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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the regional seminar
"Strategies for the Reduction of Morbidity and Mortality in
Mothers and Children in Latin America and the Caribbean"

Havana, Cuba
28 November 1989

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I am most pleased to be with you in Havana. Cocoyoc I completed a landmark assessment of the health situation of children in Latin America and the Caribbean, and through the Cocoyoc Declaration provided a new mechanism to promote popular and political commitment toward children's health. Now your region is seriously prepared to take the next step, as stated in the theme of this seminar, to plan: "Strategies for the reduction of morbidity and mortality in mothers and children in Latin America and the Caribbean".

Latin America was the first region in the world to coordinate efforts on behalf of children for the next decade in such an organized and creative approach, using international goals and strategies as a guide.

This gathering in Havana has a very crucial contribution to make in designing strategy to bring the vision and goals of Cocoyoc I into reality. The technological co-operation for development which is planned now among countries of this region - and which could be vastly bolstered by exercises at this seminar - offers new hope for a quantum leap in the effectiveness of maternal and child health programmes.

You have already prioritized goals on which to focus your collaborative efforts at every level, from village and neighborhood to district, national, regional and international. You have committed yourselves, for example, to:

-- massive reductions in infant and child mortality;

-- universal child immunization against the six main child killing diseases by 1990;

-- eradication of the wild polio virus from the Latin American region by 1990; and

-- massive reductions in maternal mortality rates.

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We know that goals such as those set at Cocoyoc I can be achieved. We have seen such progress right here in our host country, Cuba, as well as in other Latin American countries. Cuba experienced a decrease in under-5 mortality from 87 per 1,000 live births in 1960 to 17 per 1,000 in 1988, and a decrease in maternal mortality from 5.3 per 10,000 in 1980 to 2.6 per 10,000 in 1988. Costa Rica, during the same period, reduced its child mortality from 121 in 1960 to 21 per 1,000 in 1988. If all of Latin America and the Caribbean had had under-5 child death rates of Costa Rica and Cuba in 1988, child deaths would have been reduced from 962,000 by more than 700,000, saving the lives of 2,000 children each day.

The question now is: How do all countries in the region achieve great advances for children and women? What will be the strategy for implementing the goals to which we are committed?

A new wealth of successful experiences to draw upon

The recent history of this region holds many thought-provoking answers.

Almost exactly five years ago, in mid-November 1984, I was in this city of Havana to address issues of children's and women's health before the Latin American Congress and Pan American Meeting of the National Pediatrics Convention. If we could put to full use the lessons learned in this region between my two visits to Cuba about maternal and child health care, prospects for the future health and well-being of the population would be bright indeed. What have been the most important ingredients of the successes? Which approaches promise the highest impact when replicated in other countries and settings?

We have a lot to build upon, here in Latin America. Let us, for a moment, examine the wealth of experience for its most important lessons.

When I addressed the paediatricians here five years ago, our host country had already long-since achieved universal child immunization against the main child-killing diseases. Cuba was one of the first countries in Latin America to make this advance, having protected the vast majority of children with vaccines by the last 1970s. By 1983, approximately 95 per cent of young Cuban children were immunized.

As I discussed with the paediatricians in 1984, the particular form chosen to accomplish such advances for child health differs from one country to another. Cuba's strong commitment to public health, for example, had manifest in a system which was heavily physician-based, an approach that many if not most developing countries, especially those in Africa and Asia, would not be able to contemplate in the foreseeable future. Yet the commitment to universal access to primary health care and the linkage of biotechnology, social organization, and mass communications has validity - in fact, is essential - for all countries across all geographic and political boundaries."

Also at the time of my last visit, Colombia had just completed a national social mobilization campaign which country after country throughout the world

has emulated since. They had just accomplished an historic innovation in universal child immunization - in one three month period, to immunize the vast majority of the children of a country against the diseases which had been killing and crippling more than tens of thousands of Colombian children each year.

The key to Colombia's success was mobilization. It seemed that everyone participated. There were more than 10,000 TV spots; virtually every parish priest devoted three sermons to the importance of families immunizing their children; every school teacher was involved. Then-President Betancur had taken a leadership role and talked to the media, including the opposition papers. The business community and all of the government ministries were actively involved.

The statement which we made at the time has been substantiated by the passage of time, that: "For the children of the world, with more than 10,000 dying each day from these six diseases, the accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before".

For Colombians, the dramatic experience of success in universal child immunization served as the cutting edge of Primary Health Care. It was not long before all of those sectors and factions of society which had participated in the expanded immunization effort began to implement other low-cost/high-impact maternal and child health activities - activities intended to empower people with existing health knowledge and technology. The primary school curriculum was drastically revised to emphasize health educatio; all high school students had to contribute 100 hours of "health scout" service as a pre-condition to receiving their graduation certificates. The Catholic Church introduced a major training programme for priests; pre-marital counselling incorporated sections on health care of children - on immunization, oral rehydration therapy (ORT), etc.

I recount the Colombia experience because it illustrates so many of the key elements capable of making dramatic progress for children at low cost in a short period of time. Perhaps most important are these two: first, Colombia set an example in manifesting the popular and political will to do what was do-able, and second, it demonstrated what is possible through mobilizing all factions of society on behalf of children, and it gave an example of how to go about it.

It is almost difficult to imagine, right now with the painful recent developments in El Salvador, but before the current escalation in civil strife was even in sight, only four years ago, that country set an example for others to follow with a courageous child immunization plan. Rival forces agreed to lay down their arms - to fire no guns - on three separate days so that children could be vaccinated against diseases. Thanks to these "Days of Tranquility", repeated annually since, child immunization rates for under-ones in El Salvador today are equal to or greater than those in New York City. This innovative action for improving child health even during times of destabilization has since been replicated or adopted in other war-torn areas, including Uganda, Sri Lanka, Lebanon and Afghanistan. This year in the Sudan,

the example was built upon to craft "corridors of tranquility" through a civil war: air, land and river transport routes were sanctioned by both government and rebels for safe-conduct of food and relief supplies, preventing a repetition of the 1988 disaster in which 250,000 civilians died as a result of the lethal combination of drought and civil war.

Was it only four years ago that all seven Heads of State or Government in Central America joined together on television in support of child survival and development activities? Shortly thereafter seven South Asian countries made their first of three summit-level declarations in support of child survival and development activities, and they were followed by the Summit of African states, which have issued resolutions on behalf of children annually since.

Now more than 100 countries have endorsed the idea of holding the first-ever North-South-East-West summit in order to bring children's issues firmly into their rightful place: high on our world's political agendas. Such a Summit would be an historically unprecedented opportunity to stimulate national mobilizations to empower people with relevant knowledge. Central America can actually be recognized as the pioneer in summit-level action on behalf of children.

Finally, since I met with pediatricians of the Latin American region here in Cuba five years ago, you began, last year in Cocoyoc, this series of annual regional seminars for the "follow-up, dissemination and promotion of the principles, objectives and commitments...adopted at Cocoyoc". By bringing together the child health experts within your region, by involving decision makers, and by promoting your consensus approach toward improving the survival and development of children as an issue to be placed high on political agendas throughout Latin America and the Caribbean, you have made another pioneering and exemplary advance for children, and for the future of this region. With Cocoyoc I you built a solid foundation. What is constructed on that foundation remains to be seen - and that is the challenge of this seminar.

Adjustment with a human face

There are, indeed, brilliant successes to build on, here in Latin America and the Caribbean. But before we look today to these experiences for an action plan for the future, there is a very challenging and pervasive dimension of the situation of children in this region which must be directly addressed. We are all aware that during the 1980s a terrible economic situation has enveloped most countries, and that it impacts most heavily on the most vulnerable - especially on children and women.

In many countries, average incomes have fallen by 10 to 25 per cent in this decade. The region enters the 1990s as net exporters of capital. Although many billions in debt service were paid between 1980 and 1988, the regional external debt rose by more than US$150 billion during the period. Levels of malnutrition, especially among children, and low birth weights increased.

On this economic front throughout most of Latin America and the Caribbean, in the struggle to achieve the goals set at Cocoyoc - the struggle to save the lives and improve the well-being of children - our experience is that there must be a three-pronged approach as we fight for adjustment with a human face. First and foremost is to mobilize support so that the health sector is adequately protected and not sacrificed nor utilized unrealistically. In a broader context, 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 this is of equal if not greater importance for those of us gatherered here - because the power to act lies substantially with those of us in the health and other social sectors - we must fight to restructure health sector budgets so that even in difficult times it is possible to mount important health initiatives, even in the face of austerity. Priority must be put on those programmes which result in the most benefit to the most vulnerable.

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.

Child mortality reduction rates

"To measure is the first step to improve" (Sir William Petty)

The response at Cocoyoc I to the unacceptable rate of child deaths was to commit your primary goal to massive reductions in infant and child mortality during the 1990s. It is an appropriate priority, for the stakes are huge. If child mortality rates of 1989 continued to the year 2,000, the total number of young child deaths in Latin America, due largely to preventable causes, would add up to nearly 10 million - equal to the entire population of our host country, Cuba.

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 1,000 live births, whichever is lower. To achieve this goal would translate to saving the lives of more than 2.2 million young lives during the 1990s in Latin America alone.

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 average reduction rate of 3.41 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 UN goal, some countries have thus far kept pace with the required annual average reduction rate. A look at the 1980s shows that our host country, Cuba, has progressed at an even greater pace than that required to meet the UN goal. With a target U-5MR of 13.5, Cuba reduced its U-5MR at an annual reduction rate of 5.85 during the decade, considerably more ambitious than the 3.41 required. It is worth mentioning that throughout the decade Cuba has reduced its infant mortality and child mortality rates at twice the rate of the region as a whole.

Mexico has come close. With a target U-5MR of 41, during the 1980s Mexico achieved a reduction rate of 2.44, somewhat shy of the 3.41 required. Now they must achieve an annual rate of 3.77 in order to meet the year-2000 goal. Venezuela needed to achieve a 3.31 rate, but averaged 2.47; now they will need to average a 3.59 reduction rate annually to reach the UN goal by 2000.

Latin America and the Caribbean hold 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. Like our host country, Barbados, Chile, Costa Rica, Guyana, Nicaragua, Panama, Suriname and Uruguay were all ahead of schedule in the 1980s, 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 70 or so, largely because of much greater parental involvement, births drop even faster.

I have attached to the distribution copies of this address a table which shows infant and child mortality rates at historic intervals for every country in the region, as well as the United Nations year-2000 goal for each country. The table also lists the infant and child mortality reduction rates which were achieved by each country in the 1980s, plus the rates which would be required to meet the UN year-2000 goals.

A main challenge to participants at this conference will be to agree upon steps necessary to achieve the target reduction rate in each country, and to begin to take those steps.

Building on experience

Taking those steps - planning the strategy to fulfill the commitment so eloquently promised at Cocoyoc I - brings us back to the lessons gleaned from the recent experiences from this region to which I referred a moment ago: lessons in Child Survival and Development, in "Children and a Bridge to Peace", and in elevating children high on our political agendas. The seeds of a successful strategy can all be found in this region within the past five years.

As we analyze our experience at this stage in Latin America and the Caribbean for guidance in planning to meet child survival and development

goals, two questions, and they are really two aspects of the same question, are central: First, how do people become empowered with knowledge? And second, how do people come to create a demand for the basic knowledge, technology and social support which could so improve the health and well-being of their children at such minimal cost?

We have seen throughout this region that massive participation is key. In Colombia, it was the new awareness and action by all factions of society that led to expanding from an immunization campaign to a Primary Health Care system.

The success of child survival and development efforts will rest 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. The essense of all this is a new respect for the capacity of the individual and the obligation of governments to enhance and encourage use of that capacity.

The strategy to accelerate child survival and overall well-being through low cost measures brings far-reaching changes to parents' lives - and especially to mothers - that stretch beyond the area of health of their children. It provides parents with a technical and psychological capacity to begin to control important events in their lives; it contributes to emotional tranquillity, substantial financial savings and a major time release in their lives as the thrust of child death and continuous illness is greatly eased.

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.

This same type of empowerment applies equally to many adult diseases and ailments indigenous to rich countries as well as poor. In Cuba five years ago I joked with the pediatricians assembled here about the fine cigars and delightfully smooth rum of this island - and about the immense improvement in health that can be gained from applying self-health knowledge about not smoking, drinking in moderation, and so forth.

In effect, what I am saying is that the major frontier for progress even in difficult economic times lies with educating and empowering individuals to do more to help themselves.

Empowering people with knowledge

Fortunately, in our fast-paced world of change and progress, there are several powerful new tools in hand to advance on this frontier.

The Facts for Life initiative, for example - a new approach to moblizaing non-health as well as health communicators and using as many as possible of society's channels of communication in behalf of child health - is now underway in more than 20 countries. A publication by WHO, UNICEF and UNESCO of a collection of 55 priority maternal and child health messages on 10 themes

is the cornerstone of the initiative. The knowledge - dealing with such topics 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 parents can act. It is knowledge which has the potential to dramatically reduce child deaths and child malnutrition. It is therefore knowledge which every family, by right, should have. It is noteworthy that an important adaptation of the basic health knowledge prioritized in Facts for Life is currently being incorporated into school curricula in Nicaragua.

Efforts to empower people with life-saving and life-enhancing knowledge should move to a new level as a result of the upcoming "World Conference on Education for All: Meeting Basic Learning Needs", to be held in Thailand in March. The Conference is being co-sponsored by UNICEF, the World Bank, UNDP and UNESCO. The Thailand Conference has the potential to become the turning point in the field of basic education, much as Alma Ata in 1978 was the pivotal moment for those committed to "Health for All". A series of 10 regional meetings are currently underway to transform an overwhelming groundswell of popular concern and support for the effort into an effective plan of action to bring basic education in relevant life skills to all people. The Quito meeting for this region actually begins today and continues through 1 December. Do you have plans to act on the outcome of that meeting and to support colleagues and associates who are involved?

In the task of designing strategy to enhance the empowerment of people with health knowledge, Latin America has a great advantage which we should exploit fully here in Havana, and in the follow-up Technical Cooperation for Developing Countries (TCDC) efforts which are being initiated here. The cultural linkages among peoples of Latin America predate current political boundaries. It is appropriate that the people in the countries of this region capitalize on shared cultural sensibilities and learn - from the experiences of each other - how to address the common problems of Latin American children. Efforts to develop unity within this region have often focused on economic and political issues. The opportunity exists among us here in Havana, during the few days of Cocoyoc II, to build, together, in the area of maternal and child health.

Morality must march with capacity

We have been speaking today, and others will speak throughout this seminar, about new opportunties for imporving the health and well-being of children and women - opportunities of historical significance. An unprecedented capacity exists to improve the well-being of vast numbers of people's lives through modern health knowledge and technology coupled with social mobilization and massive participation. But much more than new opportunities are before us.

If 40,000 children were dying each day from causes which we could do nothing to prevent, the situation would be tragic indeed. But for 40,000 children to die each day - and 40,000 children will die today, just as they died yesterday and the day before, the vast vajority from causes for which we

have long since discovered low-cost cures and preventions - is not only tragic, it is obscene.

Morality must march with capacity - a morality born of the realization that it is unconsciounable not to act, when wo much can be done for so many, and for so little cost. Thus, along with our new capacity comes a new responsibility.

In fact, just one week ago yesterday, the Convention on the Rights of the Child was adopted by the United Nations General Assembly. It now awaits ratification by countries to bring it into force and international law. The Convention, which provides a landmark internationally-agreed standard, asserts the right of the child to the highest level of health possible, to education, and to education about health and child survival and development issues, among many other rights. Children's rights, of course, translate in reality to adults' responsibilities. Thus, the Convention asserts the responsibility of states:

> "To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents."

Gathered in this room are representatives of precisely those sectors of society who, together, possess the potential to alter the course of history from simply fulfilling trend lines regarding the lives of our children - trend lines which would measure continued massive preventable child death, and a tragic loss of our civilization's most valuable resource. You - we - have the potential - we have the responsibility - to write an important part of the next chapter in Latin America's history.

The vision of what we could accomplish working together - health ministries and experts, policy makers, international agencies - has been laid out in the Cocoyoc Declaration. Latin America has, on a rhetorical level, prioritized possiblities for children which are do-able. These goals, however, can only be achieved with the leadership and support of exactly those factions of the national, regional and international communities assembled in this room today.

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 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 constructed 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 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 evidence that we are progressing as a more just and humane civilization.