File Sub: CF/EXD/SP/1986-0035/P

Statement by Mr. James Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the XVIII International Congress of Pediatrics

"To Reach the Unreached:
A World Commitment to Child Health and Well-being"
[Published Version]

Honolulu, Hawaii
8 July 1986

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TO REACH THE UNREACHED: A WORLD COMMITMENT TO CHILD HEALTH AND WELL-BEING

I am extremely honoured to speak once again in a keynote address before the International Pediatrics Association. The theme of this Congress, 'Child Health and Well Being: A World Commitment', is, of course, of the utmost concern to all of us, and UNICEF is proud to be associated with you in this common cause.

Those whom you will never see

Three years ago at your last Congress in Manila, we confronted the stark reality that every day 40,000 of the world's children die and a comparable number are crippled, the vast majority from the most common, mundane and preventable of causes. I noted to you then that the scientific and technical knowledge to prevent these deaths is already available; you, as individual paediatricians, have the techniques in your hands and employ them every day to improve the health and save the lives of millions of children.

I said then that the greater question, and the greater challenge to you as physicians to the world's children, has been how to ensure that this

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knowledge reaches the millions upon millions of children — in fact, the majority of the world's children — who you and your several hundred-thousand colleagues around the world will never see in your offices nor in your hospital wards.

I joined you in Manila as the Executive Director of UNICEF, together with senior colleagues from the World Health Organization, (WHO) to seek your advice and assistance. You are the world's most knowledgeable individuals on the health of children. You are able to treat — and usually, save — most of the sick and weakened children who are brought for your care. But how can your knowledge reach the vast majority whom you will never see? How can you help reach the unreached?

The response of that Congress, and of many of you individually, to that 1983 plea on behalf of the world's poorest children has been truly exemplary. That Congress adopted a resolution committing yourselves to partnership in the child survival and development revolution (CSDR) in order to reduce childhood mortality and morbidity. In that resolution you recognized that the major causes of death and disability of children are preventable and remediable, and that low-cost, highly effective primary health care technologies for their prevention and treatment already exist. The most obvious of these include growth monitoring through the use of simple charts, oral rehydration therapy for diarrhoea, the promotion of breast-feeding and safe weaning, and immunization. You also emphasized that these health technologies can be applied on a wide scale in the context of primary health care in a uniquely effective way by employing methods of mass communications and social organization, and that, in fact, a combination of technology, communication and social organization make possible the virtual revolution in child survival and development that we see underway today. This revolution has the potential of so

improving the health of children that it would reduce by half the toll of disease and death of children within the next decade. You committed yourselves to work at all levels with WHO, UNICEF and other partners to bring about the child survival and development revolution. And to ensure that all levels are reached, you called upon all paediatric societies and individual paediatricians to join in this effort.

Lives can be saved

In adopting that landmark resolution you became the first great organization to formally enlist in this revolution. Since then, many have followed your example, and your leadership role in itself has had immeasurable impact. This is in addition to the formidable direct role that this organization and many of you as individuals have played.

Dr. D.A. Henderson, who, more than any other individual, led the world in the conquest of smallpox on behalf of WHO and is today Dean of the School of Hygiene and Public Health of Johns Hopkins University, has dramatically illustrated earlier today the progress made in these efforts during the three years since your Manila Congress.

- Today, countries with more than 90 per cent of the developing world's children are actively moving toward the goal of universal child immunization by 1990 (UCI 1990). Vaccine use was up three-fold in 1985 over 1983, with the lives of nearly 800,000 children saved as a consequence of these programmes. We now have the very real prospect — assuming continued serious attention to accelerated immunizations — that these numbers could increase to nearly 4 million by 1990.
- The use of oral rehydration salt packets (ORS) was up 250 per cent in 1985 over 1983, to 250 million packets distributed worldwide, as well as

the unquantifiable but greatly increased use of home brews for oral rehydration therapy (ORT). The potential of this effort is well exemplified in Egypt, which estimates that it is now saving the lives of more than 50,000 Egyptian children each year from an initiative launched in early 1983. Worldwide, more than 500,000 lives are now being saved, and WHO estimates that this could rise to well over 1.5 million by 1990 if the great majority of families become aware of ORT and have access to ORS.

■ An exciting recent development has been the discovery that vitamin A holds vastly greater potential in the prevention of childhood deaths due to respiratory disease and diarrhoea than was previously known. While vitamin A deficiency was confirmed as the major cause of childhood blindness as early as 1979 and was known to have some effect on the overall health of children, it was only last year that Dr. Alfred Sommer of Johns Hopkins University reported to the International Congress on Nutrition conclusions of a major study conducted in Indonesia. Preschool children in control villages suffered a mortality rate 51 per cent greater than those in programme villages. I am sure that the implications of the possible use of this as a new tool in the child survival and development revolution will not be lost on this group.

Bringing health to people

As you well know, the fact that these potent new techniques and technologies exist — capable of application at a cost so low that even the poorest of countries can apply them with a modicum of worldwide support — does not in itself mean that they will be universally available. Bringing these breakthroughs to the people who need them requires assertion of basic principles that have been known in theory for years but which we have been slow to apply in practice. I

can remember my father, Dr. John B. Grant, first articulating such principles, now collectively known as the primary health care strategy, in the 1930s while he was in China . . . yet most countries are still slow in fully applying them today.

The first principle is that social organization is the key to efficient use of medical knowledge and health protection. The immediate social problem is to overtake the lag between modern knowledge and its use in the community setting. A dramatic example from the industrialized world of this lag is the 1,000 persons who die prematurely in the United States each day because of smoking; dramatic worldwide examples would include not only smoking (cancer deaths in the Third World are exceeding those in the industrial world in the 1980s), but also the nearly seven million needless deaths from diarrhoeal dehydration and lack of immunization when there are today largely effective new remedies.

A second basic principle is that a vertical medical system cannot be truly effective, or even stand by itself, unless it is integrated in other activities in society in a concerted attack on the problems of development and social reconstruction. Health is not simply a sector — a responsibility of the Health Ministry or even doctors alone; it must be an explicit societal goal to be achieved through all sectors with mass citizen participation — through education, better nutrition, greater use of communication channels and the media, through national and local community leadership and, of course, through the active participation and leadership of the medical profession.

A third principle is that successful organization implies reliance upon economically practical strategies for serving the entire population rather than just the relatively well-off. Many here can recite examples of major hospitals established or expanded in the poorest countries, from

which the drain of operational costs has led to the curtailment of health clinics and preventive services. We are also well aware of the needless competition of hospitals in industrialized nations where each feels that it must have tremendously expensive diagnostic equipment.

A revolution in communication . . .

The manifestation of these principles that is enabling us to bring medical advances and knowledge to those who would not otherwise have access to them occurs today in a very new context. In recent years, largely as a by-product of the general development process, we have witnessed a complete transformation in our ability to communicate with and educate the poor majority in developing countries. A revolution in social communications and organization has occurred, and the possible applications of this revolution for social benefit are only beginning to emerge. Thus, virtually every village now has a school, to the point that most young mothers in their 20s can read and write. With increased incomes, the ubiquitous radio is now in a majority of the world's homes. In most countries there is at least a television or two in every village, and frequently in many homes, with the result that people throughout a country can know what is going on and how to do things. Religious structures — whether Christian, Islamic or Buddhist — have a whole new capacity to communicate. And, perhaps to the surprise of those 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 Europeans or North Americans of two centuries ago — have a capacity to communicate not achieved in the industrialized world until only one or two generations ago. Just two weeks ago, for example, some two billion people worldwide — including a majority of the adult population in countries as remote as the two Yemens! — were linked together by television to watch the World Cup football final from Mexico City.

. . . leading to a revolution in child survival

It has been exhilarating to see how fast the use of social mobilization has begun to bridge the gap between available medical knowledge and its actual use among the world's poor. The potential for a child survival and development revolution has made major advances in the just three and one half years since it was 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 in order to persuade 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 the Church and the Red Cross, the paediatric societies, the Rotarians, the Lions, the scouts, schoolteachers, businessmen, and all of his government ministries. UNICEF, WHO and the United Nations Development Programme (UNDP) joined in. Together, they set out to do what had never been done before in history: in one three-month period (through three National Immunization Days) to immunize the great majority of the children of a country 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; every school teacher

was involved. President Betancur and other leaders personally immunized children.

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. 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.

For the children of the world, with more than 10,000 dying each day from six diseases — measles, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, tuberculosis — this accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

Colombia illustrates — with a vengeance — the power of the communications revolution. The results demonstrate 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.

To help meet the challenge of maintaining high levels of immunization, the primary school curriculum has been 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. Five universities are reviewing their medical curricula. The Catholic Church has introduced a major training programme for priests; pre-marital counselling

now includes health care of children — on immunization, on ORT, on breast-feeding, etc. — as a major component. It is especially important to note that all this has resulted in the saving of many millions of dollars.

While the Colombian experience was a pioneering breakthrough, similar techniques are beginning to evolve in country after country, with each nation tailoring the approach to fit the particular structures and cultures of its people. Let me cite just a few examples.

In El Salvador these efforts became especially politically relevant as well as socially. Child immunization has become 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 Catholic Church and the Red Cross) all set out to protect children, rather than to watch them be caught in the crossfire. A second annual round of this campaign, which began again in April with another 'National Day of Tranquility', is now underway, supplemented by a major educational effort on oral rehydration therapy.

Another dramatic example is Turkey. Critically important initial leadership by IPA Director-General Dr. Ihsan Dogramaci triggered personal leadership on the part of both the President and the Prime Minister of Turkey to launch a child survival revolution last September with the first of three national immunization weeks for

five million children under five 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 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), and with the local leadership of all 67 provincial governors, some 85 per cent of all young Turks were fully immunized against these dread diseases by winter snowfall. No country of Turkey's large size of more than 50 million population had ever accomplished so much for children in such a short period of time. This spring, the social mobilization approach was extended again with Dr. Dogramaci's leadership, to encompass oral rehydration therapy, means for coping with acute respiratory infections, and family planning.

These success stories are now far from alone. They are being joined by others — in Brazil, Burkina Faso, China, the Dominican Republic, Ecuador, Egypt, Ethiopia, India, Nigeria, Pakistan, Peru, Sri Lanka, Thailand and many others. In Egypt, with visionary leadership from your colleague, Dr. Mamdouh Gabr, the toll of more than 100,000 small children annually from diarrhoeal dehydration has been more than halved in just three years primarily through a massive use of television, radio, schools and retail outlets as well as the extensive primary health care medical facilities. Even though ORS packets are available free at more than 4,000 government clinics, more than 70 per cent of the packets used are purchased at neighbourhood stores and vendors. In early 1983, less than one per cent of Egyptian mothers were using oral rehydration therapy; by early 1986 this percentage had risen to over 60 per cent.

In India, where more than one million children

died last year as a consequence of not being immunized — that's 3,000 each day — more than all the people killed by the one-day Bhopal chemical disaster — a major new effort is beginning. A massive programme was launched just last November to achieve universal immunization of Indian children by 1990 as a living memorial to the last Prime Minister Indira Gandhi.

As you would expect in such a revolutionary era for children and paediatricians, many of the symposia of this Congress relate to this historic breakthrough. As Hawaii's Lt. Governor John Waikee said in opening this Congress: 'The greatest treasure of people is our children. We must learn from each other on their behalf.' I call your attention in particular to the symposia on the Expanded Programme of Immunization chaired by Dr. Ralph Henderson of WHO, on Diarrhoeal Diseases Control chaired by Dr. Michael Merson of WHO, on Health Care of the Newborn chaired by Dr. Petros-Barvazian of WHO, and on Social Mobilization and National Child Survival by Dr. Samuel Ofosu-Amaah of UNICEF.

A worldwide alliance for revolution

In all of these campaigns, international alliances have provided a backbone of support to indigenous colleagues involved in social mobilization efforts. IPA has been an exemplary leader in this aspect of the child survival and development revolution, with its three regional seminars on social aspects of paediatrics held in Abidjan, Mexico City and Kuala Lumpur. Since your formal enlistment in this cause in 1983, many other great organizations have followed suit. The League of Red Cross and Red Crescent Societies has formulated a highly organized response in their Child Alive Programme, focused specifically on prevention of diarrhoea and promotion

of ORT and immunization as entry points for primary health care. Rotary International has undertaken a commitment to raise $120 million to support polio immunizations, and Rotarians have been deeply involved in countries with active programmes. Religious institutions such as the Catholic Church and El Azar have not only given broad-scale support but have taken the fore in promoting individual campaigns and long-term primary health care practices. The International Council of Nurses has strongly supported the goal of universal child immunization by 1990, and this year chose it as their topic for International Nurses Day on 12 May.

As these alliances grow and strengthen, they not only accelerate the progress of the child survival and development revolution and of basic services and primary health care generally, but they also become an invaluable foundation for progress in a broad range of additional social challenges — including population stabilization, the role of women, literacy, nutrition, sanitation, etc.

Resources for the improvement of health are being multiplied by unleashing the tremendous but greatly underutilized potential of popular and political will. Motivated by the need to provide a better future for themselves and coming generations, people are joining together in powerful networks and social movements. A different world — a world responsive and responsible to the expectations of common people — is being built.

It is thus essential to understand that social mobilization campaigns are not meant to be just short-term fireworks. They are meant to lay the groundwork for sustained channels of change and social responsiveness.

The actual beneficial results of the child survival and development revolution in advancing primary health care are already major. It is heartening to see that children's lives are being saved

— more than a million last year — and that their chances for a healthy life are vastly increasing. As more and more countries take on the responsibility for mobilizing social forces at all strata of society to increase the health and well-being of their children, the world is moving toward a monumental effort to enact truly major changes at a level where it counts — among those most in need, the children of the poor people of the world. And, for reasons which I will not elaborate here, successful achievement of a child survival and development revolution is likely to have a significant impact on reducing birth rates and slowing population growth rates as parents become far more confident personally that their first children will survive.

. . . but a revolution far from finished

While these inspiring advancements have been accomplished in a remarkably short time, we still face the challenges of some very grim realities:

- There are still more than 10,000 children dying every day from diarrhoeal dehydration; unfortunately, a majority of the world's hospitals and doctors do not yet apply ORT.

- There are still nearly 10,000 children dying every day from not being immunized, yet great urban hospitals are still being built in countries which say they cannot afford 50 cents worth of vaccines for each of their children.

- In most developing countries the trend away from breastfeeding, with all of its nutritional, immunological and cost advantages, is still continuing.

In short, while the glass of CSDR, to use a simile, has started to fill encouragingly in the past three years, more than 4/5th of its potential

achievement of primary health care and the goal of Health for All by the year 2000?

Can we not, in these next three years, extend the benefits of some of your most critical knowledge to the great majority of the world's children? Can we reach the unreached?

Together, I think we can.