuorientierungen der bestehenden medizinisch-sanitären Strukturen, eine Neueinschätzung der Zuweisung der Ressourcen und eine den Gewohnheiten des Landes angepasste Koordination sind notwendig.

Zwei für die primäre Gesundheitsversorgung besonders wichtige Fragen sind die passende Technologie und die Dezentralisation. In der Mehrzahl der Fälle sieht man, dass die zutreffende Organisationsebene für die Verwirklichung der Programme das Departement oder die Provinz ist. Die Entscheidungsmacht sollte auf niedrigere Ebenen übertragen, Autorität und Verantwortung auf verschiedene Weise delegiert werden.

Obwohl die primäre Gesundheitsversorgung ein nationales Unternehmen ist, sollte sie durch internationale Zusammenarbeit unterstützt werden. Die internationalen Organisationen können eine wichtige Rolle spielen, indem sie von den Regierungen mit Nachdruck fordern, dass die primären Gesundheitsdienste über genügend Ressourcen verfügen und ihnen die notwendige Zusammenarbeit mit anderen Sektoren zugesichert wird. Gleichzeitig müssen die Organisationen der Zusammenarbeit ihre Arbeitsweise überprüfen (mit dem Ziel, sie zu vereinfachen). Es ist ermutigend, festzustellen, dass Richtlinien im Sinne der primären Gesundheitsversorgung von zahlreichen multi- und bilateralen, öffentlichen und privaten Organisationen angenommen worden sind. Dieses Engagement fand an der internationalen Konferenz von Alma Ata über primäre Gesundheitsversorgung im September 1978 ihren Ausdruck.

Medizinische Entwicklungszusammenarbeit des Bundes

Der internationale Rahmen und der Stellenwert des Gesundheitswesens in der schweizerischen Entwicklungszusammenarbeit

R. Wilhelm¹

Der Gedanke, dass durch den systematischen Ausbau des Gesundheitswesens in Entwicklungsländern ein wirksamer, ja unentbehrlicher Beitrag zur wirksamen wirtschaftlichen und sozialen Entwicklung geleistet werden kann, ist selbst in der kurzen Geschichte der internationalen Entwicklungszusammenarbeit noch recht neu. Er ist auch noch lange nicht überall angenommen, sieht man doch in der Verstärkung des Gesundheitssektors oft, im Unterschied zu den wirklich «produktiven» Sektoren, wie Landwirtschaft und Industrie, vor allem die grossen Kosten, die kaum zum wirtschaftlichen Wachstum einer Volkswirtschaft beitragen. Im Gegenteil: es wird gesagt, dass die Aufwendungen für gesundheitliche Verbesserungen in den Entwicklungsländern ja noch zu einem verstärkten Wachstum der Bevölkerung und damit wiederum zu weiteren Belastungen im Bemühen um die Verbesserung der Lebenshaltung führen.

Auch in der schweizerischen Entwicklungsarbeit hatte die Förderung des Gesundheitswesens noch recht

Die Förderung des Gesundheitswesens zugunsten der grossen Masse der Bevölkerung sollte integrierender Bestandteil der gesamten wirtschaftlichen und sozialen Entwicklungsbemühungen bilden.

La mise en place d'un système de santé qui soit au bénéfice de la masse de la population doit être partie intégrante des efforts en vue d'un développement économique et social global.

lange den Anschein einer rein charitativen Unterstützung zur Linderung des menschlichen Elends, die doch eher der humanitären Hilfe zugeordnet werden sollte. Diese Auffassung wurde noch dadurch gestärkt, dass die traditionelle Unterstützung im Sektor Gesundheit sich doch zum grossen Teil auf die Arbeit in einigen Spitälern in den Städten konzentrierte. Eine Breitenwirkung auf die grossen Massen der Bevölkerung war damit notwendigerweise kaum vorhanden.

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