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Address by Mr. James Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
College Women's Association of Japan

"A Revolution in Child Survival and Development"

Tokyo, Japan  
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A REVOLUTION IN CHILD SURVIVAL AND DEVELOPMENT

I am delighted to join today with the College Women's Association of Japan as you meet in Tokyo.

It may come as a surprise to many that at the last superpower Summit between General-Secretary Gorbachev of the USSR and President Reagan of the United States last May-June in Moscow, the single development issue discussed was that of children. The joint communique issued by the two leaders stated:

"Both leaders 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."

Many may find it equally surprising that some 45 heads of state have endorsed the idea of a holding a Summit for Children before this year is over.

In fact many people may be asking why there would be serious consideration on a topic as mundane as children. Yet in the last two-and-a-half years, issues related to children have been the focus of debate, declarations, resolutions and joint support from such fora as the Summit of the seven South Asian countries (three times now), the Summit of African countries (twice), and the Summit of seven Central American countries. And just two months ago, 500 parliamentarians from 98 countries, meeting in Budapest for the Inter-Parliamentary Union Conference, passed a strong resolution vigorously supporting a wide range of children's issues. It was the only resolution passed unanimously at the week-long conference, and its adoption was greeted by prolonged applause.

What is happening?

The new attention to children is attributable not only to the scale of the daily tragedy of child deaths - some 40,000 young children are still dying every day - but to the fact that the majority of these deaths are due to causes for which we have long-since discovered low-cost cures and preventions. As the Director-General of the World Health Organization (WHO) Dr. Nakajima told 1,500 health educators last summer:

"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 the past, such massive numbers of child deaths - and even the preventable portion of the total number adds up to the equivalent of an Armenian earthquake each day - have been considered unavoidable. But, as Dr. Nakajima indicated, this is simply no longer the case. For the children of the world there has never been a greater gap between readily available low-cost health knowledge and technology and its actual use by those for whom it could make the life-or-death difference.

What exactly is it, one might ask, which makes these deaths preventable?

The historic possibility to save child lives on such an unprecedented scale exists today in the developing countries because of two central new developments of recent years - largely a by-product of the development progress of the past decades - that now holds forth the potential for truly major breakthroughs.

What are these new developments? First, it is the new capacity - the major new potential - to communicate with the poor majority in developing countries. The ubiquitous radio, for example, is now in a majority of the world's homes. In most countries there is at least a television or two in every village, and frequently in many homes, with the result that people throughout a country can know what is going on and how to do things. And, of course, Japan can be proud to have contributed much of the technological and marketing innovation which has made radios, TVs and even VCRs accessible throughout the world. Indeed, with the advent of such vastly expanded means to reach people, we have seen a revolution in social communications and organization, and its use for social benefit is only beginning to emerge. As a result of general development progress, a literal transformation has taken place in virtually every country, no matter how poor or under-developed, in the capacity to communicate with the poor majority.

There are training programmes, and almost every village now has a school, to the point that most young mothers in their 20s and 30s can now read and write. Religious structures - whether Christian, Islamic or Buddhist - have a whole new capacity to communicate. And, perhaps to the surprise of those in the "developed" world, it now seems that people in such less-developed areas as Africa, South Asia and north-east Brazil - while they still have per capita incomes lower than those of Europeans or North Americans of two centuries ago

- now have a capacity to communicate not achieved in the industrialized world until just one or two generations ago.

### Children are the first frontier

The newly evolved capacity to communicate in low-income communities has coincided with a second force - the realization that major, grossly underutilized technological advances of recent years in health care could bring about revolutionary improvement in the well-being of children - a Child Survival and Development Revolution - at extremely low cost...a cost so low that virtually all countries could afford them with a modicum of international cooperation, if only they are combined with the new capacity to communicate with the poor who are most in need of these technological advances.

With precious little in material supplies added to the know-how potentially shared through these newly expanding channels, dramatic improvements in the condition of life for the masses can be achieved. The revolutionary possibilities of these advances come to our attention in the field of child health.

What are the actual mechanisms through which people can take charge of their own health care? A number of these new, improved, rediscovered or newly appreciated technologies, which are detailed in UNICEF's current annual report, The State of the World's Children, 1989, include:

- The recently discovered oral rehydration therapy to which Dr. Nakajima referred. It consists of a remarkable yet simple treatment composed of sugars and salts - and costing only a few cents - which can be applied by parents at home for a child suffering from diarrhoeal dehydration, the number one child-killer that claims 4 million lives annually. No wonder Britain's Lancet described this as "potentially the most important medical advance of this century".
- Recent advances in vaccines, now costing only fifty cents for the antigens to immunize a child for life against tetanus, measles, polio, whooping cough, diphtheria and tuberculosis which cripple and kill several millions of children every year.
- The recent swing back to an appreciation of the nutritional merits and medical advantages of breastfeeding and improved weaning practices.
- Growth monitoring through frequent charting (usually monthly) of weights that enables the mother to detect early signs of malnutrition and, in a surprising majority of cases, to deal with it through means within the parents' own control.
- Better family spacing of children, which alone could reduce the infant toll by half among low income families in developing countries.
- Increased female literacy, so that mothers can better apply the knowledge now available.

-- Food supplementation when necessary, including assurance that adequate iodine and vitamin A are provided.

To be effective, however, all of these measures require that parents be aware of and use them, whether it is to mix oral rehydration formulas at home, or to bring a child the three or four times necessary for full immunization against six killer diseases. We all know how difficult it is to have people adopt new practices - and this is particularly true of families from low-income and often illiterate backgrounds who may be reluctant to bring their children for vaccination. In many cases the family has not been made aware of common side effects of vaccination, such as fever and symptoms associated with illness, and the experience of these immediately following a first and second vaccination heightens their reluctance.

This, of course, is where the new capacity to communicate with parents is so important, using all channels intensively to reach families and local communities. Empowering parents, and particularly mothers, with present knowledge and technologies is the key to unlocking the potential for a revolution in child health. But, and I stress the but, the responsibility for turning that key rests with the whole of society, for the mother cannot act alone.

...and lives are being saved

It has been exhilarating to see how fast the potential for a Child Survival and Development Revolution has advanced in the seven years since first articulated with respect to primary health care. At the beginning of this decade, fewer than 10 per cent of the world's children were immunized against the six main child-killing diseases. Today, more than 60 per cent are protected. And at the beginning of this decade, only 2 per cent of mothers used ORT when their children were suffering from life-threatening diarrhoea. By 1986, some 23 per cent used ORT when the occasion arose, and 50 per cent had access to it. As a result of these two measures alone, the lives of 2.5 million young children were saved during the past 12 months.

In fact, today, the potential is so great that leading health experts (in such fora as the international Task Force for Child Survival<sup>1</sup> and the WHO-UNICEF Joint Committee on Health Policy<sup>2</sup>) have agreed that it is feasible, by the end of this century, to halve 1980 child mortality rates. If this is accomplished - and it is clearly do-able - the lives of some 100 million young children will be saved as a result, and comparable numbers will be saved from lives of crippling disabilities due to the side effects of childhood diseases.

Furthermore, the same activities which involve family participation and are known to produce such results contribute to slowing population growth rates, as parents become confident that the children they do have will live. Japan has offered a prime example of this phenomenon. In 1940, Japan's infant mortality rate was 90 deaths per 1,000 live births, higher than most developing countries. Today, your country's IMR of 5 ranks, along with Finland, as the lowest in the world. This historic advance has been

accompanied by a dramatic decrease in population growth rates. As in all nations, the initial result was an increase in the number of children who survived to have children of their own, and hence a temporary rise in population growth rates. But with growing confidence in the survival of their children, parents everywhere tend to have smaller families. In the Japan of 1940, the average number of children per couple was more than 4. By 1960 it was 2, and it has decreased since then.

### People taking charge

The people-empowering approach which produces such results in today's developing countries can also extend to another profound level where the beneficiary's very sense of self and role in society is enhanced. The principal reason for this is that 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.

Our strategy to accelerate child survival and overall well-being for the world's poor majority 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 tragedy of child death and recurring illness is greatly eased.

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. And it is imperative if we are to reduce the too many, too frequent, too early births that contribute so much to the loss of the lives of hundreds of thousands of mothers and millions of children each year. Parents need to have confidence that their first two or three children will survive before they will be willing to limit the number of children they have.

A related glimmer of hope in efforts to ensure societal support for the well-being of children is that we are also seeing a changing attitude towards efforts on behalf of the rights of children. When Poland proposed, in 1979, that there be a "Convention on the Rights of the Child", I must admit that I thought that such a legally binding convention was not feasible in my life-time. Today, prospects are good - if we can continue the intensity of present efforts - that the Convention will be adopted by the United Nations General Assembly in this year, the tenth anniversary of the International Year of the Child. The Convention will not in itself, of course, ensure that children's rights are met. It will, however, establish global norms regarding the rights of children and the responsibility of societies to ensure that those rights are met.

(I cannot mention that draft Convention without acknowledging that many Japanese have played particularly leading roles in nudging the drafting along over the past decade - and, I will add, in nudging UNICEF along to a more active leadership role in this process. And I am grateful that Mrs. Sadako Ogata is helping us in our leadership efforts). Japan has, of course, been a pioneer in child rights for decades. Your own Declaration of the Rights of the Child, for example, was adopted in 1951, eight years prior to adoption of the United Nations Declaration of the Rights of the Child.

### Communications - a two-way channel

Yes, it is our new capacity to communicate to poor families - our new ability to get basic health messages across and empower families with life-saving health knowledge - which makes broadscale impact of available health knowledge and inexpensive technology truly feasible.

But the communications revolution is tipping the scale of possibilities in children's favour on a second front. Not only can poor people learn about life-saving knowledge and technologies, but the affluent worlds are now well aware of what is going on among the poor as well. Thus, it is well known, as Dr. Nakajima stated, that 14 million children still die each year, the vast majority of them from causes for which we have long-since discovered low-cost cures and preventions.

If these children were dying from causes which we could do little to prevent, or if we did not know that this was happening, the situation would be tragic, indeed. But 10,000 children are dying each day for lack of 50 cents worth of vaccine in each. And another 10,000 are dying each day from the dehydration associated with diarrhoeal diseases, even though a few cents worth of sugar and salt solution could save them. For these vulnerable lives to continue to be snuffed out in this way with our full cognizance - is not only tragic; it is obscene. Morality marches with capacity, and ethics with awareness.

Japan shines as an example of placing children high on your national agenda in times of duress. Forty-five years ago, thousands of Japanese children were left homeless by World War II. They and thousands more suffered heartbreaking barely-livable conditions. The plight of children might have seemed, at the time, like just one more of so many devastating problems. But your government had the foresight to make caring for your children a top priority. And the Japanese people also responded with drive and commitment to provide for the needs of your children. Your Child Welfare Act went into effect the first day of 1947; the next year you set minimum standards for the care of indigent children; the following year - 40 years ago - UNICEF arrived at your invitation to help care for your children.

Today we are considering the care of a much larger community than that of a single nation. And amidst the myriad of social and economic problems that plague nation after nation throughout the Third World, the suffering of children remains a constant refrain. Readily preventable child deaths andcrippings continue en-masse; shining young minds remain illiterate;

life-saving information as simple as basic hygiene never finds its way into those hands in which it could make the life-or-death difference.

How all Third World health systems and poor families could benefit from a standardized boshi techo! Indeed, all the world is aware of the economic miracle of Japan in these past 45 years. Not so loudly applauded is the health miracle which has occurred through such bold measures simultaneously with, and perhaps a bit in advance of, your more evident worldly progress. While many factors have, of course, contributed to Japan's current status, the vitality and success of your society today attests to the wisdom of tending to children's needs first.

Perhaps, finally now in the late 1980s, at a global level, a similar ethic is developing. What is happening with the new high-level attention to children's issues - such as the various summit actions I mentioned - is indicative of a sea-change in our collective responsiveness to the particular needs of children. A broad-based movement is at work in all parts of the world to ensure that what is do-able on behalf of children gets done - that these simple, inexpensive health techniques land in the hands in which they can make the life-or-death difference. What we sometimes refer to as a "Grand Alliance for Children" is growing, comprised of non-governmental organizations, government agencies, academic associations, groups of parliamentarians, religious, women's and professional groups and more.

A new morality and new ethics are emerging which assert that we have a responsibility toward all children, and toward the future. As an integral part of our moving toward a more just and humane world, this new ethos says it is unconscionable not to act to save children's lives and improve their well-being when we clearly have the capacity to do so much, for so many, and for so little cost. Surely it is time for preventable child deaths on the massive scale which still persists to be put on the shelf alongside racism, colonialism, and discrimination against women - i.e., among those conditions which are simply no longer acceptable to humankind.

### What, in fact, is UNICEF?

Now, it would not surprise me, at this point, if some of you were asking, "What is the role of UNICEF in all of this?" Nor if you were even still asking, "In fact, what is UNICEF"?

I suspect that you have all heard of UNICEF. Many of you may even have known UNICEF as children. We were founded 42 years ago to help children cope with the after-effects of World War II. From 1949 through the early 1960s, when the children of Japan were the beneficiaries of UNICEF programmes, as I mentioned, many of you may have actually been helped or may have had your children helped. The milk massively distributed by UNICEF through Japanese nursery schools may have tasted unfamiliar to you as youngsters, and the growth monitoring programmes set up in your schools to fend off malnutrition may have seemed peculiar - it was very new in those days to be so scientific about child-health! But several knowledgeable Japanese have acknowledged these contributions to a healthier population of today.



It is true that UNICEF still responds to children caught in disasters. Thus UNICEF is currently the lead agency in providing assistance in the southern Sudan during its current civil strife, and I am the Personal Representative of the United Nations Secretary-General for the emergency. "Operation Lifeline Sudan" is being urgently mounted in order to prevent a repetition of last year's massive starvation due to the deadly combination of drought, floods and civil-war.

UNICEF's principal work is no longer in such "loud emergencies", however. The response of the international community to disasters and catastrophies has become refined along with our new age of global communication. With the now rare exception of tragedies in areas so remote or isolated that they are not covered by the media, as in Southern Sudan last year, we no longer learn of a flood or typhoon that occurred two months ago; our morning news tells us of earthquakes and volcanic eruptions that occurred during the night. And today, the world responds to these "loud emergencies" which capture the media and stir our hearts. Whether it is Kampuchea in the late 1970s, Africa in the mid-1980s, Armenia five months ago, or the Sudan today - when the world recognizes that people are in obvious need, the world responds.

UNICEF's main focus today is on the "silent emergency" which I have described to you. The tragic loss of vulnerable child lives - a loss that occurs one by one, in the arms of their parents - far from the media's camera. 40,000 lives each day. And the world now knows exactly how to prevent the vast majority of them.

The unprecedented possibilities of today for improved child health will become realities, however, if - and only if - one crucial element is manifest from governments and peoples throughout the world. We know what is possible. Whether it becomes reality depends on our will to make it happen.

What is necessary to cross the bridge from "can" to "will"? Spanning the gap will require the concerted effort of individuals and groups the world over. It will require a vast expansion of the "Grand Alliance for Children".

As you are aware, Japan's role in all development efforts is becoming increasingly vital as your country joins the growing list of foreign aide recipient nations to become sources of overseas development assistance - and, of course, you are now at the top of that list as the world's largest donor. Utilizing this global power responsibly is a major challenge. I might add that Japan has also joined the growing list of recipient nations of UNICEF programmes to become net donors - both from government and private sources. UNICEF's funding comes from voluntary contributions from governments, private organizations and private individuals.

Japan can be proud that governmental contributions to child survival and development activities through UNICEF increased from less than US\$5 million in 1981 to some US\$40 million expected this year. Private contributions from Japan total more than US\$15 million, including, as leading contributors, not only the Japanese Committee for UNICEF, but the All-Japanese Women's Association and religious organizations such as the Rissho Kosei-Kai.

We know now what can be done. Each of us in our respective fields has the responsibility at this juncture 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 and well-being - whether as professionals or simply committed citizens - have a whole new capacity, and a 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 meet the 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 individuals - are the vanguard of tomorrow's world.

As we enter the final decade of this millenium, we may ask: "What more precious legacy could be left to the 21st century than the health and well-being of those people all around the globe who will comprise the societies of the future - that is, the children of today?" Perhaps, in fact, there is a greater gift. But it will be given through the same efforts. We will have crafted the gift if the civilization which we are now becoming - which we are molding through our actions - takes for granted that the well-being of children - even those in distant lands and far from our immediate field of vision - is everyone's concern; if, as a matter of course, we put issues related to children first among our priorities at all levels of society. Such an ethic will help ensure the well-being of children for generations to come, and it will offer convincing evidence that we are progressing as a more just and humane civilization.

#### Footnotes

- 1/ The International Task Force on Child Survival (often referred to as the "Bellagio Group") is sponsored by UNICEF, the World Bank, UNDP, WHO and the Rockefeller Foundation. In March 1988 at Talloires, France, the Task Force 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 James Grant of UNICEF; 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 Rockefeller Foundation and Rotary International.
- 2/ The Joint Committee on Health Policy (JCHP) consists of members of the Executive Boards of the WHO and UNICEF. The JCHP has guided international health policy for children for 40 years.