
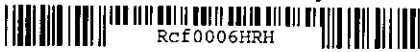


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DRAFT Address of Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Centennial of John Hopkins Medicine
Symposium on Vitamin A

"Vitamin A: Implementation in the International Arena"

Baltimore, Maryland
9 June 1989

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(?) VITAMIN A: IMPLEMENTATION IN THE INTERNATIONAL ARENA

It is a real privilege for me to participate in this Centennial of John Hopkins Medicine. I, myself, consider this to be the leading institution in the world in the last century in the field of health generally and to be included in this Centennial is a real privilege indeed.

Well, we've just heard the tremendous potential of vitamin A to prevent blindness and to reduce infant/child mortality and we also know that just 76 years ago that (? Dr. J.V. Evay) came up with his conclusions. And here, after 75 years we see probably less than 20 per cent, not more than 20 per cent, utilization of this knowledge by those who need to know and as a consequence there are these some more than 500 children going blind every day because of the non-use of this knowledge. There are up to several thousand children who die every day, apparently because of the non-use of this knowledge. And this really raises the questions: what are the prospects for moving from this 20 per cent utilization to 80 or 90 per cent utilization; and what's required, over what period of time, by whom; and instead, if this doesn't move very fast who are the criminally responsible? The researchers, this is the question. The public, heads of state who don't move?

Cover + 12 pp + 8b

It was over 50 years ago that the visionaries were telling us already what was required to use knowledge - my father, John Grant, a graduate some 70 years ago was one of the early MPHs of John Hopkins - I think they reflect clearly what was required; they said then, that effective use of medical knowledge of what we have requires social organization to get the knowledge into use. They also said that effective social organization required usually at least several sectors - that if you were going to tackle a problem like this, you needed not only the health sector but you needed the education sector, you needed the food and nutrition, agriculture sector and that medical uses were required for success. And third, that a successful master programme had to be based upon a cost-effective system - if you have got only a dollar-per-person to spend on health in a low, low-income society somehow has to fit in with that kind of a cost framework.

In the last 50 years, we have seen a series of societies achieve this sort of a breakthrough, where knowledge has been brought to the great mass of population. But these tend to be highly exceptional countries even though they are from widely different sources, but they all have one common characteristic which was a very high political will to reach the full majority. These have included the early Marxist societies, they've included virtually every highly competitive democratic society - if you look at why Sri Lanka and Costa Rica do so well, it's because of the highly competitive political system, and that is another reason why Washington, D.C. has the highest infant mortality in the United States, in my judgement, because it has the least of a meaningful democratic system. And the third category, are those totalitarian societies that have decided rather early that they wanted

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to preempt the social problems involved, Taiwan, South Korea and interestingly enough, in many ways, Chile and they have worked out cost-effective systems and very low infant and child mortality. But these are the exceptional cases with a very high degree of political will, and the question is, what about the great majority of countries where the health systems have been essentially medical, and handled by the medical sector and been very curatively been managed by people with a strong curative bias. And it is in this arena we can take some encouragement, that in the 1980's we've seen universal child immunization move from less than 10 per cent in 1980 to early this year reaching some 66 per cent, and with good prospects of reaching close to or topping 80 per cent by December 1980.

Now, why is this happening, why are we getting this kind of a breakthrough on the closing the gap between knowledge and use; I think it's very relevant to vitamin A because this is what we have in the vitamin A field. Now, if you look at the period between the '50s, the '60s, the '70s, there have been a series of exceptions to this general rule that health doesn't reach the total population except in a few countries. And there was the vertical effort made on malaria that peaked in the '60s and fell back afterwards, and then there was the highly successful smallpox eradication campaign that our (D.A. Henderson) played such a prominent role in, as did others from John Hopkins, but these are really very much the exceptions. The first, I think the first breakthrough that occurred for the new generation of approach of hope for bringing help to the masses occurred with the conference at Alma Ata in 1978 when "Health for All" through primary health care was articulated and the concept of primary health care was taken on as the official dogma of the WHO,

with UNICEF and others in a supporting capacity. And I think between 1978 and '81 we saw really quite rapid progress being made with the concept of acceptance of primary health care, particularly rhetorically, but also millions of auxiliaries were trained and many health centres were created. But this peaked, and when we hit in the early '80s - '81/'82 the beginnings of the economic crisis around the world, this kept the expansion of the health system along primary health care lines rather heavily. Africa and Latin American, most countries went through a 10- to 25-, 35-percent reduction in money for health and educational sectors. In much of the rest of the world, we have faced the new economics by shifting to more market economy approaches that also are going to move it away from investment and health sector, whether that's typical of China where they moved from a commune-based system to a self-reliance system and the communes were all dissolved. We saw again, a movement away again from what we would call the primary health care approach in the United States in the '80s as we've gone more towards a market economy approach there's been a de-emphasis on the broad or (?culturally) primary health care in the last year or two and we've heard an excellent articulation by (?Dr. Mong) late earlier today on the new approach that's being adopted here.

The second breakthrough that has occurred of relevance to our discussion today occurred in late '82, early '83, with the articulation of the potential for major health breakthrough for children. And at that time, in the fall of '82, there was a major multi-sectorial review involving many agencies, including, of course, UNICEF and WHO in this, that identifies the fact that there was now a growing disparity between the available knowledge and its

countries they have literally in the (? last generation), the last 20-25 years, gone through a communications revolution that has brought their communications capacity up to the level of, let's say, the United States in 1950s even though their economics may be back at the level of the U.S. in (? 1975 or 1775) and our challenge is really to marry these technological advances with this new capacity to communicate. How do you get this vitamin A knowledge about the way you ought to eat to the families and to really motivate them to follow that and (? you know, if best way) is radio, television, religious groups have developed a completely new capacity to communicate every major sect, the Catholics, the Protestants, the Islamic, the Buddhists, there's a school in every village now.

And this is the really, the second major factor, these two is what give off the capacity and this is what led us to articulate in the fall of '82, this is what we call again a (Child ? Prevention) for Child Survival and Development Revolution, sometimes called GOBI/FFF with GOBI being those of mass applicability, very low-cost including oral rehydration, breast-feeding, immunization, growth monitoring; and the three F's, including female literacy, family spacing and food supplementation, of which vitamin A and iodine supplementation were major parts. The exotic categories were either more difficult or more expensive in our judgement, and this articulation of this philosophy got a quick political response, and so that within the first few months people as diverse as the United Nations Secretary-General, Indira Ghandi, (?Olav Palmer), Margaret Thatcher, Ronald Reagan all came out in support, (?Benton Core?) of Colombia, came out in support of this new potential, and in many ways, even though the progress was somewhat uneven, we've seen phenomenal advances since then.

I gave you the universal immunization figures a few minutes ago, and we were able to say in December, last December, that some 40 thousand children weren't dying each day because of these recent advances in the EPI program and we could project that this comes to 8 thousand a day by December 1990 if we could not maintain the present momentum. On the oral rehydration front we have seen the (? use) go up some 1 percent by mothers in 1980 to some 25 percent in 1988, meaning that some 3 thousand children's lives are being saved each day as a consequence. On the vitamin A front, which moves more slowly, but even here one sees what UNICEF as the principal purchaser of vitamin A capsules, we've gone from 3 million mega-doses of basically 200 thousand IUs, 3 million in 1980 to 60- to 80-million-a-year at the present time. And it's really been a very substantial fact to reach the 20 percent level, but we still have this tremendous gap, and we've seen how the Child Survival Revolution has attracted political attention of top leadership in both developing and developed countries. The real challenge we've found is how do you get leadership at the top. If you talk to President (? Nabengeta) in Nigeria, whose hard-pressed to show progress in a time when he's cutting back at every front, and if you can tell him over 800 thousand children will die each year in your country, over half of them may die from just not being vaccinated and if from the 50 cents a worth of vaccine, and from dehydration from diarrhea, one'd can kind of visualize the good politics of doing something which would actually be very much in trouble on finding funds for other purposes. And so we see how politicians get into the picture, this is (? Rajiv Gandhi) about immunizing low-cost children, you've got (? Montek Sharm), you could get many others - it's very good politics to have a million copies of this poster scattered around the country. And we go on from there to other summits, regional summits, para

taking this on as a major topic and we see at the South Asian summits for the last few years they've devoted, for the first time in history for summitry, time to children and passed resolutions on them. The OAU, the Organization of African Unity, last year this was the principle special topic when they had 31 Heads of State, the greatest number ever, participate.

And we have seen a parallel development in the developed countries, beginning with the (? _____ five) with the U.S. Congress, they passed a resolution in '83 promoting the Child Survival Revolution and, it may come as a surprise to many of you, that in early (? '8), that late last May a year ago, the only Third World development subject in the Reagan-Gorbachev Summit in Moscow was dealing with the health breakthrough for children when they said, mostly they reaffirmed, their support for the WHO-UNICEF goal of reducing the scale of preventable childhood death through the most effective methods of saving children. They urged other countries in the international community to intensify efforts to achieve this goal and we see a comparable set of results in the funding side, gas tanks apart from some of the people you are going to hear from later on today, but in the United States there has been the creation called Child Survival Fund, a \$100 million a year, with special earmarking in existing appropriations for child survival, the vitamin A, and the UNICEF-appropriation has gone up some \$34 million a year in 1982 to \$60 million, and the USSR as a follow-up to the Summit this year has given us a twelve-fold increase in their contribution and told us this is just for starters.

So, this gives you some flavour, and children have moved enough so that when the question was thrown out in December '88, "Why not a World Summit for Children?", many of us have been somewhat pleasantly surprised to find that over 50 Heads of State and Governments have now said it's a "bully idea", let's have one. And this is one of the reasons why I'm leaving here early tonight because our problem is that lots of people are saying it's a good idea but you've got to find the 3 or 4 movers, we're all accustomed to that, which will crystallize it and our hope is that President (? Mabuto) will be one of those. And there is sufficient confidence that by late last year and early this year, the Joint Committee on Health Policy of WHO and UNICEF have now laid out a whole set of goals to be achieved during the 1990's; goals that we wouldn't have considered articulated, and these now for the year 2000 include: the halving of infant and child mortality by the year 2000, and includes the irratication of polio by the year 2000; the virtual elimination of iodine deficiency disorders; the elimination of guinea worm diseases; and most relevant to us is the conclusion of the virtual elimination of blindness and other consequences of vitamin A deficiency as the year 2000 goal.

Now, this confidence engendered by the progress of the mid-'80s in a time of economic setback also set a parallel development where there's been incredible progress on the Convention for the Rights of the Child, which was first proposed in '79. I, myself, thought it had one-chance-in-one-thousand of materializing in my political, my working lifetime. It looks like it will be adopted by the General Assembly this fall, and then within the next year that probably the minimum 20 for ratification will take place. And if the Convention, if the international treaty, will cover the right of the child to

survive, the obligation of the state to immunize, to make vitamin A knowledge available to people that need to know, it covers the right of the child to be protected against abuse, and the right of the child to develop through education, and other needs.

And it's appropriate to ask at this point, will this really happen, or, are we in a sense of false euphoria at this moment to think that all these goals can be served or talked about - such as eradication of polio by the year 2000 and the virtual elimination of vitamin A deficiency diseases. I would say that much depends upon the success of the Universal Child Immunization (?effort) by December 1990. A lot of people have assumed that this has succeeded and are just going on from there that we can replicate it and we still have that very difficult final year to go. And 90 per cent of the children of the world have access now but the use, as I said earlier, is still at the 66 per cent level and it needs to be at least raised to the 80 per cent goal and a World Summit will contribute very significantly to this. Second, we clearly need a continued research effort urgently required on a number of different fronts, but we truly need the controlled experiment which we've been doing, to document the impact of vitamin A on the health, the extent of it, on the health of children other than for vitamins, we need time-release factions, hopefully, time-release vitamin A pills that will make it much easier to distribute it and, in fact, make the do-able even more do-able. Third, we do need continued insistence by the professionals and lay-leaders that readily do-able actions be done. Now this is, we have an Armenia occurring every day, readily avoidable deaths - how do we get those do-able actions taken on. And also, we need to emphasize the fact that the

more we learn about the population problem, it's quite true that if we have this approach towards child survival this problem, I won't get into this one right here, it will probably make the single biggest new contribution in the last 10 years to this effort to stalling population growths - people get the confidence that their children will survive.

It's no longer a question of what to do on so many of these fronts, but only a question of whether, and we somehow must make it unconscionable for morality not to march with our new capacity. For morality not to march with our new capacity, and in this, there's a special responsibility for the U.S.; we are still by far the world's largest economy, we certainly are the largest collection of professionals in this arena by far of any country in the world, and we finally have a unique political (? ploy) that other countries with their parliamentary systems, it's much, much harder to get new initiatives through than it is in the U.S. and I leave that to my colleagues to discuss. We have a great advantage over Canada, U.K., Germany, France in terms of what a small group of people with a dam good idea can do about it, and this is why environment, women's rights, so many fields, the U.S. has been the legislative leader on it.

And I would really come close to closing by saying that there is a very special role for the John Hopkins School of Hygiene and Public Health. Again, they're the largest collection of professionals in this field. Second, you've made the mistake of being the socially the most active group in the past - the people have learned to expect you to continue on that projectory. I can remember (?D.A. Henderson) has always kept a close eye on the activities of

UNICEF, if he thought we were doing the right thing, from his position as Dean here, he would leavy in on us as to what we ought to do for course correction including getting on immunization and other programmes. And finally, you have a very close linkage to the political process, both by tradition and proximity, and I would argue that John Hopkins was really largely asking the question you posed, in so far as this institution is concerned, which is that, you feel a responsibility to act on knowledge that you have and that the researchers in this institution who come across new knowledge are under an obligation by the ethics of this school to pursue it and I hope you continue to do so. The agenda on the near term, I think that we saw in Dr. (?Mong), made it this afternoon, an excellent illustration of a man who comes from an academic base, talking about the political activism that can occur.

Let me close now by just saying, that one looks at the very near term on all of this, it's clear it's key to all of us focused on the new Congress, the new administration, that we get started off on the right track. It's a new term, a new board. Secondly, as I said before, do everything you can to push for on the Universal Child Immunization by 1990. Third, please give us a helping hand on the Convention, because the passage of the Convention would provide a new veto base for the obligation of society to undertake these actions, and fourth, I would say that anything you can do to encourage the Summit should be done and that there ought to be local summits from the other summits held, hopefully in December or January of the coming year, and clearly each of you should speak out with your own work and not leave it to others. Thank you, and God Bless.