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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the Action '88 National Conference of the
Children's Defense Fund

"The Future Begins With Children"

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"The Future begins with Children"

A decade ago, while I was still working here in Washington, I had a poster in my office - a watercolor by Sister Corita. The painting showed a great mass of deeply anchored roots below ground, but on the surface, only a tiny sprout. The poster was captioned, "The groundwork doesn't show 'til one day...". Three weeks ago, I visited Marian Wright Edelman in her office. There, on her wall, she has another version of Sister Corita's work. Marian's version has the same caption - "The groundwork doesn't show 'til one day..." - but a different painting. Its focus is not the roots, but a sturdy plant in full bloom.

Ladies and gentlemen, I am pleased to report to you that Marian's poster is the correct reflection of today's reality for those of us concerned with the well-being of children: the groundwork has begun to show. It is showing across the developing world, in the poorest and most remote and deprived of countries. And it is showing here, in the richest country in the history of the world.

The groundwork is showing because, in every country - poor and rich alike - people are beginning to remember that the future begins with children. And they are determined that the future should no longer be cheated. People - like those of you involved in the Children's Defense Fund, and like people involved in scores of citizens organizations of all types in virtually every country - have expressed that determination as a demand that government and society must act now, for the sake of children and for the sake of the

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future. And in country after country - in different ways and, of course, to different degrees; as more and more people, organizations and institutions join in grand alliance to assert this expectation - governments and whole societies are beginning to respond. It has happened in Sri Lanka. It has happened in Colombia. It is happening in Indonesia. And it is happening here, in the United States of America.

Thanks to you, Marian. And thanks to all of you. And thanks to so many people, everywhere, the groundwork is beginning to show.

Progress is possible

Let me take a few minutes to tell you about the groundwork that is showing in the rest of the world...especially in the poorest three-quarters of the world, the developing countries.

This decade of the 1980s has brought rude awakenings to virtually every nation, every government (national, state and local), every institution and major corporation, and every family which had come to count on steady progress, steady improvement in standards of living, and steadily increasing relative degrees of prosperity. The dramatic collapse of these expectations has especially impacted upon the poorer sectors of society - worldwide, and in the United States.

For eight years now, developing countries as a group have experienced negative or negligible growth of per capita income. The poorest nations have seen a decline (as also experienced by American farmers) in the prices of the primary products which are their principal exports, a rising proportion of their governmental income and foreign exchange devoted to servicing debt, a decline in overall bank lending, and a leveling of development aid. Among the consequences of these adverse circumstances are trends leading to massive retrenchment in public expenditures for health, education and other services vital to well-being. Particularly unfortunate is the fact that, from country after country, reports continue to indicate that women and children have shouldered a disproportionate burden of the recession and adjustment to it - from the loss of incomes and employment to particularly severe cutbacks in government support services for poor children and mothers...which are characteristically weak and vulnerable politically as well as economically. The grave results of these past eight years of decline show in such glaring indicators as increasing illiteracy and a slowing in the decrease of - and all-too-often an actual increase in - infant and child mortality rates.

Until these reversals occurred, the post-World War II era had been the first in human history in which it seemed reasonable to seriously anticipate overcoming the worst aspects of absolute poverty and bringing the basic essentials of health and nutrition to all humanity within a foreseeable period of time, such as by the year 2000. This has particularly been exemplified by progress in child mortality. In 1950, when UNICEF first turned its attention beyond reconstruction of war-devastated Europe and Asia to improving the

health and survival of children in the developing world, nearly 70,000 children were dying each day. By 1980, under-five child death rates had been halved, and, despite a 25 per cent increase in births, the number of child deaths had reduced nearly 40 per cent, to 43,000 each day. The United Nations, with U.S. participation and endorsement, even set a global goal for each country to achieve at least an IMR of 50 (that of the U.S. in the late 1930s) by the year 2000.

Then came the economic downturn of the 1980s, and with it, in many cases, the wholesale abandonment of historic commitments to improving the lot of the poor and the vulnerable.

The casual observer might consider such abandonment as understandable, normal, and probably appropriate. Fortunately, not all were so quick to abandon those most in need ... to heed the cry of "Man the lifeboats! Children and women last!". In this country, the Children's Defense Fund remained a steady, unbowed voice - even if often lonely. And others, too, in other countries and international institutions, remained determined. We sought to ensure that what we were doing continued. And we sought new ways of doing things better, even with constrained, often shrinking, resources; even with the undermining of governmental and social infrastructures that recession inflicted.

In 1982, UNICEF was able to articulate what we described as "New Hope in Dark Times" - the possibility of a virtual revolution in child survival and development, accomplishable at low financial cost even in economically difficult times - if only governments and national leaderships could marshal the political will to try.

Our proposition was simple: that the then annual toll of some 15 million child deaths could be halved within 10-15 years through the effective mobilization in all countries of today's new communications capacity to empower the vast majority of families with knowledge of low-cost techniques - such as immunization against child-killing diseases, oral rehydration therapy for diarrhoeal diseases, and the importance of breastfeeding, safe weaning, and birth spacing. A detailing of these and other techniques, and the progress being made, can be found in UNICEF's report on The State of the World's Children, 1988 [which is available here today].

At the beginning of this decade, immunization coverage of children in the developing world was less than ten per cent; vaccine-preventable diseases were claiming approximately 4.5 million young lives each year - 12,000 each day. But in the last five years, as the Child Survival and Development Revolution (CSDR) has gained momentum, vaccine use has quintupled as more than 100 nations have begun to accelerate their immunization programmes towards the United Nations goal of Universal Child Immunization by 1990 (UCI-1990). Already, immunization coverage in the developing world has risen to approximately 50 per cent. Twenty-five developing countries have reached coverage of at least 80 per cent of under ones against all six leading child-killing and -crippling diseases - a level better than that of the United

States just ten years ago. As a result of these accelerated efforts, vaccines are now preventing over 1.5 million more child deaths each year in the developing world. We hope to more than double these savings by 1990.

There is similar progress to report in the spread of oral rehydration therapy, which can usually counter the dehydration associated with diarrhoeal diseases which remains the single greatest killer of children in the modern world. As this decade started, only two or three per cent of the world's parents were empowered to use - knew about and knew how to use - ORT, which had been "invented" only in the late 1960s. Today, the World Health Organization estimates that the parents of approximately 50 per cent of children under five years have access to oral rehydration salts (ORS), including access to a trained health worker who can demonstrate proper use, though only about 20 per cent of all children are being treated with ORT. Global production of ORS has risen from approximately 50 million packets in 1982 to 300 million today. Oral rehydration therapy is now preventing some 600,000 young child deaths each year. Again, we hope to more than double these savings by 1990.

The issue is leadership

The success in the 1980s of an increasing number of poor countries in reducing child mortality proves that progress is possible despite great odds - even severe economic hardships. Their success has shown what is possible - even in low income countries - when the needs of children are placed high on a country's political agenda over a sustained period and priority is given to cost-effective programmes. Active engagement in the Child Survival and Development Revolution has proven that many countries are now capable of dramatic improvements within a short period of 5 to 10 years.

We have seen in this revolution for child health and better lives that the coupling of extremely low-cost/high-impact medical technologies capable of preventing the vast majority of child deaths with the rapidly expanding capacities to communicate with those who need to know in order to benefit from modern health progress, can combine to effect historically unprecedented results.

The bottom line of the CSDR is that lives are being saved - now more than 6,000 each day by ORT and immunization alone, and comparable numbers of disabled lives are being avoided. At the heart of the CSDR approach, and of relevance in applying the lessons of these experiences to industrialized countries - and, I should note, to the newly emerging urgent challenge of combatting AIDS in all countries - is the use of social support and communications systems which, through low-cost means heavily involving community participation, empower parents - and mostly women - to take far greater control of their own health and that of their children.

It has been exhilarating to see the kind of progress possible in remarkably short periods of time when the popular and political will has

emerged to exploit the potential of the CSDR, and to put the needs of children and women in the first rank of a country's priorities.

Among the developing nations, Colombia, for example, has been a pathbreaker in demonstrating the viability of these approaches and their combined effect in support of primary health care. Beginning in 1984, Colombia started a major initiative to raise the percentage of immunized Colombian children from a minority to near universal coverage. The key was leadership from the top to persuade all sectors of society to participate. Then-President Betancur mobilized the media, including the leading opposition press, to co-operate, and he recruited the Church and the Red Cross, the Rotarians, the Lions, the Scouts, schoolteachers, businesspeople, and all of his government ministries into a grand alliance for Colombia's children.

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 several sermons to the importance of families immunizing their children, and 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. For the children of the world, with more than 10,000 dying each day from these six diseases, this unprecedented accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

Colombia illustrates the use of communications with a vengeance. The results demonstrate how we can defend children against these brutal mass killers and cripplers, if only we fully mobilize to do so. 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 otherwise have died.

So many children were reached in 1984 and 1985 that the "campaign" approach has been able to give way to the on-going Primary Health Care infrastructures which have been vastly bolstered by intensive and complementary follow-up efforts. 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 certificates. Television and radio spots and promotions now have a continuing supporting role. The Catholic Church has introduced a training programme for priests; pre-marital counselling now includes health care of children - on immunization, ORT, etc. - as a major component. And, of course, all these measures have resulted not in higher costs for government services, but in the saving of many millions of dollars - as well as saving the lives of more than 10,000 children yearly and preventing the crippling and wasting of many thousands more.

Colombia's pioneering success has been joined by literally scores of countries - countries in which governments have realized it is politically and economically wise to place children high on the agenda, and countries in which the people have demanded that the potential for saving the lives of their children be realized.

It is important to note, parenthetically, that successful reduction of child mortality rates in the Third World has been associated in many countries with reduced population growth. After infant mortality rates drop to a crucial level, fertility rate reduction accelerates and the number of births reduced begins to exceed the child lives saved. As parents become more confident that they do, in fact, have some power to affect the health of their children, and more confident that their two or three children will survive, they are more willing to limit family size. As we look to the end of the century, strange as it may seem to some, one of the principal means of slowing population growth will be to achieve dramatic reductions in child mortality rates worldwide.

Can the rich do as well as the poor?

We have seen that even poor countries can marshal the capacity to save their children's lives and better protect their national futures by wise investment of modest resources, strategically aimed, with impact maximized by the commitment of genuine leadership and national will. The question which you in this Conference are addressing is whether a rich country - indeed, the world's richest country - can do as well.

The fundamental task of saving - and improving - children's lives has become increasingly relevant in this country. The United States, ranked first among the industrialized countries in its per capita gross national product (GNP) in 1960 and in 1986, had slipped from 10th in 1960 to only 22nd among the countries of the world in its infant mortality rate (IMR), or number of deaths before the age of one per 1,000 live births. And it had slipped to 23rd in its under-5 mortality rate (U-5MR), or number of deaths before the age of five per 1,000 live births. The scope of the problem in the United States is illustrated by contrast with the many countries in Europe (including the German Democratic Republic [East Germany], Ireland and Spain) as well as Japan, Australia - and even Hong Kong and Singapore (which are still considered developing countries) - which now have IMRs and U-5MRs better than those of the U.S.

How is it that so many countries - now including developing countries - are doing such a better job at this than the United States? What can this country learn from others - even from poor developing nations? How, do popular and political will to effect social change manifest in the U.S.?

The issue, again, is leadership

There are two ways by which a country's attention to its children - and to its future - can be increased. One path is by leadership starting from the

top, as when a President Betancur of Colombia or a President Soeharto of Indonesia understands that he is building a house of cards if he is building a house upon dying, sickly, disabled, stunted, unstimulated children. And so a leader takes the lead, asserts the national priority, re-allocates the national budget, and mobilizes the nation's strengths to protect and nurture the nation's children and families.

The other course is by leadership starting from below - from those who are not in power, but who are most affected or who share understanding that the city on the hill cannot shine on wasted children. This is the path taken by most of the great, progressive movements of modern history: for the abolition of slavery; for the enfranchisement of women; for the end of colonial empires; for the extension of civil rights to people of colour; and for the protection of the environment. This is the path which begins with people - like those of you involved in the Children's Defense Fund - whose voice and frustration will not be stilled. Gradually, usually ever-so-gradually, you are joined by more people, and then by organizations, institutions and more and more voices of authority and influence.

This is the path upon which the United States now journeys - a path beginning with people which aims at establishing the nation's children - and thus, the nation's future - as the highest obligation of society. And your movement grows. CDF's voice is now joined by many others - a Grand Alliance for America's Children is emerging - and an increasingly great chorus can be heard.

It is heard in the voice of the Committee for Economic Development, an august collection of America's most established business and institutional leaders [including our chairperson today, Donna Shalala, and the next speaker, William Woodside of Primerica Corporation], who declared last September that:

"This nation cannot continue to compete and prosper in the global arena when more than one-fifth of our children live in poverty and a third grow up in ignorance. The nation can ill afford such an egregious waste of human resources. Allowing this to continue will not only impoverish these children, it will impoverish our nation - culturally, politically and economically."

It is heard in the voice of The New York Times, which since last September has made an increasing editorial and reportorial commitment to "a fair chance for children", noting that "society is discovering that it knows how to do something that works: concentrate on helping poor children in their earliest months and years of life".

It is heard in the voice of The Washington Post, which periodically brings us face to face with "Children at Risk".

It is heard in the voice of Pope John Paul II, who in his 1988 message for Lent drew attention to infant mortality, declaring that:

"Some children die before birth and others after just a short and painful existence consumed tragically by diseases which can be easily prevented. ... The victims of this tragedy are the children conceived in a situation of poverty caused frequently by social injustices. They are also the families, lacking in basic needs, who mourn inconsolably the premature deaths of their children."

It is heard in the voice of this nation's governors, more than half of whom addressed children's issues in their annual legislative messages this year. New York's Governor Mario Cuomo, in his "State of the State" message in January, called upon the legislature to enact perhaps the most far-reaching strategy for child health and development ever introduced in this country. In calling for a "Decade of the Child", he asserted:

"The problem of our children demands a bold and broad commitment of government at all levels, in partnership with the whole community. ... It is wrong - obviously wrong - for a state as rich as this one to let any of its children go hungry or poorly fed, as we do in New York State."

It is heard in the voice of the Congressionally mandated National Commission to Prevent Infant Mortality, which reminds the nation that:

"So many of society's problems can be traced in one form or another to a poor start in life. Children born today will be our leaders in the year 2020. What are we doing today to ensure their start in life allows them to be intellectually, physically and financially able to lead us through the next century?"

And it is heard in many voices on the campaign trail this year. Voices of those who are running for President. Voices of incumbents and voices of challengers for seats in the Congress, in the statehouses and in city halls. It is heard throughout the land, by a nation slowly awakening to those few voices, like CDF's, which would not be stilled.

Children have Rights

During this same 10 year period of economic adversity, of steadfast determination, of life-proving progress in the developing countries, and of deterioration of the health and survival of children in this country, a small group of people have been laboring around negotiating tables in Geneva. They are charged with drafting a text first proposed for the International Year of the Child in 1979. They are drafting a Convention on the Rights of the Child. They have almost finished their work.

That Convention, which would be legally binding upon all nations which accede to it, would declare, inter alia, that all States, party to the Convention:

- "... recognize that every child has the inherent right to life;
- "... shall ensure to the maximum extent possible the survival and development of the child;
- "... shall pursue full implementation of this right, and, in particular, shall take appropriate measures to:

- ... combat disease and malnutrition within the framework of Primary Health Care, through the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water;
- ... ensure that all segments of society, in particular parents and children, are informed, and supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents..."

What a contrast - a revolutionary transformation - from a century ago, when children were considered virtually the property of their parents!

With a great deal of luck, and a rising popular demand, as well as a good faith effort by the drafters, it is just possible that this Convention could be completed by next year - a fitting commemoration of the tenth anniversary of the International Year of the Child and the thirtieth anniversary of the United Nations Declaration of the Rights of the Child, whose lofty principles would be given the force of law by the Convention.

From my global responsibilities for all the world's children, I urge you - individually, in each of your personal capacities, and as the Children's Defense Fund - to involve yourselves directly in this effort which would both further the survival, development and improved lives of children globally, and further your work domestically. Let us act together to make "the Rights of the Child" real. Add your voice and your efforts to those which urge completion of the Convention, its endorsement by the United Nations General Assembly, and its ratification by every country...including, of course, the United States.

You might, in fact, use the draft Convention now as a guide to the condition of America's children: a standard for your goals, and a measure of your progress. Look at the Convention. Consider where the United States achieves its standards. Identify where this country falls short. Look at it even on a state-by-state basis: how does New York measure up? How does Kentucky measure? And what about Oregon? And, of course, you'll invariably find that the worst on your list - for several reasons, including most notably the absence of full, competitive democracy - is the nation's wealthy capital, the District of Columbia.

Perhaps CDF could establish a special task force to lead this effort in behalf of the Convention and in using it as a tool for leveraging progress for America's children in the years ahead.

The shining city on the hill

The United States of America can, indeed, be a shining city on the hill ... a beacon to all humanity for the society we ought to have. This country can, as Marian Wright Edelman wrote in "The Children's Time", provide a moral example of what a nation can and should do for its children. We need America in the lead. It is so much harder to convince poor countries that they can do better for their children when they see the richest country doing so much less than the best.

It is, quite frankly, inexcusable that the richest and most powerful country in the world - and particularly its capital city - should rank so poorly in ensuring the survival and development of its children. At federal, state, and community levels, this society ought to ensure that knowledge regarding self-health behaviours reaches the entire populace, and that adequate nutrition, health services and early-childhood development information and resources are readily available to all women and families.

Clearly, one of the several starting points is the nation's capital - home city for the CDF. Why should the District of Columbia - one of the wealthiest political entities of this country - have an infant mortality rate among the worst in the nation...higher than that of Mississippi and Puerto Rico - and worse than Havana, Hong Kong and Singapore - with their vastly lower income levels? Why should infant mortality among the black community in the District be so much higher than for the black community nationally? Why does Newark, with a much higher infant mortality rate in 1960, now have a much lower rate than Washington, D.C. today? I hope the Children's Defense Fund will take a leadership role here as well. If you succeed - and you must succeed - then this capital can, indeed, become a shining example for all.

"No finer investment than putting milk in babies"

We know from long experience that many well-intentioned programmes do not work. But we also know that many do. The speakers who follow me today, tomorrow and Friday will surely be reporting on what works. Indeed, every person in this room can cite proven successes from personal experience, and I could provide a catalogue of effective approaches worldwide. The challenge for this country is whether it is willing to put success to work. Will it have the wisdom to recognize that which must be done - if for no other reason than as an essential investment in the future?

Some will say that the United States, afflicted with horrendous budget and trade deficits, cannot afford social programmes to protect the poorest and most vulnerable and ensure that they - particularly children - have a decent and fair chance at life. I say in response, that if a poor country can afford

to do its best, under far more difficult circumstances, than this country can afford to do better.

But I can offer an argument perhaps more convincing to those most concerned with budgetary restraint. Rarely has an industrial country been more stressed and fiscally tested than Britain in World War II. For its very survival, Britain was compelled to rapidly, drastically, reduce its imports, restructure its industry, and mobilize its economy for the war effort. But it simultaneously recognized that the health and strength of its people was as indispensable as the strength of its weaponry. As Winston Churchill declared: "There is no finer investment than putting milk in babies". The nutritional status of the whole British population was made an integral and conscious part of the war effort, with nutritional needs defined and ensured for each age group, especially for infants, children, and pregnant and lactating mothers. As a result, despite all the hardships and constraints of war and the devastation inflicted upon the country, the nutritional status of the British population at the end of the War was better than ever before in British history.

If a Britain engaged in the most desperate war effort ever mobilized could do it, why can't the United States today?

The economic wealth of this country gives the United States a great running start in the race for improved child health and a healthier national future. There are enormous resources with which to work. Even more important is the democratic process in which this society is founded. Ultimately, the key to improving unacceptable - indeed, unconscionable - child health conditions lies in assuming full responsibility for truly becoming a government of the people, by the people and for the people.

The resources are available for unprecedented improvements in child survival, health and development in the United States.

Demand them. Create them. Use them.

* * * * *

This Conference meets at a moment of breakthrough in child-health and in the well-being of the world's poorest which seemed like wishful thinking only a short time ago. There is a miracle in the making. Already the lives of more than 40,000 young children are saved each week in the world as a result of the peaceful revolution for children now beginning.

The groundwork is showing, but it still needs to be nurtured. You have begun, but your work is far from finished. I know you will not relent.

The future begins with children. The future begins here.