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Commentary by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
for
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As many pediatricians are aware (indeed, many of you are responsible!), the lives of significantly more than a million young children were saved last year as a direct result of specific primary health care measures singled out as the Child Survival and Development Revolution (CSDR). If fully applied on a worldwide scale, the CSDR has the potential to cut in half the toll of 40,000 young lives lost each day to the most mundane and preventable of causes and it could likewise halve the even larger number of youths who grow into adulthood bearing the crippling disabilities of childhood diseases. Thus, in the very active and leadership role pediatricians play in this effort, they extend the health benefits of their knowledge and skills far beyond the confines of offices and hospitals to reach those masses of children who will never see a physician.

It has been the coupling of newly developed or rediscovered low-cost high-impact primary health care technologies with our vastly improved ability to communicate with the world's poor that has made this "revolution" possible. Still, these historically unique possibilities will only become realities if enormous popular and political will motivate massive social mobilization efforts that are geared to bring these benefits to the otherwise unreached.

Fortunately, that will be emerging, and the Child Survival Revolution is taking several forms. For example, the goal of Universal Child Immunization by 1990, a measure capable of saving 3.5 million child lives each year (and directly responsible for preventing 800,000 child deaths last year) was hardly taken seriously just 18 months ago. Today, more than 100 countries have national immunization programmes, and the list of success stories that chronicle these campaigns is getting impressively long. Similarly, it is possible that a majority of the world's parents will by 1990 use oral rehydration therapy - the remarkably simple and inexpensive sugar and salt solution, when their children are stricken with life threatening diarrhoeal diseases. If they do, another 3.5 million child deaths could be averted each year.

Other readily available yet grossly undertulized methods that show comparable promise are described in UNICEF's annual publication, The State of the World's Children Report, and include the monitoring of children's growth with simple weight charts to warn of impending malnutrition, a return to the widespread practice of breastfeeding, proper family spacing, and promotion of female literacy, to name a few.

Among the first great organizations to enlist in this Revolution were both the American Academy of Pediatrics and the International Pediatrics Association. The APA correctly asserted that these measures "are as applicable in the United States as throughout the world". Resolutions at the 1983 and 1986 IPA Congresses have committed the Association to active partnership in the CSDR and called upon all regional, national and local pediatric societies to do likewise. IPA organized several highly productive

regional conferences on child survival and has played an invaluable advocacy role in all aspects of these efforts. Calling upon all individual pediatricians to join in the effort, the IPA recognizes that it is ultimately individual physicians who can make change happen: it is individual pediatricians who set standards in the health professions and promote CSDR methods in their own practices; who favor relevant topics in their research and writings; and who promote the cause to other sectors of society.

A new opportunity to use social mobilization techniques to unleash a potent support for these efforts is surfacing right now in the United States. It is called the Campaign for Child Survival, an effort initiated by the United States Committee for UNICEF and supported by other child survival and development organizations such as CARE and Save the Children. The Campaign will culminate this time next year and has as its mission the education of the American public about not only the size of the problem but the possibility and plausibility of the solution. The Campaign is catalyzing leaders and organizations and everyday individuals into action in support of child survival, and has chosen five model cities for full-blown programmes: Atlanta, Houston, Los Angeles, Minneapolis/St. Paul, and Philadelphia.

Like the broader CSDR itself, the Campaign for Child Survival will only really affect the changes it attempts if pediatricians not only participate, but take responsibility for its success and assume the leadership role. The great majority of the world's children will never see a pediatrician. That does not mean that they cannot benefit from you.

[Addresses by Mr. Grant and by D. A. Henderson, MD, MPH, Dean of the School of Hygiene and Public Health at The Johns Hopkins University, to the XVIII International Congress of Pediatrics (Honolulu, July 1986) are available from UNICEF's Division of Information and Public Affairs, UNICEF House, Three United Nations Plaza, New York, New York 10017.]