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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
All-Africa Parliamentary Conference on Population and Development

"Positive Interactions in Africa from Accelerating
the Child Survival and Development Revolution and Family Planning"

Harare, Zimbabwe
13 May 1986

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United Nations Children's Fund
Fonds des Nations Unies pour l'enfance
Fondo de las Naciones Unidas para la Infancia

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Mr Chairman,
Honourable Minister of Health,
distinguished parliamentarians,
ladies and gentlemen:

This Conference occurs at a time when the past generation in Africa can be described as, to paraphrase Charles Dickens, having experienced both the best of times and the worst of times.

The best of times for many reasons: The great majority of Africans now enjoy national self rule, the most notable recent advance being here in Zimbabwe in 1980. Child death rates have dropped by some 40 per cent since the early 1950s, when one child out of every three died before reaching age 5 and many others were crippled for life from a wide variety of causes. Basic literacy and education rates have soared relative to the 1950s. Millions of Africans have acquired highly developed skills; scores are working for UNICEF working with others around the world. African States and leaders now have important roles in the world and Zimbabwe is now the President of the Non-Aligned Movement.

At the same time, we can recite many tragic circumstances in Africa, particularly at a time of continuing severe global economic difficulties which impact most heavily on Africa. Population increase has outstripped food production since 1970, and is now 11 per cent less per capita. Malnutrition has risen in a number of African countries in the 1980s. The rate of infant and child mortality reduction has slowed in many countries, and even risen in some, under the impact of drought, civil disturbances and global recession.

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Of the 22 million children born in Africa in 1980 when Zimbabwe achieved its independence, by the end of 1985 approximately one-third were dead or crippled for life, with millions more suffering from malnutrition. The unprecedented rapid population expansion has increased Africa's population to over 500 million. World Bank projections indicate that the population may not stabilize before it tops two billion - well over the total projected for Latin America and Europe combined, even though each of those today, only approximately equal Africa in population. Paranthetically, the total world population in 1950 was 2.5 billion.

But I have not come here to bring a message of defeat and despair. I come instead with a message, in the words of Prime Minister Robert Mugabe, of actionable opportunities for renewed progress for the survival and health of Africa's communities, and for forms of progress which will contribute toward population stabilization at significantly lower levels.

We all know that Africa is generously endowed with physical and human resources. We also know, as Fred Sai and Nafis Sadik aptly noted yesterday, that nutrition, health and population growth rates are intimately inter-related. Sharply improved child health and nutrition can help to significantly increase the desire for fewer births; and slowed population growth, (particularly through timely child spacing with its great beneficial impact on the health of mothers and the birth weight of babies) can significantly improve child health and nutrition, contributing to a virtuas circle of improved health and slowed population growth.

With respect to the former, the late Prime Minister Indira Gandhi aptly noted at the South Asian Meeting of Parliamentarians on Population and Development shortly before her untimely death in 1984: "Parents are more likely to restrict their families if they have reasonable assurance of the healthy survival of their two children."

Former President Julius Nyerere expressed the same conclusion earlier when he said: "The most powerful contraceptive is the knowledge that your children will survive".

My most urgent concern, as Executive Director of the United Nations Children's Fund, is improving the survival and wellbeing of children. My proposition to you today is that child survival can be a key to developmental progress...and to population stabilization as well. And my purpose today is to demonstrate that - despite current economic, political and climatic adversity in Africa - there is not only a new capacity to dramatically reduce the current wanton waste of Africa's children, but also a new capacity to contribute to building a foundation for a broad range of social and economic advances...and slow the growth of population as well.

The possibilities for dramatic advances in child survival exist today because of one central new development of recent years - largely a by-product of the development progress of the past decades - that now holds forth the prospect for major breakthroughs, even in these lean times, when combined with recent technological advances. Vigorous use of this new development in the past several years is already saving the lives of more than one million small

children each year in developing countries; truly vigorous support could mean by 1990 annually saving the lives of 5 million small children worldwide - including more than one million in Africa - and improving the health of several million more while also contributing to decreasing population growth.

The new opportunity: "Social mobilization"

What is this new development? It is the new, and still rapidly growing, capacity - the major new potential - to communicate with the poor majority in developing countries. Indeed, it is the revolution in social communications and organization which has occurred in recent times, well known to commercial entrepreneurs and politicians but which only now is beginning to be used intensively for social benefit.

An almost incredible transformation has taken place in virtually every country with respect to the capacity to communicate, no matter how poor or under-developed, as a result of general development progress. The ubiquitous radio is everywhere in the rural countryside. In North Africa a majority of homes have access to television. Almost every village now has a school; womens organizations, farmers associations and commercial retail outlets in villages have vastly increased in numbers. A growing proportion of young mothers in their 20s and 30s can now read and write. Some countries have party structures that reach men and women in every village and urban neighbourhood.

Religious structures - Christian, Islamic and Buddhist - have major new capacities to communicate. And, perhaps to the surprise of those in the "developed" world, people in most less-developed areas of Africa, Asia and Latin America - while they still have per capita incomes lower than those of Europeans or North Americans of two centuries ago - now have a capacity to communicate not achieved in the industrialized world until it neared the mid 20th century - just two generations ago.

Children's health as a revolutionary frontier

The revolutionary potential of these advances in social communication and mobilization on the condition of life for the masses, first pioneered with respect to family planning and promoting the Green Revolution in Asia, is now being most dramatically demonstrated in the field of child health. The evolution in the capacity to communicate in low-income communities coincides with the growing realization that major, grossly underutilized technological advances of recent years could bring about revolutionary improvement in the well-being of children - a Child Survival and Development Revolution - at extremely low cost...a cost so low that virtually all countries could afford them with a modicum of international cooperation, if only they are combined with the new capacity to communicate with the poor majority who are most in need of these technological advances.

These new, improved, rediscovered or newly appreciated technologies, which are detailed in UNICEF's annual report, The State of the World's Children, 1986, and sometimes referred to, as the Honourable Deputy Minister of Health of Zimbabwe has noted earlier today, as the "GOBI-FFF" measures, include:

- Growth monitoring through frequent charting (usually monthly) of a child's weight that enables the mother to detect the early signs of malnutrition and, in a surprising majority of cases, deal with it through means within the parents' own control.

- The recently discovered oral rehydration therapy - a remarkable simple treatment with salts, potassium and glucose (sugar) in water, costing only a few cents - which can be applied by parents at home for a child suffering from diarrhoeal dehydration, the number one child killer that claims nearly 5 million lives annually worldwide, including one million African children. No wonder Britain's Lancet described this as "potentially the most important medical advance of this century".

- The recently appreciated, through scientific analysis, merits of breastfeeding and improved weaning practices.

- Recent advances in vaccines, now costing only fifty cents to immunize a child for life against tetanus, measles, polio, whooping cough, diptheria and tuberculosis, which cripple and kill several millions of children every year - including more than one million African children who die from immunizable diseases, and another million or more who are disabled.

- Better family spacing of children, which alone, as we have heard, could reduce the infant toll by half.

- Greater female education - basic education - particularly for young women as pioneered in Tanzania in the 1970s, through low cost measures, whether achieved through expansion of primary schools or through informal education, or both.

- Food supplementation for poor families through selective, relatively low cost measures to increase their food supply.

To be effective, all of these measures require that parents be aware of and use them, whether it is to mix oral rehydration formulas at home, to bring a child the three or four times necessary for full immunization against six killer diseases, or to maintain and promote breastfeeding and improve weaning practices. We all know how difficult it is to have people adopt new practices, and this is particularly true of mothers from low income and often illiterate families who may be reluctant to bring their children for the necessary several times for vaccination, a process which the mother probably doesn't understand in the first place and particularly so after the child runs a fever after each immunization visit, as is often the case.

This, of course, is where the new capacity to communicate with parents is so important, using all channels intensively to reach the parents and local communities. Empowering parents, and particularly mothers, with present knowledge and technologies is the key to unlocking the potential for a revolution in child health. But, and I stress the but, the responsibility for turning that key rests with the whole of society, for the mother cannot act alone.

...and lives are being saved

It has been exhilarating to see how fast this potential has advanced in the just three and one half years since first articulated with respect to primary health care.

Colombia, for example, is a country which has been pioneering since 1983 in pulling this whole group of ideas together. Beginning in 1984, Colombia started on the immunization front. The key was leadership from the top which encouraged all sectors of society to participate. President Betancur talked to the media, including the leading opposition papers. He persuaded the press and the radio and television stations to co-operate, and then he recruited parliamentarians, the Church and the Red Cross, the Rotarians, the Lions, the Scouts, schoolteachers, businessmen, and all of his relevant government ministries - health, education, information, interior, police and the military. Together, they set out to do what had never been done before in history - in one 3-month period in 1984, through three national immunization days, to immunize the great majority of the children of a country against five major diseases then killing and crippling more than tens of thousands of Colombian children each year. There were more than 10,000 TV spots; virtually every parish priest devoted three sermons to the importance of families immunizing their children; every school teacher was involved; etc. For the children of the world, with more than 10,000 dying each day from these six diseases, this accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

The Campaign began in June 1984. By the end of that August more than three-quarters of the under-fives had been fully immunized. Repeated again last fall with particular emphasis on the most vulnerable under-twos, the total rose to over 80 per cent...sufficient in most areas to provide "herd" immunization - a process which, I should mention, former U.S. President Jimmy Carter joined in supporting by visiting Colombia for the third and final day in late November of last year. So many children were reached that the "campaign" approach has been able to give way to on-going PHC infrastructures which have been vastly bolstered by the intensive efforts of the past two years, which is supported in turn by revamped primary education curricula, Red Cross priorities, pre-marital counselling by parish priests and continued increased attention in the media.

Colombia illustrates the use of communications with a vengeance. The results demonstrated how spectacularly we can defend children against these brutal mass killers and cripplers if a country will only mobilize fully. The great majority of Colombian children now have been immunized and a significant start has been made on teaching millions of mothers how to use oral rehydration therapy, thereby saving the lives of more than 10,000 children a year who would have died only two short years ago, while simultaneously saving many millions of dollars for Colombians, and greatly strengthening the Primary Health Care system. Similar techniques are beginning to be used in country after country, with each country tailoring the approach to fit the particular structures and cultures of that country.

It is particularly fascinating to watch as these efforts become politically relevant as well as socially. It becomes good politics for leaders to apply these techniques. It is sufficiently good politics that last year in El Salvador all the feuding factions were persuaded to lay down their arms for the Sundays of February 3rd, March 3rd, and April 23rd and pick up their children - and immunize them. When Salvadorians realized that more children died in that war-torn country from not being immunized than all the people who had been killed in all the fighting the year before, they understood the magnitude of the tragedy. And they were willing to co-operate - or, at least, to not shoot at each other - to allow a National Immunization Campaign to go forward. And so the government, and the guerrillas, and dozens of private groups (including notably the Church and the Red Cross) all set out to protect children, rather than to catch them in the crossfire. A second annual round of this campaign - beginning again with a "National Day of Tranquility" - began this past April 6th.

Following an intensive planning effort begun in early 1985, Turkey launched its child survival revolution just last September with the first of three national immunization weeks for 5 million under-fives vulnerable to the six diseases which in 1984 took the lives of more than 30,000 small children, and crippled tens of thousands more. Within three months, using and improving on many of the same techniques as Colombia, some 85 per cent of all young Turks were fully immunized against these dread diseases. More than 50,000 imams took the lead in each mosque just as Colombian priests had in their churches, and 95,000 village teachers returned from summer vacations two weeks early to help.

These success stories are not alone. They are being joined by others following a variety of patterns for intensified social mobilization by many sectors - in Addis Ababa, Burkina Faso, China, the Dominican Republic, Ecuador, India, Nigeria, Pakistan, Peru, Uganda, Egypt and many others. In Egypt, the death toll of more than 100,000 small children annually from the dehydration from diarrhoea has been more than halved in just three years. In early 1983, less than one percent of Egyptian mothers were using oral rehydration therapy; by early 1986 this percentage had risen to over 60 per cent. And massive new efforts are beginning - such as in India, where more than 1 million children died last year as a consequence of not being immunized, but where a programme is now underway to achieve universal immunization of Indian children by 1990 as a "living memorial" to the late Indira Gandhi.

Recognizing the critical urgency of protecting children especially in emergency situations such as those afflicting so many African children today, the Health Ministers of Africa have proclaimed, at the 1985 WHO regional meeting, that 1986 would be "The Year of Immunization" for all African countries. The great majority of African countries have now committed themselves to achieving universal child immunization (i.e. over 75 percent) by 1990. This Immunisation Week in Zimbabwe, with many television and radio as well as other special events, is part of this all-Africa effort. I had the privilege on Sunday of watching a televised football match at which the field was well placarded with such signs as "Protect your Child - Immunize".

People taking charge

The Child Survival and Development Revolution rests upon one central foundation embodied in the concept of Primary Health Care: that people can and ought to be enabled to take far greater care of themselves. Indeed, there is very much a common tie between these sets of problems affecting the developing countries and the concerns of many people in North America and Europe and other developed countries where smoking, excessive drinking, poor eating practices and lack of exercise are increasingly the principal issues of serious illnesses. The essence of all of this is a new respect for the capacity of the individual - and of the importance of governments enhancing and encouraging use of that capacity. Consistent with this, these new technologies are much more relevant to the family - enabling people to take action - than to big institutions with experts in "white coats" intervening. The same is true on new agricultural technologies of relevance to subsistence farmers which are becoming available; the potential for a comparable food security revolution for poor farmers in Africa is just now becoming visible on the horizon.

Empowering parents with knowledge of techniques for child protection is the key to unlocking not only a health revolution but the potential for parents - and communities as a whole - to develop greater confidence in their abilities to control life events as they realize that their own actions can make a major difference as to whether their children live or die. This knowledge alone can act as a springboard and mark the beginning of a major frontier of progress towards educating and empowering women to be proactive rather than reactive and to have confidence in their abilities to do more for themselves in other spheres of life - in food production, trade, sanitation, community health services and other sectors.

Fostering such a climate of realistic hope and possibility is an imperative if we are to contribute effectively to improving the condition of the poor, who too often are afflicted by a sense of powerlessness and fatalistic acceptance of life events.

Halving the infant and child death rate through use of these educational means can also be expected to help greatly accelerate the drop in fertility rates from those now projected and, particularly if associated with vigorous family planning education, could be the most important new intervention in the last 15 years of this century toward reducing family size. The only question is by how much - whether we are talking about a net reduction of births over deaths of a few million per year, or quite possibly, vastly more than that. Thus, if all of Africa had the low infant and child death rates now prevailing in Sri Lanka, whose per capita income is less than the $500 per capita average for Africa, two million fewer children would be dying each year. And if all African countries had the birth rates of Sri Lanka, 9 million fewer babies would be born each year, for a net reduction in African population growth by more than 7 million annually. This is not surprising since most mothers, before sharply reducing their number of births, want to be assured, as noted earlier, that their children will survive.

Combined with accelerated family planning education and greater access to family planning methods, as WHO, UNFPA and UNICEF are seeking to do, the drop in fertility could be major.

The beneficial effects of planned births are also reflected in lower infant mortality and the creation of a more favourable climate to stimulate the socio-psychological development of the child. As the International Conference on Population at Mexico City declared of the beneficial synergism:

> "...Through breastfeeding, adequate nutrition, clean water, immunisation programmes, oral rehydration therapy and birth spacing, a virtual revolution in child survival could be achieved. The impact would be dramatic in humanitarian and fertility terms."

It is precisely because of the relationship between infant and child mortality reduction through these means and fertility reduction that the present potential for dramatically improving child survival and well-being offers a real prospect for accelerating fertility decline and achieving earlier and lower population stabilization as well.

The advantages of such a prospect for parents - and especially for women - cannot be overstated. Our strategy to accelerate child survival and overall well-being through low cost measures such as growth surveillance, oral rehydration, promoting of breastfeeding and immunisation brings far-reaching changes to a woman's life that stretch beyond the area of health of her children. It provides women with a technical and psychological capacity to begin to control important events in their lives; it contributes to emotional tranquillity, substantial financial savings and a major time release in their lives as the threat of child death and continuous illness is greatly eased.

Making revolutionary change happen

So far I have stressed the positive elements of a potential Child Survival and Development Revolution. But it will not happen by itself. There are some explicit "ifs'" that will determine whether this sea-change can be created and sustained on national and global scales.

This opportunity for accelerated progress for the protection and survival of children is possible:

... If governments embrace this opportunity for accelerating basic services and primary health care as national commitments implemented through national efforts at the highest level in each country, and commanding the participation and cooperation of all relevant government sectors.

... If the international cooperation community (which includes fora like this All-Africa Parliamentary Conference as well as institutions like WHO, UNFPA, UNICEF, UNDP, The World Bank and the bilateral agencies) commits its efforts to promoting appreciation of the opportunity and to making available resources to help countries to act.

... If the campaign is joined in each country by a vast array of those media, religious institutions, non-governmental organizations, private enterprises and individuals which can provide or contribute to the social mobilization necessary to extend this opportunity to the poor and the remote.

... If planners and implementors constantly remember that this opportunity for a child survival revolution will only succeed in the long-term if it is integrated with other on-going efforts, so as to be self-sustaining over the years.

... If the implementors remember that the ultimate essence of the endeavour is to empower people to take care of themselves and their children. They should not be dependent solely on medical care institutions, government bureaucracies or even physicians for their health, but largely on family resources and community basic services. The objective is not, to use an old saying, to provide fish to feed people for a day (useful as that may be), but to teach people how to fish and feed themselves always. We seek to assure more self-reliant power for the parents through knowledge of oral rehydration therapy, securing the immunisation of their children, continuation of breastfeeding, better and timely spacing of births, and use of growth charts to monitor and thereby better control the nutritional status of their children.

And,

... If a very large number of individuals, especially those individuals such as those with special knowledge, special status, and a special commitment to the health of children, keep constant pressure on their peers, their professional and social organisations, their governments, and their international agencies to ensure that that resolve remains firm and effective regarding all the other "ifs".

The challenge for Parliamentarians

It seems to me that you, as Members of Parliament and colleagues in this All-African forum, have a role to play in assuring the realization of each of these "ifs".

What can you do? What role is there for the Parliaments of Africa in advancing these techniques? And for Parliamentarians as key leaders in their countries and home districts?

The critical factor required for effective application of the approaches I have discussed is their promotion as "the thing to do" both at the national level and, possibly even more important, at the level of your parliamentary district.

Legislatively, as Members of Parliaments, you can propose the adoption of National Health Policies for Children in your countries. Such policies, of course, should provide for the promotion of these simple low cost techniques and their incorporation within your formal health and education systems. You

can work to make implementation of this 1986 Year of Immunisation a priority within your country and in your own district during the remainder of 1986; you can provide incentives for the production and marketing of oral rehydration salts.

As leaders of your own communities, you can publicly demonstrate your confidence in ORT and growth charts by distributing sample packets and charts to health centres, community groups, teachers, and constituents in your districts. You can urge the media to encourage their use, and insist that health workers understand them, use them, and help promote them. You can encourage other community leaders to join you in immunizing children with oral polio vaccine. You can encourage local analysis of the impact on your communities of preventable causes of serious illness such as polio, measles and diarrhoea.

Legislatively, as well, you can protect the practice of breastfeeding. WHO and UNICEF jointly engaged in intensive discussions with the international medical community, industry, governments and NGOs, over a several year period, resulting in the 1981 adoption by the World Health Assembly of the "International Code on Marketing of Breastmilk Substitutes" as a model to governments of the marketing standards they ought to allow in their own countries and of means to promote breastfeeding. It is extremely important that national codes be enacted in every country to control the abuses of breastmilk substitute promotion where those abuses have already caused terrible damage in terms of children's lives and children's deaths, and to prevent the occurance of such abuses in other countries.

As participants in this and other Africa-wide fora, you can express yourselves regionally and provide for coordinated regional action. I have previously met with Parliamentarians associations in Asia and Latin America, as well as with the League of Red Cross Societies, the International Pediatric Association, and others. Each of those bodies has resolved in support of accelerating child survival and development and several are planning programmes of action to pursue it. I hope that this Conference will do the same. And I hope that you will seek the support of your colleague legislators - the members of state assemblies and other bodies throughout your countries.

Children's advocates

As Parliamentarians, you are in a unique position. In your role as legislators, you and your Governments establish the national policies and priorities which are the framework of action affecting children and their families. In your role as representatives, you have an intimate awareness of the real needs of your constituents, and can work with them in your districts in assuring their opportunities for expressing those needs and taking the many self-help measures available in most communities, particularly with a modicum of governmental assistance. You also know the capacities and limitations of the government to respond to those needs. In a very real sense, you are an essential link between people and policy-makers - between need and fulfillment.

It is to you - the Parliamentarians of Africa - whom we turn for partnership in ensuring that children have their chance.