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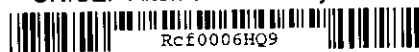
Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Milwaukee International Health Conference:
Partners in an Alliance for Global Health

"Children at the First Frontier"

Milwaukee, Wisconsin
3 September 1988



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Address by Mr. James P. Grant
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"CHILDREN ARE THE FIRST FRONTIER"

I am very pleased to be participating in this conference here in Milwaukee. I am especially pleased for two particular reasons. The first is that the State of Wisconsin has become very special to UNICEF and to the cause of child survival and development worldwide. Your state has become very special because you have sent to the Congress in Washington a delegation of Senators and Representatives including some individuals who are extraordinarily conscious of the vitally important role which this country can play in creating, seizing, and advancing opportunities to tremendously improve the situation and the future of children in the world. I will be happy to speak more about that - and about them - at the luncheon session today.

The second particular reason that I am pleased to be here today is that this gathering is a vivid representation of the precise kind of people who, in the 1980s and 1990s, are critical to the survival and development of the world's children - and, indeed, to significant advances in the health of people of all ages, in all countries, rich and poor, east and west. You are the precise kind of people because you are all different kinds of people. You are a broad spectrum of your community. You are everyone - and the most certain fact that I can share with you today is that the health of all the world's people in the next decade can be significantly improved only through the active involvement of all kinds of us ... or, as the World Health Organization would express it: "Health for All and All for Health". You are, indeed, the essential partners in an alliance for global health.

Dark times ... and new hope

Let me take a few minutes to tell you about the impact which that alliance - which we in UNICEF call a "Grand Alliance for Children" - is having 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, in country after country, 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!". Many people in this country, and 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 [copies of which - both the full text and a very useful Summary pamphlet, are available here today]. But a picture is worth a thousand words, and thus a moving picture is surely worth millions. So I would like to interrupt my remarks at this time and show you a film which was produced two years ago by the United States Committee for UNICEF. It's a fascinating film, which will show you not only what is happening in the developing countries today, but will also remind you, if you should fear that the developing countries are "just too far behind", that we in this country aren't really that far ahead. It wasn't that long ago that we, too, were a developing country.

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Progress is possible

The progress which, as this film illustrates, has been achieved in Ecuador has not been temporary nor has it been isolated. 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 more than 600,000 young child deaths each year. WHO estimates it may be up to more than 1 million in 1988. Again, we hope to more than double these savings by 1990.

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. The same techniques, of course, are applicable within industrialized countries to combat the spread of AIDS or to help reduce smoking.

Ecuador'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 (and as the film also pointed out), 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.

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.

A Grand Alliance for Children

It is clear by now that if our goals for so vastly reducing child mortality and morbidity are to be reached, they will be achieved by social movement rather than by medical intervention alone. And what is needed is a society-wide alliance of all those who can communicate with and support parents in doing what can now be done - medical professionals, teachers, and religious leaders, mass media and government agencies, voluntary organizations and people's movements, business and labor unions, professional associations and conventional health services. Only such a Grand Alliance for Children can create the informed public demand for, and practical knowledge of, those methods which can bring about a revolution in child survival and development.

Today that Grand Alliance has begun to gather, and includes a broad spectrum of partners. It ranges worldwide from the pinnacles of power to the most common of activities. In their only reference to development issues in the communique following their Moscow Summit, President Reagan and General Secretary Gorbachev "reaffirmed their support for the WHO/UNICEF goal of reducing the scale of preventable childhood deaths through the most effective methods of saving children. They urged other countries and the international community to intensify efforts to achieve this goal." The issues of children have similarly seized the political agendas of summits of the Organization of

African Unity, the South Asian Association for Regional Cooperation, and the Presidents of all of the countries of Central America. But children's health is also a major foci of the efforts of Rotarians and Jaycees, Red Cross groups, religious organizations of all faiths, Scouts, and many others who have joined in alliance to make this Child Survival Revolution a reality - whether in developing or developed countries, both by delivering the actual health interventions and communications, and by generating support, raising funds, and encouraging governmental leadership. And that is why I said, as I began my remarks today, that those of you in this hall today are a precise reflection of the Grand Alliance which is required to save children's lives and drastically improve the world's health.

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 the problems affecting the developing countries and the concerns of many people in North America and Europe and other developed countries. The essence of all of this is a new respect for the capacity of the individual and 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.

Our strategy to accelerate child survival and overall well-being 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 thrust of child death and continuous illness is greatly eased.

Empowering parents with knowledge of techniques for child protection is the key to unlocking not only a health revolution but the potential for parents 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 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 - not only as mothers but as food producers, traders, midwives, agents of community development and other roles.

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.

The challenge has many similarities in a wealthy country, like the United States, as in a poor country, like Niger. Better health today, in this

country, 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 North American or European male. But, as the Centers for Disease Control has said, that same average male, at virtually no cost, could add some ten years to his life expectancy. How? By not smoking, by drinking in moderation, by controlling the quantity and quality of the food he consumes, and by reasonably exercising. This revolution is starting in the industrialized countries, but is far less advanced among the poor who need it most as we see from surveys which show the most smoking and least breastfeeding among lower income, lower education-level families.

In effect, what I am saying is that the major frontier for progress even in difficult economic times lies with educating and empowering individuals to do more to help themselves. The implications of this empowerment go far beyond my immediate objective of saving children's lives, or even the full range of global health concerns, important as they 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 "uprising" against smoking in the United States - and the national governmental, corporate, media and institutional support that these efforts have engendered - is an example of a spontaneously ignited social mobilization with people in the lead and government 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. The principles we are practicing, and the approaches that are being pioneered, are applicable for adult health as well as children's, and for a broad range of non-health areas in which progress is long overdue.

To make a revolution

The Child Survival Revolution began with technological advances that triggered our realization that significant progress could be accomplished if only people could be educated and motivated to make use of those advances. But available and appropriate technologies are perhaps the easiest dimension of the problem today. While we seek still more new and improved technologies, such as a malaria vaccine (hopefully within 5 years), better vaccines (such as the new, much more heat-stable freeze-dried measles vaccine or a one-dose replacement of the current three-dose polio vaccine), and better weighing scales for growth monitoring, the biggest current problem is overcoming the lag between modern medical knowledge, particularly low-cost means such as ORT and immunization, and its widespread use in a community setting.

Thus the real challenges, both in Child Survival and in other areas of opportunity for health progress, are in securing two basic factors:

The first is political will, which often depends upon early enthusiasm by a Head of State and other national leaders, but needs to be translated into action by bureaucracies and technocracies in both the public and private sectors, and initially encouraged and later sustained by the indispensable popular will that makes it good politics for governments to undertake and continue these efforts - and bad politics for them not to.

The second necessary factor is mobilization on a very broad front of action to overcome this lag. Enlistment of the formal health sector is not nearly enough. Fortunately, today, as a result of general developmental progress, mass methods of advocacy and communications, enlistment of education, agriculture and other sectors within and outside government, strategic alliances with religious, professional, and community service groups are available - not to control mass public demand, but to catalyse it and unleash its energies...if only they can be mobilized - as on the lines of several recent successes in low and middle income societies.

People must take the lead

In any civilization, morality must be brought into step with capacity. Today this means, at the least, that the mass deaths of nearly 40,000 children every day from largely preventable causes must be placed alongside slavery, colonialism, racism and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind. But we must remember that none of these achievements have originated with governments; they have begun with people acting voluntarily to demand change.

A small group of Quakers started the campaign against slavery; Mahatma Gandhi was a courageous pioneer in the fight to end colonialism; Martin Luther King stands as a symbol for the struggle to end racism in America; Nelson Mandela for the fight to end apartheid. They, in turn, were joined and supported by thousands and then millions - and only then did government policies begin to respond.

The new ethic of compelling effective responses to the "loud emergencies" (e.g., Kampuchea in 1975-80 and Ethiopia/Africa in 1984-85) similarly was people-led - aroused public opinion made it good politics for governments to respond generously...and poor politics not to.

Similarly, the initial pilot projects that proved the viability of primary health care, beginning with the Tinghoren rural county project in China in the late 1920s, were overwhelmingly the result of private initiatives at the outset.

Each of us in our respective fields has this responsibility - to see that morality does not lag far behind humanity's capacity. Thanks to the scientific and technological advances of recent years, those of us concerned with the world's health - whether as professionals or simply committed

citizens - have a whole new capacity, and a whole new credibility in advocacy because of our increased ability. Our challenge is how to ensure that this capacity is used ... that people are empowered with self-health knowledge ... and that governments and communities are compelled to fulfill the human rights - including meeting basic human needs - of the world's children.

The 1990s will be difficult years ... for all countries, all societies, and the world as a whole. But it can also be an historically constructive decade for children ... for the most vulnerable ... for the great majority of the world's people. You in this room - whose life works are the works of life in many fields, but who are conscious and committed to the challenge of ensuring Health for All - are in the vanguard of tomorrow's world.

We are deeply grateful to have you as partners in this grand alliance.