14.

÷

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

"Child Survival – Opportunities for the 21st Century"

Published in World Vision Magazine October 1988



cover + Spp + Øb



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia Детскому фонду Объединенных Нация 联合国儿童基金 منتظمة الأمم المتحدة للأطفال

File Sub: CF/EXD/SP/1988-0052

"Child Survival - Opportunities for the 21st Century"

by

<u>James P. Grant</u> Executive Director of the United Nations Children's Fund (UNICEF)

WORLD VISION MAGAZINE

October 1988

In 1982, UNICFF articulated a "New Hope in Dark Times" - the possibility of a virtual <u>revolution</u> in child survival and development, accomplishable at low financial cost even in economically difficult <u>times</u> - if only governments and national leaderships could marshall the political will to try.

Our proposition was simple: that the then annual toll of some 15 million child deaths could be <u>halved</u> 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 <u>The State of the</u> World's Children, 1988.

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). Thanks to efforts such as those mounted by World Vison International, which last year committed \$60 million to immunize 6 million children by 1990, immunization coverage in the developing world has risen already 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.

cover+5pp+&b

5 2 2 6 **G**

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. <u>Oral rehydration therapy is now preventing some 600,000 young child deaths each year</u>. Again, we hope to more than double these savings by 1990.

The bottom line of the CSDR is that <u>lives are being saved</u> - now more than 6,000 <u>each day</u> 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, <u>empower</u> parents - and mostly women - to take far. greater control of their own health and that of their children.

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.

The issue 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 - by the leader of a country understanding 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 - like a President Betancur of Colombia or a President Soeharto of Indonesia - 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 a shining 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 involved in World Vision International, who are taking such a strong stance against apartheid and for child survival and for Third World development, who find the poorest people in the world and work with them intelligently and compassionately - whose voices and dedication resound through the darkness. Gradually, usually ever-so-gradually, you are joined by more people, and then by organizations, institutions and more and more voices And the movement grows. of authority and influence. World Vision International's voice is now joined by many others - a Grand Alliance for Children is emerging - and an increasingly great chorus can be heard.

Ŷ.

Facts for Life

I am very pleased to be able to say that the main task which we all share in this "Grand Alliance for Children" - that of bridging the vital gap between available health knowledge and its actual use by those who need to know - has become immeasurably more do-able in recent weeks due to the publication of a collection of 55 priority messages under the title Facts for Life. This milestone publication contains in message form the most important information now available which could help parents protect their children's lives and growth. That knowledge - be it about the timing of births, the promotion of growth, the feeding of young children, the prevention of illness, the technique of oral rehydration, or the importance of full immunization - is knowledge which should now belong to all families everywhere. It is knowledge on which there is world-wide scientific consensus; it is knowledge on which most parents can act; and it is knowledge which has the potential to drastically reduce child deaths and child malnutrition. It is therefore knowledge to which every family now has a right.

<u>Facts for Life</u> has made a special effort to present this in messages which can be understood by all. Those messages come under ten headings: safe motherhood, breast-feeding, immunization, respiratory infections, malaria, timing births, promoting child growth, diarrhoea, home hygiene, and AIDS. Although the ultimate recipients are the families who must actually use the knowledge contained, the more immediate target is the broad spectrum of communicators of all kinds, community workers and groups, health and medical educators, all those who can help to put today's knowledge at the <u>disposal</u> of today's parents so that it can actually be used to save the lives and improve the health of those previously unreached by such benefits of modern progress.

Children have Rights

Another arena of unprecedented potential is open today in the realm of defining children's rights so that they can be more readily protected. A project begun during the International Year of the Child in 1979 - to draft a "Convention on the Rights of the Child" is nearing completion.

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

. Ý. . .

4 -

5 5 4 7 YE THE ST.

"... 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!

Passage of the Convention, in itself, will not mean that children's rights will be met nor that our responsibilities toward children will be fulfilled. But it will establish a global standard to guide national, regional and international policy. The Convention on the Rights of the Child will add <u>accountability</u> to the Declaration on the Rights of the Child passed unanimously by the nations of the world in the United Nations nearly 30 years ago.

Adoption of the Convention by the U.N. General Assembly by the target of 1989 will require an all-out effort by all people who care about the health and well-being of children. Until the Convention is adopted, the international community will need support from non-governmental organizations and others who are particularly concerned with reaffirming our commitments to protect human rights. After adoption by the General Assembly, people who care will want to petition their leaders to make sure that it is ratified nationally.

Beyond Child Survival - Development and ...

What lies beyond child survival?

The experience and success of the CSDR has created a hallway of doors onto new possibilities. For children themselves, the most important new opening is the simplest of all - the opportunity to grow and develop as healthy individuals. But it is not only good health that benefits a child when his or her life has been saved or enhanced by the activities of the CSDR. This people-empowering approach 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. Success in this can also extend to another profound level as participants' very sense of self and role in society is enhanced. The principal reason for this is that the CSDR rests upon one central foundation: that people can and ought to be enabled to take far greater care of themselves.

The lessons of the CSDR do not stop with issues related to children. The formula of the CSDR approach - of combining available and low-cost knowledge and technology with our revolutionary capacity to <u>communicate</u> with the world's poor - is applicable to a vast range of social issues.

Resources for the improvement of health are being multiplied by unleashing the tremendous but greatly underutilized potential of popular and political will at national and international levels. Motivated by the need to provide a better future for our own as well as coming generations, people are mobilizing in powerful networks and social movements. These resources are available for other social goals which serve the same aspirations.

We are poised at the threshold of a new decade which itself stands at the brink of a new millenium, charged with the task of finally defining the legacy of our era to coming generations. It is a moment of opportunity and breakthrough in child-health and in the well-being of the world's poorest which seemed like wishful thinking only a short time ago. 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. It is a revolution in which we all have a role.