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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to a seminar convened by
The Secretary of Health of Mexico, the World Health Organization, and UNICEF

on

Situation and Perspectives on Mortality on Children Under 5 in Latin America

"The Future of Child Survival in Latin America"

Cocoyoc, Mexico
23 October 1988

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"The Future of Child Survival in Latin America"

This gathering of outstanding experts, most of you distinguished in the field of social paediatrics, occurs at a crucial time for Latin America in terms of child health and survival. The three decades between 1950 and 1980 saw more progress for children in many ways than the previous 1,000 to 2,000 years. This is evidenced in global figures which show that in 1950 there were 70,000 young children dying every day; by 1980 that toll had been reduced to 43,000 young lives daily. In Latin America during the same period, the daily toll was reduced from 4,100 to 3,000. Given the increase in population, this amounted to a halving of the infant and child mortality rates during that time period worldwide. In Latin America, the under-5 mortality rate dropped from 201 per 1,000 live births in 1950 to 94 in 1980.

But, in the 1980s, that world-wide progress has not been maintained. We are all painfully aware that this is a time of economic constraint in most countries, including that of our gracious host. Contributing to this situation is the fact that the debt continues to grow, today to nearly double the 1980 level, despite a net outflow from Latin America of some US$150 billion. Each child born today in Latin America and the Caribbean enters the world with a financial obligation equivalent to more than US$1,000. In country after country, there is evidence of rising levels of malnutrition ... in some cases of rising infant and child mortality ... and many indications of a decline in other indicators of child welfare, particularly among the poor and vulnerable. For example, the large number of boys and girls forced to live in the streets or work for a living has become a reality in every Latin American city.

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Clearly, the result of this decade's economic climate for much of the Third World has not only been an economic crisis which has become a human crisis, but now, in turn, increasingly a political crisis. A disproportionate share of the resultant suffering is being borne by those least equipped to combat the effects of economic deterioration - the poor and the most vulnerable, especially children and women. A conservative estimate by UNICEF calculations is that some 500 children a day are dying as a consequence in Latin America of this continuing economic crisis.

Unfortunately, this same time period has seen the rise of the global pandemic of AIDS, which threatens, among those who suffer its scourge, the lives and health of women and children. Perhaps of even greater importance, thoughtless reaction to the pandemic threatens to undermine not only efforts to stop its spread, but rational prioritizing of resources available to social sectors.

A revolution for children

Fortunately, the 1980s have also brought good news. As those of us gathered at this seminar are well aware, there now exists the potential for a virtual revolution in child survival and development in most countries - a potential which we call the Child Survival and Development Revolution (CSDR). This arises from two converging forces:

First, it is now known that the major threats to the lives and the normal growth of children can be defeated, in large measure, by informing and supporting parents themselves in such basic and inexpensive actions as:

-- immunizing their children against the six main child-killing diseases which last year took the lives of more than 200,000 young Latin Americans and crippled or disabled-for-life a comparable number;

-- using sanitary practices to prevent - and low-cost oral rehydration therapies to combat - diarrhoeal disease which last year took the lives of another 200,000 young Latin American children;

-- maintaining exclusive breast-feeding in the early months to promote healthy growth, and applying new knowledge about when and how to introduce other foods;

-- recognizing and acting early on the danger signs of acute respiratory infection;

-- better spacing of births to promote safe motherhood and healthier infants;

-- monitoring the growth of children to provide early warning of impending malnutrition;

-- improving female literacy; and

-- providing food supplementation, including low-cost iron, Vitamin A, and iodine, when necessary.

As WHO Director-General Dr. Hiroshi Nakajima told 1,500 health educators this past August:

> "Parents and families, properly supported, could save two-thirds of the 14 million children who die every year - if only they were properly informed and motivated. Immunization alone could save 3 million lives - and another 3 million deaths a year could be prevented by oral rehydration, a simple and cheap technology."

In a development even more recent than the advent of the CSDR, we also know that we can significantly reduce the number of new-born children infected with the AIDS virus by educating men and women of reproductive age to change their behaviour with regard to safe versus unsafe sexual practices, screening blood products, and sterilizing injection equipment.

The Second force converging to make a Child Survival Development Revolution possible is the surge in the communications capacity of virtually all nations over the last ten years, which has made it possible, for the first time, to put medical and self-health knowledge and these techniques at the disposal of the great majority of the world's people. Eighty two per cent of Latin America's adults can now read and write. Nearly 100 per cent of its children now enroll in primary school. Radio reaches into a great majority of its homes; television into a majority of its communities, and often into a majority of homes. Government services now reach, with varying degrees of effectiveness, into almost every community. Non-governmental organizations, peasant co-operatives, labour unions, employers' associations, political groups, youth organizations, women's movements, and neighbourhood associations now add up to a breadth and depth of organized resources which could be the means of informing and supporting the majority of the developing world's families in using today's knowledge. The challenge is to mobilize all these channels of communication to empower parents with the knowledge - and the will - for child survival and development.

First articulated in late 1982, just six years ago, the Child Survival and Development Revolution had rapidly gained enough momentum that, only 12 months later, United Nations Secretary-General Javier Pérez de Cuéllar could report: "...a veritable child survival revolution has begun to spread across the world".

Latin American countries have pioneered several brilliant aspects of this peaceful revolution for children. Colombia's courageous national mobilization for immunization beginning in 1984 - the first of such intensity in the world - changed history. Besides saving the lives and improving the health and well-being of Colombia's children, the effort has been copied and adopted in dozens of countries, and child health has assumed an unprecedented level of prominence in popular and political arenas. Colombia has applied the lessons learned through that successful experience in social mobilization for immunization to a far more encompassing approach to primary health care. And El Salvador has offered an inspiration to the world with its "Days of

Tranquility", begun in 1985 as an agreement between rival forces in that country's civil strife to allow safe passage - to fire no guns - on three separate immunization days so that children could be protected from disease. This unprecedented achievement in El Salvador has since been replicated or adapted in other war-torn areas, including Uganda, Sri Lanka, Lebanon and Afghanistan.

By 1986, the CSDR had progressed to the extent that the use of vaccines and the use of oral rehydration salts world-wide had both tripled since 1983. Whereas a decade ago 5 per cent of the world's children were immunized against the targeted diseases, the WHO announced in August 1987 that a full 50 per cent were covered against these dread diseases, and the figure a year later had reached nearly 60 per cent. The effect of these activities was such that these two measures alone have accounted for saving the lives, within the last 12 months, of 2.5 million young children, while saving a comparable number from lives of crippling disability as a result of childhood diseases ... and contributing to the slowing of population growth as parents gain confidence that the children they have will live.

The primary challenge which lies ahead is defined, at this stage, by one fact which overwhelms other considerations: this year, 1 million Latin American children will die, two-thirds of them from preventable causes. Such a loss, were it caused by factors which we could do little to prevent, would be tragic indeed. But the loss of 1 million young Latin Americans - the vast majority of them to causes for which we have long-since discovered low-cost cures and preventions - is not simply tragic, it is obscene.

Another way to grasp the import of this challenge and opportunity is to look to the example of countries like Costa Rica, in which special attention has been directed to meeting the needs of mothers and children. With a per capita income comparable to other countries in the region, and comparable to that of the United States at the start of this century, the health of Costa Rica's children compares to that of children in the U.S.A. in the 1960s. If all of Latin America had Costa Rica's child mortality rate in 1985, under-5 child deaths in Latin America would have been reduced from more than a million to 306,000 - a saving of 725,000 lives - 2000 each day.

We know now what is required to prevent the tragic waste of young child lives to preventable causes. And we know that it is do-able. Our response to this challenge must capitalize on the good news while taking the bad news into account. We must ask ourselves at this point: How can we accelerate the momentum of saving children's lives and improving their well-being - despite the terrible economic constraints of the 1980s?

The answer is that we must advance on two fronts.

Adjustment with a human face

The cut-backs and adjustments which many countries are undertaking reflect in part the severe constraints imposed by the international economic system and in part on the way countries have re-formulated their policies in response

to these pressures. It is the summation of these factors which, a few years ago, brought forth the anguished plea from then-President Nyerere of Tanzania when he asked, "Must we starve our children to pay our debts?" I regret to say that actual practice has all-too-often answered with a "Yes", and many hundreds of thousands have died as a consequence in Latin America, Africa and Asia - and, as noted earlier, continue to die from this cause.

On this economic front in the struggle to save the lives and improve the well-being of children, our experience is that there must be a three-pronged response to the situation. First, we must vigorously defend the importance of social investment to the overall future of a country so that the social sectors do not carry disproportionate cut-backs, as too often has been the case in adjustment policies. Second, and of equal if not greater importance - for those of us gathered here - because the power to act lies substantially with those of us in the health and other social sectors - is that the social sectors themselves must produce internal restructuring to put priority on those programmes which result in the most benefit to the most vulnerable. And third, the next 2-3 years must see massive relief of the present intolerable debt burden for most countries, and restoration of the net capital inflows into Latin America to restore the momentum for development.

The opportunity for a re-ordering of priorities within the health sector is perhaps best illustrated by a statement made by Dr. Mahbub-ul-Haq, then Pakistani Minister for Finance, Planning and Economic Affairs, at the Annual Meeting of the World Bank and IMF in Seoul (October 1985):

> "Must we spend a good part of our development budgets to provide facilities for the rich and privileged? I discovered from my own experience that it took only the postponement of one expensive urban hospital to finance the entire cost of an accelerated immunization and health care programme for all our children."

This shift has, in just five years, resulted in saving more than 100,000 child lives in 1987. An even bigger shift has been made in Indonesia, where despite a major reduction of the Health Ministry budget comparable to those of other ministries as a result in the sharp fall in oil income, the primary health care budget has been greatly increased through savings from a major reduction in hospital investment.

Planning the survival and development of children

We must also, however, advance on a second and very direct front, responding specifically to the challenge presented by today's unacceptable rate of child deaths. The stakes are huge. If child mortality rates of 1980 continued to the year 2,000, the total number of young child deaths in Latin America, due largely to these preventable causes, would add up to more than 25 million - equal to the combined populations of Peru and Paruguay. But if levels of progress of the first half of this decade could be maintained until the end of the century, the death toll would be reduced to 19.5 million, meaning that the lives of more than 5.5 million Latin American children had been saved. The prospect of even maintaining these levels does present somewhat of a challenge, since, in many countries, past progress is in jeopardy from global economic difficulties.

The countries of the United Nations, however, share an even more ambitious goal than maintaining past rates. They have called for all countries to halve their 1980 child mortality rates by the year 2000 - or to reduce them to 70 per 1000 live births, whichever is less. To achieve this goal would translate to more than 7.5 million young lives saved by the end of this century in Latin America alone.

The countries of Latin America, I believe, are equal to a still greater challenge. The capacity exists to achieve the United Nations goals in most countries by 1992. But this can come about if - and only if - the popular and political will exist to accomplish such an historic achievement. If they do - if you exert the will to halve 1980 child mortality rates by 1992 or reduce them to 70 per 1,000 by 1992 - then by the turn of the century the lives of more than 9 million young Latin American children will have been saved as a result.

In the countries of Latin America, what will it take to achieve this goal?

In order to understand the dimensions of the tasks we set for ourselves in this arena, it is important to measure not only infant and child mortality rates for various years, but also to measure what happens to mortality rates over time. We can determine progress, predict trends and plan goals through analysis of IMR and U-5MR reduction rates. Thus to achieve the UN Year-2000 goal, child mortality would have to be reduced at an annual average reduction rate of 3.53 per cent annually between 1980 and 2000. For each country, the target child mortality rate must be calculated for the goal year, and the average annual reduction rate must be derived for the period between the current year and the goal year.

Progress has been varied so far. Calculated to meet the goal by the year 2000, some countries did not keep pace with the required annual average reduction rate in the first five years of the decade. Our host country was close - with a target U-5MR of 41, Mexico needed to reduce its child mortality rates by 3.41 annually between 1980 and 2000, but averaged 2.30 in the first 5 years of this decade. In order to meet the goal by 2000, Mexico would now have to achieve a 3.77 reduction rate annually. Venezuela needed to achieve a 3.31 rate, but averaged 2.47; they would need to average a 3.59 reduction rate annually to reach the goal in 2000.

Latin America holds some outstanding examples of infant and child mortality reduction which have been ahead of or close to target, and which serve as models in the prioritizing of health care despite limited resources. For example, Barbados, Chile, Cuba, Guyana, Nicaragua, Panama, Suriname, and Uruguay were all ahead of schedule during 1980-1985, and several countries have been very close to target reduction rates.

I should add parenthetically here that success in achieving this goal for reduced child mortality can be expected to reduce births by an even greater number. As we have seen recently in many countries and regions, as infant mortality drops below 80 or so, largely because of much greater parental involvement, births drop even faster.

I have attached to the distribution copies of my remarks today a chart which lists the rate of past progress in improving child survival for every Latin American country, as well as the United Nations goal for each country (which is the same, of course, whether you decide to reach it by 1992 or by 2000). The table also lists the average annual reduction rates which will be required to reach that goal for both efforts. I urge each of you to look at the situation in your own country - to look at the current mortality rates, your target mortality rates, and at the reduction rates which will be required to achieve your goals.

Gathering alliances

We have seen that the approach of the CSDR works. But the unprecedented possibilities of the CSDR will become reality only if we find ways to accelerate the awareness and use by others of that very knowledge which physicians have. The medical knowledge and techniques to prevent these deaths are already available; physicians have them in-hand and employ them every day to improve the health and save the lives of millions of children. The greater challenge has become how to ensure that this knowledge reaches the millions upon millions of children - in fact, the majority of the world's children - who the physicians among you and your millions of colleagues around the world will never see in your offices nor in your hospital wards.

Dr. Nakajima, in the same address to health educators to which I referred earlier, stated:

> "Experience teaches us, both in the most sophisticated cities and the most remote villages, that when people act with determination and understanding in pursuit of goals they deem essential, success is achieved. Miracles happen. Previously insoluble problems are solved and non-existent resources are mobilized. ...
>
> "Society must make it possible for people to live healthy lives. A grand alliance of people, policy makers and health professionals is necessary."

If the challenge of reaching those traditionally unreached with life-saving medical and health technologies is to be met on the scale which is now urgently needed and clearly possible, it will be met by a social movement rather than by a medical movement alone. And what is needed, as Dr. Nakajima has stated, are society-wide alliances of all those who could communicate with and support parents in doing what can now be done - teachers and religious leaders, mass media and government agencies, voluntary organizations and people's movements, business and labour unions, professional associations and conventional health services. Only such "Grand Alliances for Children" can create the informed public demand for, and practical knowledge of, those methods which could bring about the revolution in child survival and development.

It is worth noting that the alliances which are gathering for child survival will also be indispensable in combatting the AIDS pandemic, whether

we look forward to arresting its spread through a vaccine or through a massive educational campaign to change peoples' behaviour. Unfortunately, this is quite likely to be all-too-relevant to Latin Americans in the near future. Your countries have a vital advantage over regions where the pandemic has already taken a more serious hold; you must be careful to act now to ensure that you do not lose that advantage.

Today a Grand Alliance has begun to gather, and physicians in particular need to give special attention to collaborating with and supporting others who have joined.

The forces which have already joined the CSDR include a broad spectrum of supporters. Peru this past summer completed historically unprecedented legislation, supported by every political party in the country, which will require the reduction of infant mortality by at least 15 points before the end of 1990. Within the last two years, the Heads of the seven Central American countries went on television together in behalf of the region-wide immunization campaign on World Health Day in 1987; the South Asian Association for Regional Cooperation (SAARC) Summit issued a Declaration on Child Survival; the Organization of African Unity (OAU) Summit in 1987 declared 1988 the Year of the African Child and issued a Declaration on Child Survival and Development. And this June in Moscow, the USSR:USA Summit reference by U.S. President Reagan and USSR General-Secretary Gorbachev calling for accelerated worldwide action to reduce childhood deaths from readily preventable causes was the only reference to development issues in the Joint Statement which the two leaders issued.

To create a "Grand Alliance", there must be an agreed set of messages to communicate. I am very pleased, therefore, to be able to share with you today that a major step will be taken soon with the publication by WHO, UNICEF and UNESCO of a collection of 55 priority messages on 10 themes under the title Facts for Life. Facts for Life contains, in message form, the most important information now available which could help parents protect their children's lives and growth. That knowledge - organized under 10 topics such as the timing of births, the promotion of growth, the feeding of young children, the prevention of illness (including diarrhoea and AIDS), the technique of oral rehydration, and the importance of full immunization - 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 which every family, by right, should have.

Facts for Life has made a special effort to represent this in information messages which can be understood by all. Although the ultimate recipients are the families who must actually use the knowledge, the more immediate target is those involved in the health field who can help to put today's knowledge at the disposal of todays'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.

As physicians, many of you can pride yourselves in being among the pioneers of the CSDR, and of this health movement. Much has been accomplished

in the CSDR, and yet the grim reality of one million Latin American children each year and the crippling of a comparable number remind us that much remains to be done. We must now ask: What are the next steps? As I ask this question in this fora, I know that I am posing it among partners in an alliance, among those who fight the good fight, and that we will explore for the answers together.

Your actions at this conference could have far reaching impact on the health and future of Latin American children - if you seize the challenge and offer the leadership.

Alliances for children in action

What will it take in your countries to actually improve the health and well-being of children sufficiently to achieve the required reduction rates and meet your goals? What are some of the things that you can do to accelerate the progress of the CSDR?

Guidance for accelerating progress of the CSDR was offered recently at a meeting in Talloires, France, convened by the international Task Force on Child Survival (often referred to as the "Bellagio Group"), which gathered a dozen health ministers and health secretaries from the largest developing countries of the world (Brazil, China, Colombia, India, Mexico, Nigeria, Pakistan); heads of major international organizations such as Barber Conable of the World Bank, Halfdan Mahler of WHO, and myself; plus major bilateral aid agency administrators such as Margaret Catley-Carlson of CIDA (Canada), Carl Tham of SIDA (Sweden), and Alan Woods of USAID; and private leadership from the Rockerfeller Foundation and Rotary International. Out of this review of the world immunization/child survival effort came the exciting conclusion that, with a modest additional amount of political will, it is do-able - by the end of this century - in twelve years - to reduce the 1980 child death rate by more than half, saving from death or disability in this process well over one-hundred million children over the period. Such historic progress will be possible, however, only if - armed with the new low-cost/high-impact health tools, and our new ability to communicate with the world's poor - we double child mortality reduction rates of the first half of the 1980s.

The "Declaration of Talloires" [attached] begins with the statement:

> "Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability of financial support and appropriate technologies."

The Declaration proposes Year 2000 health goals which received consensus approval of participants at Talloires. Of these goals, a useful "short-list" of do-able Year 2000 goals could be capsulized to include:

1) halving 1980 under-5 mortality rates, or reducing them to 70 per 1,000 live births, whichever is less;

2) eradication of polio (endorsed by the World Health Assembly this May);

3) achieving universal primary education (to which I would add 80 per cent literacy among women of child-bearing age);

4) achieving less than 1 per cent severe malnutrition; and

5) promoting expanded coverage of water supply and sanitation.

Of particular importance to the Latin American and Caribbean countries are the prospects of halving child mortality rates, the elimination of polio, and the reduction of malnutrition levels to less than 1 per cent of the population.

There is another glaring need at this juncture - the need for better data. To quote Sir William Petty, "To measure is the first step to improve". There is a need for accurate recording not only of births and deaths, but of causes of death, literacy and nutrition levels, and of a number of social indicators. Where mechanisms are in place to gather this data, we must insist that they receive the resources necessary for effective, comprehensive and timely operations. Such information is extremely important for a myriad of reasons, including analysis and prediction of trends.

There is also an urgent need, particularly in developing countries - where registration of such information is not always reliable, takes several years to compile, or may not even exist - for a means to gather the same kind of information inexpensively and quickly in order to respond to the immediate needs revealed in such figures as changes in infant and child mortality rates. UNICEF acknowledges the extreme importance of developing and legitimizing the relatively new methods of collecting such data through rapid surveys. As an example of the unique value of such a method, UNICEF has this year used a new standard survey tool developed in conjunction with the London School of Hygiene and Tropical Medicine, based on the analytical techniques devised by Professor William Brass. The survey was piloted this past spring in Jordan, where significant recent efforts have been made to reduce under-five deaths (including a rapid expansion of immunization and widespread promotion of ORT). The results show that the IMR had fallen from 75 per 1,000 live births in 1980 to 35 per 1,000 in 1987 (an annual average reduction rate of 10 per cent). The U-5MR was 49 - a marked contrast with the figure of 62 by which Jordan is represented in the standard, internationally comparable statistics. The survey was completed within three months of the decision to implement it, at a cost of less than $20,000. All countries need an effective programme for computing national infant mortality and birth rates annually.

The role of health experts

As it becomes increasingly undeniable that the capacity to save the lives of so many children, and to improve the health and well-being of so many more,

is well within our reach, it becomes increasingly unconscionable not to act on these new possibilities. Never before has the scientific community been faced with the opportunity - and the challenge - to do so much, for so many, for so little.

Surely the time has come to put the mass deaths of children from immunizable diseases - from diarrhoea and from other low-cost preventable causes, alongside slavery, colonialism, racism and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind. A new ethos is emerging which declares that the time has come to say that it is obscene to let this continue day after day, year after year, as our civilization moves into the 21st century.

This new ethos is symbolized by the soon-to-be-completed international "Convention on the Rights of the Child". The Convention, which is targeted for passage, hopefully, by the United Nations General Assembly during the fall of 1989, represents an opportunity to establish global norms not only to discern children's rights, but in the role and responsibilities of governments to protect those rights. Ratification of the Convention, in itself, will not mean that children's rights will be met nor that our responsibilities toward children will be fulfilled. Rather, it will establish an important global standard.

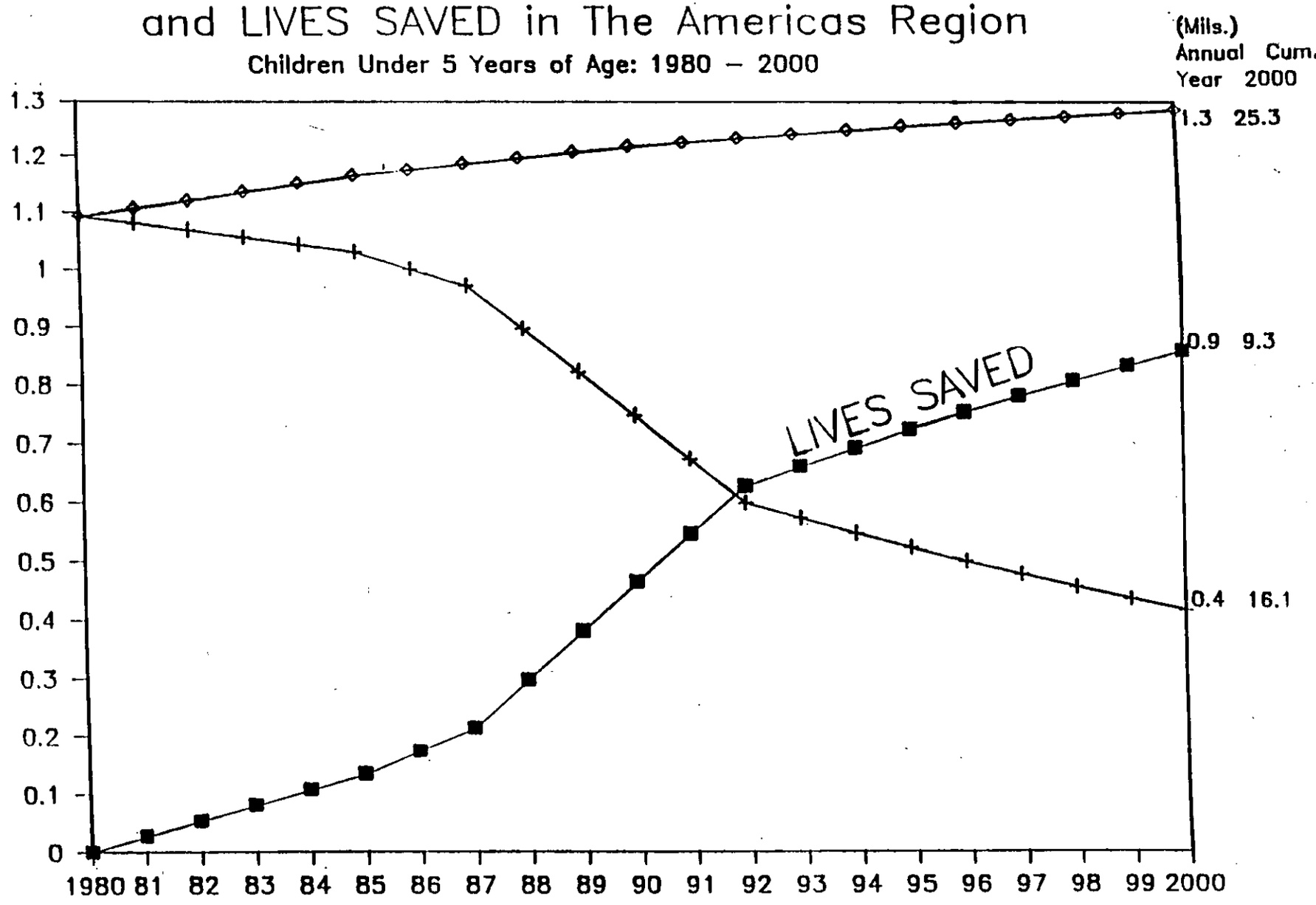
Approval of the Convention on the Rights of the Child by the General Assembly in 1989 will not occur automatically. It will require an all-out effort by all people involved in issues having to do with the health and well-being of children, including, particularly, leadership activism from the non-governmental community. And, once endorsed by the General Assembly, it will be up to people of concern in every country to secure ratification of the Convention by each national Government.

It has long been acknowledged that a major challenge to health professionals is to make existent techniques available to those removed from the channels of easy access. We are beginning to close that gap. The 1980s has seen major strides in meeting this age-old challenge. Can you, in your role of leadership in the health field, channel the benefits of progress and momentum now evident at the international level, into efforts in your own countries which will achieve the United Nations Year-2000 goals for child survival? Can we make the Child Survival and Development Revolution the world's most essential revolution, a revolution which will accelerate achievement of primary health care, and the goal of Health for All by the year 2000? Can we not extend the benefits of some of your most critical knowledge to the great majority of the world's children? Can we reach the unreached?

It is you - the world's leaders in the health sciences - who must take a leadership role in making these possibilities realities throughout the world. I urge you to take even stronger leadership in this peaceful revolution for the health of children, and of all the world's people.

Alternative Projections of Child Deaths and LIVES SAVED in The Americas Region

Children Under 5 Years of Age: 1980 – 2000



◇ **Projection A deaths**
Assumes the 1980 U-5MR remains constant to the year 2000.

\+ **Projection B deaths**
Up to 1987 U-5MR estimated by the UN Population Division. From 1987 countries will achieve CSDR targets by 1992 and thereafter will conform to the average net reduction rate for the world if CSDR targets are achieved by 2000 i.e. 4.33%.

■ **Projection C LIVES SAVED**
Difference between projection A deaths and projection B deaths.

INFANT AND CHILD MORTALITY IN THE AMERICAS REGION: TARGETS FOR 1992 & 2000

Country	Under 5 Mortality Rate				Average annual reduction rate (%)				Infant Mortality Rate				Average annual reduction rate (%)				Annual no. of births /under 5 deaths (thousands)	GNP per capita growth rate	
				Target	60-80	80-85		Target				Target	60-80	80-85		Target			
	1960	1980	1985	1992/2000			80-2000	85-92 /85-2000	1960	1980	1985	1992/2000			80-2000	85-92 /85-2000	1985	65-80	80-85
Argentina	75	45	40	23	2.52	2.33	3.30	7.60 /3.62	61	38	34	19	2.34	2.20	3.41	7.98 /3.81	730 / 29.2	0.2	-3.9
Barbados	91	24	16	12	6.45	7.79	3.41	4.03 /1.90	74	20	13	10	6.33	8.25	3.41	3.68 /1.73	5 / 0.1		-1.5
Bolivia	282	209	184	70	1.49	2.52	5.32	12.90 /6.24	167	131	117	50	1.21	2.24	4.70	11.44 /5.51	279 / 51.3	-0.2	-7.0
Brazil	160	102	91	51	2.23	2.26	3.41	7.94 /3.79	116	75	67	38	2.16	2.23	3.34	7.78 /3.71	4008 / 364.7	4.3	-1.5
Chile	142	40	26	20	6.14	8.25	3.41	3.68 /1.73	114	34	22	17	5.87	8.34	3.41	3.62 /1.70	270 / 7.0	-0.2	-3.9
Colombia	148	79	72	40	3.09	1.84	3.35	8.05 /3.84	93	52	48	26	2.86	1.59	3.41	8.39 /4.00	865 / 62.3	2.9	-0.5
Costa Rica	121	28	25	14	7.06	2.24	3.41	7.95 /3.79	84	25	19	13	5.88	5.34	3.22	5.28 /2.50	77 / 1.9	1.4	-2.7
Cuba	87	24	19	12	6.24	4.56	3.41	6.35 /3.02	60	20	16	10	5.34	4.36	3.41	6.49 /3.08	177 / 3.4		
Dominican Rep	200	102	88	51	3.31	2.91	3.41	7.50 /3.57	125	80	70	40	2.21	2.64	3.41	7.68 /3.66	200 / 17.6	2.9	-0.8
Ecuador	183	106	92	53	2.69	2.79	3.41	7.58 /3.61	124	76	67	38	2.42	2.49	3.41	7.78 /3.71	340 / 31.3	3.5	-2.4
El Salvador	206	106	91	53	3.27	3.01	3.41	7.43 /3.54	142	76	65	38	3.08	3.08	3.41	7.38 /3.52	218 / 19.8	-0.2	-3.1
Guatemala	230	128	109	64	2.89	3.16	3.41	7.32 /3.49	125	76	65	38	2.46	3.08	3.41	7.38 /3.52	334 / 36.4	1.7	-4.3
Guyana	94	54	41	27	2.73	5.36	3.41	5.79 /2.75	69	42	33	21	2.45	4.71	3.41	6.25 /2.97	26 / 1.1	-0.2	-7.3
Haiti	294	198	180	70	1.96	1.89	5.07	12.62 /6.10	197	134	123	50	1.91	1.70	4.81	12.07 /5.82	272 / 49.0	0.7	-2.5
Honduras	232	136	116	68	2.64	3.13	3.41	7.35 /3.50	144	88	76	44	2.43	2.89	3.41	7.51 /3.58	182 / 21.1	0.4	-2.6
Jamaica	88	29	25	15	5.40	2.92	3.24	7.04 /3.35	62	23	20	12	4.84	2.76	3.20	7.04 /3.35	63 / 1.6	-0.7	-3.1
Mexico	140	82	73	41	2.64	2.30	3.41	7.91 /3.77	92	56	50	28	2.45	2.24	3.41	7.95 /3.79	2566 / 187.3	2.7	-2.1
Nicaragua	210	127	104	64	2.48	3.92	3.37	6.70 /3.18	140	84	69	42	2.52	3.86	3.41	6.85 /3.26	142 / 14.8	-2.1	-3.1
Panama	105	42	35	21	4.48	3.58	3.41	7.04 /3.35	69	29	25	15	4.24	2.92	3.24	7.04 /3.35	60 / 2.1	2.5	-0.2
Paraguay	134	71	64	36	3.13	2.05	3.34	7.89 /3.76	86	47	44	24	2.98	1.31	3.30	8.29 /3.96	130 / 8.3	3.9	-1.9
Peru	233	149	133	70	2.21	2.25	3.71	8.76 /4.19	142	102	94	50	1.64	1.62	3.50	8.62 /4.12	700 / 93.1	0.2	-4.2
Suriname	96	51	41	26	3.11	4.27	3.31	6.30 /2.99	70	40	33	20	2.76	3.77	3.41	6.90 /3.28	11 / 0.5		-4.3
Trinidad & T.	67	30	26	15	3.94	2.82	3.41	7.56 /3.60	54	25	22	13	3.78	2.52	3.22	7.24 /3.45	30 / 0.8	2.3	-6.0
Uruguay	56	42	32	21	1.43	5.29	3.41	5.84 /2.77	50	37	29	19	1.49	4.76	3.28	5.86 /2.78	58 / 1.9	1.4	-6.0
Venezuela	114	51	45	26	3.94	2.47	3.31	7.54 /3.59	81	41	38	21	3.35	1.51	3.29	8.12 /3.88	551 / 24.8	0.5	-5.4
Americas Region	157	94	84	46	2.51	2.34	3.53	8.21 /3.92	107	67	60	33	2.33	2.20	3.46	8.11 /3.87	12294 /1031.3		

DECLARATION OF TALLOIRES

12 March 1988 - Talloires, France

PROTECTING THE WORLD'S CHILDREN:

AN AGENDA FOR THE 1990's

Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability financial support and appropriate technologies. These include:

- immunization programmes, which now protect more than 50% of infants in developing countries with polio or DPT vaccines, preventing some 200,000 children from becoming paralyzed with polio and over a million children from dying each year from measles, whooping cough, or neonatal tetanus;

- diarrhoeal diseases control programmes which now make life-saving tools (particularly oral rehydration salts) available for 60% of the developing world population, the use of which may be preventing as many as 1 million deaths annually from diarrhoea;

- initiatives to control respiratory infections which hold promise in the years ahead of averting many of the 3 million childhood deaths from acute respiratory infections each year in developing countries not prevented currently by immunization;

- safe motherhood and family planning programmes which are so important in protecting the well-being of families.

Progress to date demonstrates that resources can be mobilized and that rapid and effective action can be taken to combat dangerous threats to the health of children and mothers, particularly in developing countries.

This progress is the result of:

- enthusiastic world-wide agreement for the development of health strategies based on primary health care;

- the commitment of national governments, multi- and bilateral development agencies, non-governmental organizations, private and voluntary groups and people in all walks of life to give priority to these programmes;

- co-ordinated action by the sponsors of the Task Force for Child Survival: UNICEF, the World Bank, UNDP, WHO and the Rockefeller Foundation.

We, The Task Force For Child Survival, conveners of the meeting "Protecting the World's Children - An Agenda for the 1990s" in Talloires, France on 10-12 March 1988:

1. **EXPRESS** appreciation and admiration for the efforts made by the developing countries to reduce infant and child deaths through primary health care and child survival actions;

2. **COMMIT OURSELVES** to pursue and expand these initiatives in the 1990s.

3. **URGE** national governments, multi- and bilateral development agencies, United Nations agencies, non-governmental organizations and private and voluntary groups to commit themselves to:

- increase national resources from both developing and industrialized countries devoted to health in the context of overall development and self-reliance;

- improve women's health and education, recognizing the importance for women themselves, recognizing women's contribution to national development and recognizing that mothers are by far the most important primary health care workers;

- accelerate progress to achieve Universal Childhood Immunization by 1990 and to sustain it thereafter;

- accelerate progress to eliminate or markedly reduce as public health problems the other main preventable causes of child and maternal mortality and morbidity, striving to reach sustained universal coverage of children and mothers by the year 2000;

- assure the development of new vaccines and technologies and their application, particularly in developing countries, as they become appropriate for public health use;

- promote expanded coverage of water supply and sanitation;

/....

The Task Force for Child Survival

- pursue research and development, including technology transfer, in support of the above actions.

4. *SUGGEST* that the following be considered by national and international bodies as targets to be achieved by the year 2000:

- the global eradication of polio;
- the virtual elimination of neonatal tetanus deaths;
- a 90% reduction of measles cases and a 95% reduction in measles deaths compared to pre-immunization levels;
- a 70% reduction in the 7.4 million annual deaths due to diarrhoea in children under the age of 5 years which would occur in the year 2000 in the absence of oral rehydration therapy, and a 25% reduction in the diarrhoea incidence rate;
- a 25% reduction in case/fatality rates associated with acute respiratory infection in children under 5 years;
- reduction of infant and under five child mortality rates in all countries by at least half (1980-2000), or to 50 and 70 respectively per 1000 live births, whichever achieves the greater reduction;
- a 50% reduction in current maternal mortality rates.

Achievement of these targets would result in the avoidance of tens of millions of child deaths and disabilities by the year 2000, as well as a balanced population growth as parents become more confident their children will survive and develop. The eradication of poliomyelitis would, with the eradication of smallpox, represent a fitting gift from the 20th to the 21st centuries.

5. *DRAW* world attention to the potential for enlarging upon the successes outlined above to encompass low cost, effective initiatives to:

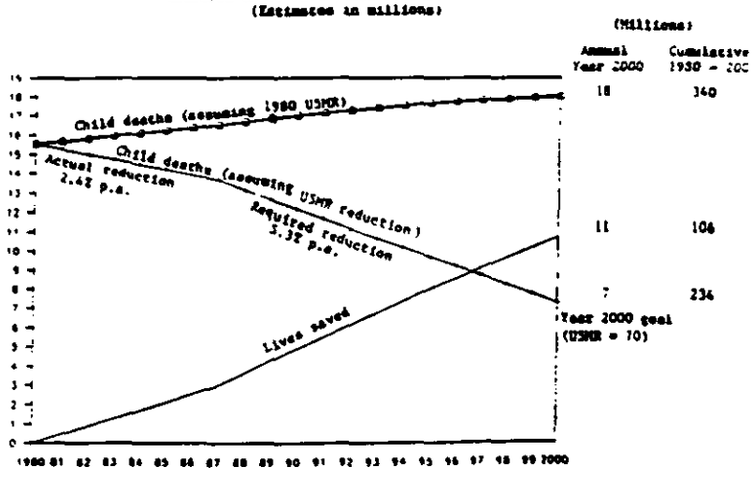
- improve the quality and coverage of educational services to obtain universal primary education and 80% female literacy, and
- virtual elimination of severe malnutrition of under five children while also significantly reducing moderate and mild malnutrition in each country.

6. *WELCOME* the progress being made in drafting the Convention on Rights of the Child and join the United Nations General Assembly in urging completion of the Convention in 1989, the 10th anniversary of the International Year of the Child.

We are convinced that vigorous pursuit of these initiatives aimed at protecting the world's children will ensure that children and mothers - indeed whole families - will benefit from the best of available health technologies, making an essential contribution to human and national development and to the attainment of Health For All By The Year 2000.

ALTERNATIVE GLOBAL PROJECTIONS OF CHILD DEATHS AND LIVES SAVED

Children under five years of age: 1980-2000
(Estimates in millions)



Projection A deaths
The 1980 under-five mortality rates remain constant to the year 2000.

Projection B deaths
Up to 1987 the under-five mortality rates are as estimated by the United Nations Population Division. From 1987, countries make sufficient progress to reach their CSDR targets by the year 2000 i.e. either an under-five mortality rate of 70 or half their 1980 rate whichever is lower.

Projection C lives saved
The difference between projection A deaths and projection B deaths.

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First Regional Latin American Seminar on

"Situation and Perspectives on Mortality in Children Under 5 in Latin America"

Cocoyoc - 23 to 26 October 1988

COCOYOC DECLARATION

We, the participants of the first regional Latin American Seminar on the "Situation and Perspectives of Infant and Child Mortality in Latin America", an initiative of the Health Secretariat of the United Mexican States, sponsored by the United Nations Children's Fund (UNICEF) and the Pan American Health Organization (PAHO), held in Cocoyoc, State of Moreles, Mexico, from 23 to 26 October 1988,

CONSIDERING:

That every year 1 million of the children in Latin America and the Caribbean die chiefly from preventable causes such as diarrhoeal diseases, acute respiratory infections, immuno-preventable diseases, accidents and peri-natal problems related to malnutrition, high fertility rates and lack of access to services;

That childbearing, which is essential to life, paradoxically results in 12,000 deaths annually of women in our region;

That these health problems are conditioned by economic, social and political determinants, as well as by differeing levels of development and social injustice;

That the main presentations and the Seminar acknowledged that these problems go beyond the biological domain and the responsiblity of the health sector, thus presenting a challenge to Governments and societies;

That the right to health is a fundamental human right, not fully available to the poorest inhabitants of each country;

That the effects of the burden linked to the economic crisis and external debt affecting our countries fall most heavily on the neediest and, within the poorest families, are most damaging to women and children.

EXPRESS OUR COMMITMENT:

TO PROMOTE in our respective countries, in United Nations agencies, in multi- and bilateral co-operation agencies, in non-governmental organizations and in society as a whole, greater participation and contribution of technical and financial resources towards the protection of women and children's health on this continent.

TO OBTAIN the co-operation of media with the purpose of disseminating knowledge and practices that can improve the health of the people and encourage their involvement.

TO ADD our professional efforts to the support of the neediest in the exercise of their right to health and to better living standards.

TO SUPPORT the conclusions of the Tallories Declaration for the protection of the world's children which was subscribed on 12 March 1988 in France.

TO EMPHASIZE the importance of the following goals before the Governments of the region and their peoples, noting that they are among the goals agreed upon within international commitments, and that their achievement is the responsibility of all:

> Reduction of infant mortality to a rate of 30 per 1,000 and reduction of mortality of children aged between one and four years to a level of 2,4 per 1,000 by the year 2000.
>
> Eradication of the wild polio virus from the Latin American region and attainment of universal child immunization against tetanus, diphteria, whooping cough, measles, tuberculosis and poliomyelitis by the end of 1990.
>
> Formulation, by 1990 and in all the countries, of national goals and plans aimed at reducing maternal mortality. Reduction of the maternal mortality rate by at least 50 per cent in those countries whose rate is above 5 deaths per 10,000.

Regarding the above goals the participants:

Acknowledge that these goals have been achieved in a group of countries whose population under one year of age constitutes 7 per cent of the region, but note that in a majority of the countries, among them Brazil, Haiti, Mexico and the Andean and Central American countries, major changes, clear political decisions and solidarity in the form of combined efforts will be required to attain the goals.

Indicate the following for direct action:

> Reduction of existing disparities in maternal and under-five mortality, with special attention to the most affected social groups and geographical areas.
>
> Assignment of adequate economic, technological and human resources to respond to the health needs of mothers and children by developing and strengthening the primary level of health care attention and its immediate reference level.

Prevention of malnutrition of children and women, reduction of the proportion of low birth weight children and promotion of breastfeeding.

Prevention and treatment of the main causes of mortality among infant and pre-school-age children, thereby eliminating diarrhoeal diseases and acute respiratory infections as the two major killers of infants and children.

Provision of required health services for women for whom pregnancy is a risk, and of family planning services for all women who seek them.

Renewal of efforts to monitor the growth and development of children on a national scale, using it as a parental education tool, as well as to identify and provide prompt attention to children at risk.

AND AS A STRATEGY TO FULFIL THE ABOVE COMMITMENTS:

TO PROMOTE, in all the countries of the region, similar forums for debate, analysis, exchange of experiences, social mobilization and follow-up, at the regional, sub-regional, national and sub-national levels.

TO ENTRUST the convenor and co-ordinator of this first Seminar with the task of conducting the follow-up, dissemination and promotion of the principles, objectives and commitments that have been adopted at Cocoyoc. This mission will continue until the next regional meeting, which should be held within the next 12 months. The new host country and steering group will assume similar responsibilities to those of the first Seminar, as part of a continuing series of activities that will continue through the decade of 1990-2000.

TO REQUEST the collaboration of UNICEF and PAHO towards the enactment of this Initiative and, in particular, their support in bringing it for endorsement to the highest levels of political decision in all countries of the region.

In a spirit of solidarity among the Governments, social organizations and the peoples of Latin America and the Caribbean, we endorse this Declaration, recognizing it as a call for action.

Cocoyoc, State of Morelos, Mexico, 26 October 1988.