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SOCIAL MOBILIZATION FOR CHILD SURVIVAL AND DEVELOPMENT

by

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for

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It may come as a surprise to many that at the last superpower Summit between Mikhail Gorbachev of the USSR and Ronald Reagan of the United States in Moscow during May-June 1988, the single development issue discussed was that of children. The joint communique issued from the Summit 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 over 100 Governments have endorsed the idea of holding a "World Summit for Children" within the next year - probably the first North-South-East-West global summit meeting ever held.

In fact, many people are beginning to rethink the importance of topics related to children. In the last three years, such issues 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 (three times), and the Summit of seven Central American countries. Last March, 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. And in July 1989, the Summit of the Organization of African Unity declared the 1990s as the "Decade for the African Child".

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What is happening?

This new high-level 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 health educators at their world congress:

> "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?

An unprecedented potential for children

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 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. With the advent of such vastly expanded means to reach people, we have seen a transformation in social communications and organization, and its use for social benefit is only beginning to emerge. As a result of general development progress, this 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.

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 vast improvement in the well-being of children - in Child Survival and Development (CSD) - 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 newly expanding communication channels, significant improvements in the condition of life for the masses can be achieved.

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 U.S. cents for the antigens to immunize a child for life against tetanus, measles, polio, whooping cough, diptheria and tuberculosis which cripple and kill several million 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.

Alma Ata - milestone on the road to Health for All

The groundwork for the effective development formula which has resulted in Child Survival and Development activities was actually laid more than ten years ago, in Alma Ata, USSR, at the landmark International Conference on Primary Health Care, co-sponsored by the WHO and UNICEF. And, in fact, the guiding principles of the approach go back decades.

I remember my father, one of the original pioneers of primary health care, articulating the principles of such a people-empowering approach when he was in China in the 1930s. Most countries are still slow in fully applying them today.

The first of these principles is that social organization is the key to efficient use of medical knowledge and health protection. The immediate social problem is to overtake the lag between modern knowledge and its use in the community setting.

A second basic principle is that a vertical medical system cannot be truly effective, or even stand by itself, unless it is integrated in other activities in society in a concerted attack on the problems of development and social reconstruction. Health is not simply a "sector," a responsibility of the Health Ministry alone; it must be an explicit goal to be achieved through all sectors with mass citizen participation - through education, better nutrition, communications channels and the media, and through national and local community leadership.

A third principle is that successful organization implies reliance upon economically practical strategies for serving the entire population rather than just the relatively well-off, or the elite. There are all-too-many examples of major hospitals established or expanded in the poorest of countries where the drain of operational costs has led to the curtailment of health clinics and preventive services. We are also well aware of the needless competition of hospitals in industrialized nations which each feels that it must have tremendously expensive diagnostic equipment. The rationality of a converse approach was recently demonstrated in Pakistan with

the decision taken in 1982 simply to delay building a major hospital centre in the capital city of Islamabad in order to finance a 3-year national programme of immunization, promotion of awareness of oral rehydration therapy, and training of tens of thousands of traditional birth attendants. Scores of thousands of lives are being saved each year as a consequence of this shift in investment priorities.

Reflecting these three principles, the Alma Ata Conference in 1978 formulated the concept of Primary Health Care (PHC). By seeking to apply those basic principles of health care which my father and his contemporaries articulated a half century ago, we can transform the health of peoples even at low income levels. A limited number of places as different as China, Costa Rica, Cuba, South Korea, Kerala (India), Sri Lanka, and Taiwan have demonstrated - with a modest increase in financial resources but most importantly a directed and sustained strong political will - how to reach the many, rather than just the largely urban, relatively better-off minority, and how to do so when their real per capita incomes were comparable, for example, to those of Canada of two centuries ago - and to achieve infant and child survival rates reached by Canada and the U.S., for example, only in the middle of this century.

While many countries have recently paid more than just lip service to promoting primary health care (e.g., millions of village health workers have been trained), the majority of health resources are still not directed toward achieving it. Rather, those charged with health care have tended to remain isolated in the so-called health sector, and they have been reluctant to aggressively seek the involvement of other sectors in health promotion, or to shift health knowledge from the traditionally conservative health professional to the general public. This continues, although we know that health care knowledge is far more cost-efficient, and often more effective, when it is in the hands of those who need it most. In the great majority of countries - industrialized as well as developing - far too much emphasis remains, first, on cure rather than prevention, and second, on excessive reliance on medical facilities for improving health to the neglect of schools, radio, television and other communication facilities which can transfer much of health prevention and care to the family.

Children are the first frontier

Success in putting PHC principles into action in the area of child survival and development will hopefully open doors not only to full-scale use of low-cost/high-impact approaches in health, but throughout the social sectors.

It has been exhilarating to see how fast the potential to transform Child Survival and Development has advanced in the seven years since a plan based on the PHC principles was first articulated. 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. Since then, the United Nations call for Universal Child Immunization by 1990 (UCI-1990) has been answered with such resounding force that some 38 developing countries have achieved 80 per cent coverage in all six antigens and another 34 have achieved at least 60 per cent coverage and are in a position to reach UCI goals by the target date of

end-1990. Already this translates to more than 60 per cent of the world's children being fully immunized.

Similarly, at the beginning of this decade, only 2 per cent of mothers used ORT when their children were suffering from life-threatening diarrhoea. By 1988, some 30 per cent of children suffering from diarrhoeal diseases were treated with ORT, and the parents of 50 per cent had access to low-cost, prepackaged oral rehydration salts (ORS).

As a result of just these two measures, UCI and ORT, the lives of 2.5 million young children were saved in 1988 alone.

In fact, today, the potential is so great that leading health experts (in such fora as the international Task Force for Child Survival[1] and the WHO-UNICEF Joint Committee on Health Policy[2]) 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.

People taking charge

Clearly, social mobilization efforts have begun to show results in a tremendous impact on children's ability to survive. But the effects do not stop there. This people-empowering approach 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 approach 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 new tool in bridging the vital gap between health knowledge and its use by those who need to know has just this year become available. The Facts For Life Initiative, a new approach to mobilizing 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. The compilation of 10 sets of the most important messages which enable parents and community care-givers to protect the lives and foster the healthy growth of children now has been translated into a dozen languages beyond the five of the initial international printing, and a number of national adaptations, several with additional content, have been undertaken. The three co-publishers of these child-health messages are UNICEF, WHO and UNESCO. They and 100 partner NGOs are now distributing some 300,000 copies of the messages to opinion leaders and decision-makers capable of helping to make this priority knowledge an everyday part of their countries' "information environment".

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.

What is happening with the new high-level attention to children's issues - such as the various summit actions mentioned above - 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. A movement 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.

Another indication of our growing appreciation of responsibility toward all children is the groundswell of enthusiasm for the draft United Nations Convention on the Rights of the Child, first proposed by Poland in 1979. As this magazine goes to press, the eyes of the world are on the UN General Assembly, which may adopt the Convention during this 1989 session. Prospects are also quite promising that the Convention will be quickly ratified by at least 20 countries - the number necessary to bring the new charter into force.

The Convention will establish global norms regarding the rights of children - and the responsibilities of society to protect those rights. Implementation of the Convention need not wait until the process of adoption and ratification is complete. The work of ensuring that children's rights are met is an ongoing process. The Convention offers a mechanism through which a vast array of partners can translate their commitment to children into action in a manner that realizes the inalienable rights of the child. This landmark moment - the year in which the Convention will hopefully gain new legal status, and appropriately also the 10th anniversary of the International Year of the Child - must be used to draw new forces to the cause of child rights.

As for UNICEF's role in the constellation of global influences affecting children, it is true that the organisation still responds to children caught in disasters. Thus, this year UNICEF acted as lead agency in emergency operations in the Sudan, successfully averting a repetition of 1988's loss of 250,000 lives to the vicious combination of drought and civil strife.

UNICEF's principal work, however, is no longer in such "loud emergencies". 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 Africa in the mid-1980s, Armenia last winter, 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 these losses.

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. We know now what can be done. Thanks to the scientific and technological advances of recent years, those of us concerned with people's health and well-being 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.

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.