



File Sub: CF/EXD/SP/1986-0043

The McBride Lecture by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)

"The Child Survival and Development Revolution:
Consider the Possibilities"

Case Western Reserve University

Cleveland, Ohio
24 September 1986

	UNICEF Alternate Inventory Label
	 Rcf0006HMO
Item #	CF/RAD/USAA/DB01/1998-01976
ExR/Code:	CF/EXD/SP/1986-0043
The Child Survival and Development Revolution: Consider the Possibilities	
Date Label Printed 17-Jan-2002	

cover + 11 pp + 2 b



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Fonds des Nations Unies pour l'enfance
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This afternoon I would like you to hold in your imagination some possibilities, and then ask yourself what would it mean to you; what would it mean in your life and in the world you want for your children, if these possibilities were reality. In this vein, let me ask you, what if we humans of the 1980s had the ability over the next 10 years to cut in half the current toll of 40,000 young children who die each day? That amounts to 14.5 million children a year. What meaning might that have in your life if we had just the bare capacity to prevent half of those child deaths - in effect avoiding the equivalent of a Hiroshima every six days?

What if, even more, we could - in that same 10-year time frame - cut in half the still larger number who grow into adulthood bearing the crippling disabilities that result from common childhood diseases?

What if our world were such that the vast bounty of scientific and technological advances available in this 20th Century could be used - rather than just for the financial benefit of the already relatively advantaged upper-income half of the world - to also upgrade often squalid living conditions among even the poorest of the poor, so that clean water were available to virtually everyone; so that farming tools and techniques

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appropriate to the land and climate were obtainable everywhere, and so on?

What if we could bring the most basic of modern medicines to those masses of people who need them in the back reaches of the Third World, and do so at a very low cost?

What if we could mobilize whole societies to bridge the crucial gap between readily available yet grossly underutilized health techniques and the poor communities and parents in whose hands they would make a life-and-death difference ... and if in doing so we could construct a lasting and sustainable network of social alliances capable of delivering to the masses the benefits of other issues of social change? And if we could actually redirect the priorities of nations toward the financing of low cost primary health care efforts that benefit the majority of a population rather than concentrating limited health budgets on high-technology institutions and their accompanying services and equipment that serve only a small minority consisting of the already advantaged?

And what if merchants, and bankers and union members and street vendors all saw the common benefit of helping build a healthier more productive population, and realized their tremendous untapped potential as a tool for progress?

Now let's ask what if we could turn the armies with all their helicopters and trucks and supply systems into channels for the all-important transport of vaccines and food supplements for protecting life itself rather than limiting this overwhelming resource to its originally intended ends which are the very antithesis of life-saving efforts?

Have we been engaging in pure fantasy? No.

These things are beginning to happen on a large scale in a series of developing countries in Asia, Africa and Latin America, and they are symptomatic of a brilliant new mode of progress.

Last year the lives of significantly more than one million young children were saved in efforts that will also result in a lowering of birth rates and vastly improved health amongst young children and mothers in the world's poorest regions. Now it is you who might well be asking the questions, such as, "How is all this happening?" ... "Why now?" and hopefully, "How might I participate?"

There is a quiet revolution underway ... a revolution for children.

Rather than just tell you about this revolution, let me show you about it. Because you're already probably saying to yourself that "this guy lives in some fantasy world; he's lost touch with reality". I haven't. And I can now show you on film that I haven't.

<<FILM>>

Two unprecedented developments are converging to create the possibility of this revolution that's already affecting millions of lives. It's spreading in country after country in the developing world, and it's even having its effects in the industrialized world. It's a revolution that could very well change the world if only enough of us will join in this cause.

It has been the coupling of newly developed, improved or rediscovered low-cost/high-impact basic health care technologies with our vastly improved ability to communicate with the world's poor that has made this "revolution" possible.

The communication element of this dynamic formula began more than a decade ago under the label of "development". With the help of bilateral foreign aid programmes such as USAID and international institutions like the World Bank and UNICEF, but largely through the efforts of their own countries, people began organizing in small villages and towns. They banded together as farmers or women or factory workers or retailers. They set up training programmes and schools to the point that most young mothers in their 20s and 30s can now read and write. With increased incomes they bought equipment and supplies. They linked up with other groups in other communities and set up networks. With the ubiquitous radio in almost every home, and at least a television or two in every village (and frequently in many homes), people throughout a country could know what was going on and how to do things. And, perhaps to the surprise of those of us in the "developed" world, it now seems that people in such less-developed areas as Africa, South Asia and north-east Brazil - while they still have per capita incomes lower than those of our American revolutionary forefathers two centuries ago - now have a capacity to communicate not achieved in the industrialized world until the mid-20th century.

This evolution in the capacity to communicate in low-income communities coincided with the realization that major, grossly underutilized technological advances of recent years could bring about revolutionary improvement in the well-being of children at extremely low cost - a cost so low that virtually all countries could afford them with a modicum of international cooperation, if only they could be combined with the new capacity to communicate with the poor, who were most in need of these recently discovered and rediscovered technological advances.

Together, these two areas of advancement could make a revolution. A revolution that is now underway. Worldwide. But a revolution whose success requires the understanding and support of political leaders and popular masses alike in both developing nations and the industrialized world.

It's a revolution in child survival and child development. And it's going to change the world, if, I repeat if, governments and concerned citizens - including students and faculty and neighbors like those of you here today - help tell the message of this revolution to the world, and tell it to the world so that not only those who should know to provide leadership - and that includes most Americans, citizens of the most influential country in the world

- but also so that the mothers and fathers of the world who need to know, hear and are empowered by this knowledge.

New means to save lives

As we saw in the film, these new techniques that, in 5-15 years could so improve the health of children that child deaths andcripplings can be cut in half even in these difficult times of economic adversity for so many, are really quite simple. These new, improved, rediscovered or newly appreciated technologies, which are detailed in UNICEF's current annual report, The State of the World's Children, 1986, include:

- The recently discovered oral rehydration therapy, which Britain's Lancet described as "potentially the most important medical advance of this century".
- The recent advances in vaccines, now costing only fifty cents to immunize a child for life. If the United Nations goal of Universal Child Immunization by 1990 is achieved, the lives of 3.5 million young children will be saved each year by this measure alone.
- The recent swing back to an appreciation of the nutritional merits and medical advantages of breastfeeding and improved weaning practices.
- Growth monitoring through frequent charting.
- Better family spacing of children, which alone could reduce the infant toll by half among low income families in developing countries.
- Increased female literacy, so that mothers can better apply the knowledge now available.
- The addition of vitamin A, through supplements or food sources, to those with deficiencies in their diets. In a major recent study, preschool children in control villages suffered a mortality rate 51 per cent greater than those in villages where simple vitamin A supplements were given semi-annually.

To be effective, however, all of these measures require that parents be aware of and use them, whether it is to mix oral rehydration formulas at home, or to bring a child the three or four times necessary for full immunization against six killer diseases. We all know how difficult it is to have people adopt new practices - (For those of us who have stopped smoking, as I have, how long did it take before we acted on the knowledge we had?) - and this is particularly true of families from low-income and often illiterate backgrounds who may be reluctant to bring their children for vaccination. In many cases the family has not been made aware of common side effects of vaccination, such as fever and symptoms associated with illness, and the experience of these immediately following a first and second vaccination heightens their reluctance.

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. Again, the continuing prevalence of smoking even in the most well-educated and informed countries, stands as a grim reminder of the societal support and encouragement required.

...and lives are being saved

It has been exhilarating to see how fast the potential for a Child Survival and Development Revolution has advanced in the just three and one half years since first articulated with respect to primary health care.

You saw this movement at work in Ecuador. Much of what was done there was pioneered in neighboring Colombia. Beginning in 1984, Colombia started a major initiative to raise the percentage of their children immunized from a minority to near universal coverage. The key was leadership from the top for all sectors of society to be persuaded to participate. President Betancur mobilized the media, including the leading opposition newspaper. He encouraged the press, the radio and television stations to co-operate, and he recruited the Church and the Red Cross, the Rotarians, the Lions, the Scouts, schoolteachers, businessmen, and all of his government ministries.

Together, they set out to do what had never been done before in history. In one 3-month period, through three national immunization days, a nation mobilized to immunize the great majority of its children against five major diseases then killing and crippling 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, and every school teacher was involved. President Betancur and other leaders personally immunized children.

The great majority of Colombian children now have been immunized and a significant start has been made in 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.

So many children were reached that the "campaign" approach has been able to give way to the on-going Primary Health Care infrastructures which have been vastly bolstered by the intensive efforts of the past two years.

Thus, the primary school curriculum is being drastically revised to emphasize health education - and all high school students have to contribute 100 hours of "health scout" service as a pre-condition to receiving their graduation certificate. The Catholic Church has introduced a major training programme for priests; pre-marital counselling now includes health care of children - on immunization, on ORT, etc. - as a major component. Ironically, all this was done while simultaneously saving many millions of dollars.

Happily, this commitment to Colombia's children has been seen not as a political programme of one government administration, but as an obligation and opportunity for all Colombians. Thus, while President Betancur was succeeded this August by President Barco, of another party, the new government has embraced the National Child Survival and Development Plan with equal enthusiasm, and is now engaged in further broadening and strengthening it.

Similar commitments are emerging and evolving in country after country, with each nation tailoring the approach to fit the particular structures and cultures of its people, and national leaders are likewise recognizing the political relevance of these efforts, as well as their social impact. Indeed, 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 was held this year, again with "National Days of Tranquility" protecting the vaccinations.

Another example is Turkey, which launched its child survival revolution one year ago with a national immunization week for 5 million children under 5 years old. The campaign focused on the six diseases which in 1984 took the lives of more than 30,000 Turkish children, and crippled tens of thousands more. With more than 50,000 Moslem imams taking the lead in each mosque (just as Ecuadorian and Colombian priests had in their churches), and with the active participation of 95,000 village teachers (who returned from summer vacation two weeks early for the purpose), some 85 per cent of all young Turks were fully immunized against these dread diseases. This spring, this social mobilization approach was extended to encompass oral rehydration therapy, means for coping with acute respiratory infections, and family planning.

Less than two weeks ago I was in Damascus, Syria as they, having observed the means and impact of the Child Survival Revolution in their neighbor, Turkey, launched their own national mobilization for immunization against the six diseases which last year took the lives of 10,000 young Syrians.

These success stories are not alone. They are being joined by others - in Burkina Faso, China, the Dominican Republic, Ecuador, India, Nigeria, Pakistan, Peru, Egypt and many others. In India, where more than 1 million children died last year as a consequence of not being immunized - (that's 3,000 each day, the same number as all the people killed by the one-day Bhopal chemical disaster) - a programme is now underway to achieve universal immunization of Indian children by 1990 as a "living memorial" to the late Prime Minister Indira Gandhi.

A change in progress

As you can see by these examples, there is not only substantial progress being made, there is a change underway in how progress is made. The hurdles in the path of progress today are of a different nature than they were in the past. Today we do not have to search for cures to the major child-killing diseases; we have the cures, though improvements are always needed. Already, however, costs are low enough for virtually all the world to afford. Yet tens of thousands of children still die of these diseases each day.

Similarly, we need not place primary focus on how to increase the world's food supply, thinking that our answer will solve the problems of starvation and malnutrition. There is not a food shortage today; the record grain surpluses presenting such dilemmas to their owners this season could feed the world several times over. Yet still the lives of two million Sudanese are threatened by starvation as a consequence of man-made disasters, and masses of the world's poor suffer from hunger and malnutrition as a result of ignorance.

Even more important than seeking substantive solutions to problems that result in human suffering, the path of progress today must be engineered to bridge the vital gap between available technology and those who need it. The use of knowledge depends largely on social organization.

People taking charge

Social mobilizations - mobilizing all for health - have begun to show results in a tremendous impact on children's ability to survive. But the effects do not stop there. This people-empowering approach can also extend to another profound level where the beneficiary's very sense of self and role in society is enhanced. The principal reason for this is that 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 the sets of problems affecting the developing countries and the concerns of many people in America, Europe and other developed countries in taking more personal responsibility for their own health - through proper diet, reading ingredient labels, exercise, etc. The essence is, first, a new respect for the capacity of the individual and, second, the importance of governments enhancing and encouraging use of that capacity. Consistent with this, these new technologies offer a new relevance to the family - enabling people to take action - compared with days when health care was only available through minimally accessible large institutions with experts in "white coats" intervening.

Our strategy to accelerate child survival and overall well-being for the world's poor majority through low cost measures brings far-reaching changes to parents' lives - and especially to mothers - that stretch beyond the area of health of their children. It provides parents 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 tragedy of child death and recurring illness is greatly eased. We can glimpse the potential impact by the fact that the small child of a very low income family is sick on an average of 160 days per year!

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. And it is imperative if we are to reduce the too many, too frequent, too early births that contribute so much to the loss of the lives of hundreds of thousands of mothers and millions of children each year. Parents need to have confidence that their first two or three children will survive before they will be willing to limit the number of children they have.

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, again, especially for women - 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 beginnings of a major frontier of progress towards empowering women to be able to be proactive rather than reactive and to have the ability to do more for themselves in other spheres of life - not only as mothers, but also as food producers, traders, midwives, agents of community development and other roles.

Meeting this challenge of self-empowerment is a common denominator shared by nations from Canada to the Cameroons. In any country, better health today comes far more from what you can do for yourself than from what some giant research hospital does to you. We could spend tens of billions of dollars more on curative facilities and measures in order to add perhaps one more year to the life-expectancy of the average American or European. At the same time the American male could add some ten years to his average life expectancy at virtually no cost by simply not smoking, drinking in moderation, increased exercise, and controlling the quantity and quality of food we consume. Like the child survival revolution, this revolution, too, is just starting. It is largely limited to the industrialized countries, and even there it is limited to the relatively better educated and affluent. As surveys show, the poor who most need this revolution have the highest levels of smoking and the lowest levels of breastfeeding. For example, we can only speculate on how dramatic the results for improved health would be if the poor embraced these self-health practices...and we can ask bluntly why our industrialized societies don't more generally adopt these new techniques of truly national mobilization being pioneered in the developing world.

In effect, what I am saying is that the new frontiers for progress even in difficult economic times derive from educating, empowering and motivating individuals to do more to help themselves. The implications of this empowerment go far beyond my immediate objective of saving children's lives,

important as that may be. Other areas - like women's development and population stabilization in the developing countries, and reducing the damage from tobacco, alcohol and drug abuse in industrialized (and industrializing) societies - clearly offer great opportunities for applying this national social mobilization approach to accelerating progress. Indeed, the widespread public "uprisings" in the U.S. against drunken driving or the "war on crack" - and the governmental, corporate, media and institutional support that these efforts have engendered - are examples of spontaneously ignited social mobilization, with people in the lead - and governments following.

The Child Survival and Development Revolution is today making the kind of progress that warrants a sense of optimism - a conviction that something can be done to change the tragedies that we heretofore considered unchangeable. As people build their ability to take care of their families, and build their confidence in their personal capacity to do so, they strengthen their ability to build their communities ... and their nations ... and to truly take control of their own future. The principles we are practising, and the approaches that are being pioneered, are applicable for adult health as well as children's, and for new risks arising from traditional "progress" as well as the historic scourges of old, not to mention a broad range of non-health areas in which true progress is long overdue.

What can you do?

New modes of progress present a new set of problems that must be approached by participation on several fronts. You can help:

- 1) You can, of course, contribute money. Send UNICEF greeting cards and contribute at Halloween, but also contribute to other traditional "assistance" organizations engaged in child survival efforts.
- 2) Let your voice be heard. Speak out in community forums. Write letters to your newspapers. And write your Congresspeople - your Representative and Senators. And write the President.
- 3) Help spread the word. Millions need to know of the new potential for a Child Survival Revolution at low political and financial cost if only societies will act.
- 4) Set an example through your personal practices. American mothers who breastfeed their babies and practice oral rehydration therapy are helping set an example for the developing countries; it is not just rock music and jeans that influence the world from the United States and other industrial countries. UNICEF's most powerful advocacy tool to promote breastfeeding in the developing countries is the fact that 15 years ago less than 20 percent of mothers in the industrialized countries were breastfeeding, but today the percentage is more than 50 per cent - and much higher among the better educated.

- 5) Promote research and studies on potential new technologies of mass applicability at low cost, such as development of a malaria vaccine, use of Vitamin A to reduce effect of diarrhoea and acute respiratory diseases as well as blindness. An excellent example of this type of research is the low cost cure for schistosomiasis that is being pioneered at this university.
- 6) Press leading institutions in the industrialized countries to serve as examples. Most Third World medical professionals take their role model from medical schools, hospitals and doctors in industrial countries, and frequently pressure is required from the public for these to adopt new practices such as favouring oral rehydration therapy and breastfeeding.
- 7) Set a personal example of favouring self-health measures, such as good eating habits and stopping smoking. Help create a new understanding of the tremendous potential of self-health measures for improving well-being.
- 8) Urge universities to establish new interdisciplinary studies to develop better understanding of development policies to improve health and end hunger, and promote interchange of this knowledge between students at different institutions. One channel for this is the Overseas Development Network that has emerged on many campuses in this country during the past few years.
- 9) Network with like-minded groups in the churches and among non-governmental organizations with a concern for the quality of life around us, among women, on the environment, and civil rights.
- 10) Support positive social-awareness efforts such as the Campaign for Child-Survival, which was discussed in the film, and the First Earth Run, both currently underway. The ODN recently completed a cross-country "Bike Aid" for public education and fundraising, and plans more national actions in the future.

Each of you can make a difference, and each of you can contribute, with the only limitation being your own ingenuity.

On the Child Survival front, just 18 months ago the goal of immunizing all the world's children by 1990 - a goal established by the World Health Organization and UNICEF in the mid-1970s - was considered by most to be unreachable and utopian, given the 1990 timeframe. But the application of these broader, low cost, more activist, and, yes, more political approaches to health have given us and our partners new optimism, and a determination that we can reach that 1990 goal. In doing so we can save more than 10,000 small children's lives each day and prevent the crippling of an equal number - if, together, we can enlist enough governmental and citizen leaders to make it happen.

Achievement of the 1990 goal, of course, is of monumental importance to

the survival, health and vitality of the world's children. But perhaps of even greater importance, in the long run of history, will be the means by which we are achieving that goal: the mobilization of whole societies - not by fear or regimentation or at great expense, but by hope, participation and communication. This is the new mode of progress and change.

The potential of this experiment goes far beyond the tasks of child survival. It may, indeed, be a key to the ascendancy of people - of popular will, popular rights, and popular power - in the full range of social concerns.

Let's seize this historic opportunity; let's bring this power to the people.