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A Discussion Paper Prepared for the
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Symposium on the Opportunities for African Intellectuals and Artists to Contribute to the Survival and Development of Africa's Children

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Social Mobilization for Child Survival and Development

- a discussion paper prepared for the -

Symposium on the Opportunities for African Intellectuals and Artists to Contribute to the Survival and Development of Africa's Children

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This symposium occurs at a time when the past generation in Africa can be described as, to paraphrase Charles Dickens, having experienced both the best of times and the worst of times.

The great majority of Africans now enjoy national self-rule. Child death rates have dropped by some 40 per cent since the early 1950s, when one child out of every three died before reaching age 5 and many others were crippled for life from a wide variety of causes. Basic literacy and education rates have soared relative to the 1950s. Millions of Africans have acquired highly developed skills.

At the same time, many tragic developments have occurred in Africa, particularly at a time of continuing severe global economic difficulties which impact most heavily on Africa. Population increase has outstripped food production since 1970, and the latter is now 11 per cent less per capita than it was a decade and a half ago. Malnutrition has risen in a number of African countries in the 1980s. The rate of infant and child mortality reduction has slowed in many countries, and even risen in some, under the impact of drought, civil disturbances and global recession. One of the most disturbing aspects of the continent's complex crisis - exacerbated but not created by the recent drought - is that Africa is projected, on present trend lines, to account by the end of the century for over 40 per cent of all infant and child deaths worldwide, up from 15 per cent in 1950 and 31 per cent in 1986. In Africa as a whole, there were 22 million births in 1980, of whom 2.6 million died in their first year, and a comparable number were crippled and disabled by the aftereffects of childhood diseases. By age five the number of deaths had reached 4.3 million. Projections indicate that by the year 2000 these annual infant and under-five mortality totals will have increased still further.

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The general developmental progress of the last four decades has delivered to us the first era in human history in which it has been possible to think seriously in terms of bringing the basic essentials of health and nutrition to all humanity. Will the 1980s mark the moment that that opportunity was lost, at least for this century? Or will current difficulties serve rather as a spur to new levels of creativity in advancing toward the goal of primary health care for all by the year 2000? And will these new levels of creativity have the capacity to forge new solutions to the problems of prioritizing human considerations during times of severe economic hardship?

Unfortunately, trends have been moving towards the loss of this historic opportunity - and this was so even before the global recession deepened, with its enormously disproportionate influence on human conditions in Africa.

But this symposium has not been convened to discuss a message of defeat and despair. There is new hope if these dark times generate new creativity and new initiatives.

One of the areas of greatest hope is the new potential to accomplish major goals at low financial cost if only whole peoples will engage in social mobilization for this attainment. This is a potential which can, however, be achieved only with the active participation and leadership of African intellectuals, artists and other leaders in social communication. How to achieve - and to utilize - this participation and leadership is the purpose of this symposium.

This symposium occurs within the framework of follow-up to the United Nations Special Session of the General Assembly on Africa. The U.N. Programme of Action for African Economic Recovery and Development which was produced by the milestone meeting is already serving the international development community as an insightful guide on several issues, most pointedly for its emphasis, among social concerns, on the critical need to meet basic human needs; for it recognition of the magnitude of the key role women play in development in Africa; and for its forceful articulation of the need for a new place for Africa in the international economic environment. The symposium of intellectuals and artists has the potential to contribute greatly to the significance of the Special Session through its initiative to revitalize developmental momentum in Africa and to capture a world consensus on the recommendations put forth in the programme of action.

Mobilizing all for the health of all children

Because of UNICEF's role in protecting the well-being of children and their mothers, the organization has actively explored over the past several years means through which new initiatives can be made in the primary health field. We now know that the trends causing the aforementioned devastating toll of young lives among the African populace can be reversed even in these dark economic times. There is hope, in fact, of quite sharply reducing these mortality rates while simultaneously improving the health of those who "survive" and slowing population growth as well.

The same principles employed in these highly successful experiments do,

most encouragingly, also have potential for application in basic education and literacy fields, in promoting family planning and ultimately in food production as well as a broad range of other sectors. Thus the progress made in developing tactics of operationalization in the public health field can serve as an extremely important example for broader application.

The principles of health care and public health services that form the underlying basis for this approach have been known in theory for decades, and yet most countries are still slow in fully applying them today. The know-how exists for families to take a vastly greater role, often using readily available resources, in their own nutrition and health - including saving each others' lives - yet these practices are underutilized, while ill health and high death rates continue.

The first of these principles is that social organization is the key to efficient use of medical knowledge and health protection. One of the major issues this symposium should address is how to bridge the gap between the existence of readily available and usable knowledge and simple techniques, on the one hand, and their actual use by communities and families, on the other.

Thus, the developing world is still faced with more than 4 million needless deaths from diarrhoeal dehydration - more than one million of them occurring in Africa each year - while there is a largely effective new home remedy, not to mention that much diarrhoea could frequently be avoided in the first instance by such relatively simple measures as washing hands and drinking clean water. Indeed, in a suprisingly large number of cases, life-saving cures are available for almost nothing more than the simple price of training those who need them how to use them and by society helping to apply this knowledge.

Similarly, another 3.5 million children - including nearly one million in Africa - die each year and a comparable number are crippled for life, because they have not been immunized for life against six major diseases at a cost of some US$5 per child. Increasingly the immunization facilities are in place; the primary challenge is now how to convince parents to bring their infants the three required times.

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 many sectors with mass citizen participation.

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. 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.

The rationality of a converse approach was stated forcefully in October 1985 by Dr. Mahbub-ul-Haq, then Pakistani Minister for Finance, Planning and Economic Affairs at the Annual Meetings of the World Bank and IMF in Seoul:

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

Some one hundred thousand lives are now being saved each year in Pakistan as a consequence of this shift in investment priorities.

Reflecting these three principles, the Alma Ata Conference in 1978 of the world's health professionals, sponsored by the World Health Organization and UNICEF, formulated the concept of Primary Health Care. Through the implementation of this approach the health of peoples, even at low income levels, can be transformed. A number of countries have thus managed, with a reallocation of existing funds or with a modest increase in financial resources - but more importantly, with a directed and sustained strong political will - to reach the many rather than just the largely urban, relatively better-off minority, and to do so when their real per capita incomes were comparable to those of some major developed countries of two centuries ago and to achieve infant and child survival rates reached in the industrialized world only in the middle of this century.

Nonetheless, 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. Even within the curative sector and despite the growing emphasis of recent decades on reaching the poorer majority, the more affluent minority still benefit disproportionately. Regretfully, in many countries the global recession has even further exacerbated this situation.

Basic principles; revolutionary application

In the environment which exists in Africa today, with economic deterioration intensifying the reticence of the health structure to address the needs of the poor and the most vulnerable - is there any possibility of recapturing the past modest momentum in developing countries - toward improved health and nutrition?

The answer is yes. Or at least, "yes, if".

The possibilities exist today in the developing countries because of one central new development 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 even in these lean times. Vigorous use of this new development over the past four years is already saving the lives of close to one and one half million small children each year; truly vigorous support could mean annually saving the lives of 5 million small children - more than

10,000 each day - by 1990, and improving the health of more than 100 million more while also decreasing population growth and dramatically improving the well-being of women. This is the potential within a limited sector of the health field. The scope of opportunities opened in the broader realm of development are yet to be fully explored.

What is this new development? It is the new capacity - the major new potential - to communicate with the poor majority in developing countries. Indeed, the world has witnessed 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 virtually every village in Africa now has a school, to the point that most young mothers in their 20s can now read and write. With increased incomes, the ubiquitous radio is now in a majority of the world's homes. In some countries television is appearing frequently in many homes, with the result that people throughout a country can know what is going on and how to do things. Religious structures - whether Christian or Islamic - 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 revolutionary potential of these advances in social communication and mobilization on the condition of life for the masses, were actually first pioneered with respect to family planning and promoting the Green Revolution in Asia where wheat and rice production were doubled in many areas in the last 10 years, and are now being most dramatically demonstrated in the field of child health. The evolution in the capacity to communicate in low-income communities coincides with the growing realization that major, grossly underutilized technological advances of recent years could bring about revolutionary improvement in the well-being, and even in the survival, of children 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 majority who are most in need of these technological advances. This is the phenomenon that has come to be called the potential for a Child Survival and Development Revolution (CSDR).

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, 1987, include:

-- The recently discovered oral rehydration therapy consisting of a remarkable yet simple treatment composed of salts, potassium and glucose (sugar) in water - 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 nearly 5 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 to immunize a child for life against tetanus, measles, polio, whooping cough, diptheria 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 for poor families through selective, relatively low cost measures to increase their food supply. The lack of food security in many socially-disadvantaged households has become an acute problem, especially in Africa. UNICEF is now engaged in certain countries (the Central African Republic, Nigeria, Rwanda and Tanzania) in projects designed to address the many dimensions of the problem, in close collaboration with the International Institute of Tropical Agriculture, Ibadan, Nigeria.

Programmes can be flexible enough to meet the priority needs of each country, thus including programmes on acute respiratory infections, malaria, maternal nutrition, micro-nutrient deficiencies like vitamin A and iodine deficiency disorders where relevant, and support for systems of essential drugs supply.

The mere fact that these technologies exist does not, of course, mean that they will be available to those who need them most, nor that they will be used when necessary, even when they are available. A major question of this symposium resurfaces at exactly this point. How do we bridge the vital gap between readily available health technology and its use by parents - in whose hands it actually makes the life-and-death difference?

To be effective, all of these measures require that parents be aware of and use them, whether it is to mix oral rehydration formulas at home, to bring a child the three or four times necessary for full immunization against six killer diseases, or to maintain and promote breastfeeding and improve weaning practices. We all know how difficult it is to have people adopt new

practices, and this is particularly true of parents from low income and often illiterate families who may be reluctant to bring their children the several times necessary for full immunization, a process which the parents probably do not understand in the first place and which is particularly confusing after the child runs a fever following each vaccination visit, as is often the case.

This, of course, is where the new capacity to communicate with parents is so important, using all channels intensively and generating new creative means to reach the parents 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 the responsibility for turning that key rests with the whole of society, for the mother cannot act alone. Experience shows that it can be done.

Colombia is a country which has been pioneering since 1983 in pulling this whole group of ideas together. Beginning in 1984, Colombia started on the immunization front. The key was leadership from the top which encouraged all sectors of society to participate. President Betancur persuaded the press and the radio and television stations to co-operate, and then he recruited parliamentarians, the Church and the Red Cross, the Rotarians, the Lions, the Scouts, schoolteachers, businessmen, and all of his relevant government ministries - health, education, information, interior, police and the military. Together, they set out to do what had never been done before in history - in one 3-month period in 1984, through three national immunization days, to immunize the great majority of the children of a country against five major diseases then killing and crippling more than tens of thousands of Colombian children each year. 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, etc.

The Campaign began in June 1984. By the end of that August more than three-quarters of the under-fives had been fully immunized. Repeated again in 1985 with particular emphasis on the most vulnerable under-twos, the total rose to over 80 per cent...sufficient in most areas to provide "herd" immunization. So many children were reached that the "campaign" approach has been able to give way to on-going primary health care infrastructures which have been vastly bolstered by the intensive efforts of the past three years.

The primary school curriculum has been drastically revised to emphasize health education - and all high school students have to contribute 100 hours of "health scout" service as a pre-condition to receiving their graduation certificate. The Catholic Church has introduced a major training programme for priests; pre-marital counselling now includes health care of children - on immunization, on ORT, etc. - as a major component. Ironically, all this was done while simultaneously saving many millions of dollars.

While the Colombian experience was a pioneering breakthrough, similar techniques are beginning to evolve in country after country, with each nation tailoring the approach to fit the particular structures and cultures of its people. For example, Burkina Faso picked up the cue before Colombia's inspiring results were even tallied.

A team of observers from Burkina Faso travelled to Colombia in 1984 to study that country's experience. Then, in a three-week period at the end of

1984, "vaccination commandos" protected over a million children against measles, yellow fever and meningitis in Burkina Faso, one of the world's poorest countries where less than half of the largely rural population lived within reach of a health centre. This spectacular effort was followed by a drive to establish a primary health care infrastructure. Health posts, operated by two community workers, have been set up so far in 6,500 of Burkina Faso's 7,500 villages.

Another approach was followed in Egypt where, only three years ago, the dehydration caused by diarrhoea was the leading killer of young children, causing the death of some 130,000 under-twos every year. Though oral rehydration salts were available at government health centres and private pharmacies, few doctors prescribed the remedy. Fewer than 2% of Egyptian mothers had ever heard of it, and fewer than 1% had used it.

An intensive, nationwide programme was accelerated that quickly became a heartening example of the rich and creative resources that social mobilization releases to a society. Begun in February 1984, the accelerated programme used posters, billboards, newspapers, magazines and radio together with television, which reaches 90% of Egyptians. A series of television spots starring a popular actress were screened at peak viewing times. During the summer, at the height of the diarrhoea season, the spots were shown six times a day.

The impact was startling. Within three years 96% of mothers with young children had heard of the rehydration salts; 82% said they used it when their child had diarrhoea, and 97% of these could mix it correctly. Two out of three said they continued feeding their child during the episode. This transformation was achieved, in addition to the mass media campaign, by the involvement of health professionals, teachers, women's associations and other groups. More than 13,600 doctors and nurses have been trained in oral rehydration, which has become part of the curriculum of various medical schools.

Egypt now leads the world in promoting health rehydration. Encouraged by this success, the government has now committed itself to mobilizing the country to immunize almost every child by July 1987 - the thirty-fifth anniversary of the Egyptian revolution.

The list of successful starts has become impressively long in the four years since the goals of the CSDR were first articulated. In Africa alone, from 1984 to 1986, 35 countries accelerated immunization programmes and similar efforts are scheduled to take place this year in the following countries: Central African Republic, Comoros, Equatorial Guinea, Gabon, Guinea and Niger. President Abdou Diouf of Senegal has committed himself and his government to achieving the target of 75% coverage of one-year-olds by World Health Day, 7 April 1987. But, and this cannot be over stressed and is a principal reason for this symposium, their successful completion and continuation depends on a widespread shift in the thinking and values of many, including, particularly, poor people.

People taking charge

These examples show that social mobilization can have a tremendous impact on children's ability to survive. But the effects do not stop there, even within the specific application of social mobilization to the field of children's and women's health. 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 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. A new respect for the capacity of the individual and the importance of governments enhancing and encouraging use of that capacity emerges. Consistent with this, these new technologies offer a new relevance to the family - enabling people to take action - compared with days when health care was only available through minimally accessible large institutions with experts in "white coats" intervening.

This 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, and the confidence that these children will survive which contributes so much to reducing birth rates; 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.

As a society organizes to ensure that health benefits of the 1980s are made available to the entire population, alliances are formed that grow and strengthen. As these networks are put to use, they not only accelerate the progress of primary health care and of basic services generally, but they also become an invaluable foundation for progress in a broad range of additional social challenges - including population stabilization, the role of women, literacy, nutrition, water and sanitation, etc. Resources for the improvement of health are being multiplied by unleashing the tremendous but under-utilized potential of recipient participation.

The economic difficulties confronting Africa make the case for this approach even more compelling.

Adjustment with a human face

Stagnating trade, falling commodity prices, declining aid, mounting debt repayments, and a steep drop in private lending are among factors which have contributed to stalled economic development in a large number of countries in sub-Saharan Africa. Average incomes fell by 15 per cent in Africa between 1980 and 1985. The crisis has been compounded by the effects of natural and man-made disasters and large-scale violence arising from unsettled colonial disputes.

The cutbacks and adjustments which many countries are undertaking reflect

in part the severe constraints imposed by the international economic system and in part the way countries have re-formulated their policies in response to these pressures. "Must we starve our children to pay our debts?" is the stark way in which former President Nyerere of Tanzania stated the issue.

The response to President Nyerere must be an emphatic "No", even though actual practice is all too often, still, to let children starve. UNICEF's experience is that there must be a two-pronged response to this situation. First, the importance of social investment to the overall future of the African countries must be vigorously advocated and defended so that the social sectors do not carry disproportionate cut-backs - with their tragic consequences to human conditions - as too often has been the case.

An increasing body of evidence indicates an international rhetorical consensus supporting the view that alternatives need to be formulated. One particular authority, Jacques de Larosière, the just-retired Managing Director of the IMF, referred quite powerfully to the increasingly evident realities regarding adjustment in his address to the United Nations Economic and Social Council (ECOSOC) in Geneva last summer when he stated:

> "Adjustment that pays attention to the health, nutritional and educational requirements of the most vulnerable groups is going to protect the human condition better than adjustment that ignores them. This means, in turn, that the authorities have to be concerned not only with whether they close the fiscal deficit but also with how they do so."

Second, and of equal if not greater importance because the power to act lies substantially with members of institutions, organizations, and sectors of society that deal specifically with human well-being, is that they must become actively and creatively involved in rethinking and reordering internal structures to put priorities on those programmes which result in the most benefit to the most vulnerable. In the same vein, the socially conscious must be ready to design new programmes and activities in response to new conditions.

It is obvious that the importance of the low-cost/high-impact approach of the CSDR which is designed to utilize the potent yet untapped resource of mass participation and to reach the masses through, among other means, their own participation in programme delivery, becomes even greater under these circumstances. Ideally, ways should be found to expand these basic health activities even in times of retrenchment - and a growing number of countries are actually doing so, as evidenced in the Pakistan example mentioned earlier in this paper.

The challenge lies in moving from a consensus on principles for better adjustment practices to concrete actions. The adjustment process must be broadened so as to include a minimum floor for basic human needs; the health, education and social sectors must be restructured so as to meet these needs; and, in the broader scope, the economy must be restructured so as to emphasize employment policies and action which provide both increased output and more income for the disadvantaged.

The challenge to intellectuals and artists

Just as necessity is so often the mother of invention, the current economic crisis can be turned into an opportunity to harness the new potential for social mobilization as an outreach to the most neglected. For this potential to be fully realized, each segment of society must determine the ways in which its specific skills, talents and creativity can broaden and accelerate the movement towards development that reaches the entire population.

A main thrust of this symposium will be an attempt to catalyze forces already present on the African continent to combine resources in a creative and synergistic mode. Together they can multiply the capacity to assist far beyond that of any one faction.

Members of the intellectual, academic and artistic communities, both as individuals and as members of their institutions, communities and networks of influence, have the opportunity at this juncture to join in the effort of creating and sustaining the Child Survial and Development Revolution so as to eliminate mass ill-health from these readily preventable causes - in Africa and all over the world - during the next decade. This symposium might well be seen as an invitation, or perhaps more frankly, as an urgent request, for participants to join in partnership and leadership for this "revolution" for the world's children - who are both the most vulnerable within a society as well as the key to its future. At the same time an opportunity exists here to examine the implications of this "revolution" for other sectors of society, and for the individual.

What does this mean?

New conditions and new modes of progress present a new set of problems, and as society's great "think tank", the intellectual and artistic community has a crucial function in responding to change. The roles that these factions of society uniquely play, and which are vital to the success of the CSDR, encompass a broad scope of activities from the development of concepts to the final adoption of techniques and behaviour by society. First of all a society must look to its intellectual and artistic communities to formulate solutions or to discriminate among available approaches those that will be the most effective in the context of local values and, secondly, to inform, convince and lead society toward enacting those solutions.

In the first role of developing and discriminating among solutions, the formidable resource to a society that its intellectual and artistic community offers is a simply invaluable and essential tool. Problems are certainly identifiable in every arena, be it economic, public health, legal, scientific, or the social sciences. The opportunity exists now for those in the political arena; those affiliated with universities; those who reflect the concerns of their countrymen in their writings and artistic expressions; for journalists and those in other media amongst the African cultures - to choose for their own work and to promote amongst colleagues projects and topics designed to coordinate efforts and, hopefully - to multiply results - within the context of this revolution on behalf of children and the future of Africa.

The importance of the role of informing and convincing members of a

society to utilize life-saving techniques and adopt behaviour capable of enhancing the health and quality of life for all is becoming increasingly evident. One area that calls for immediate action is media attention. There is an extremely high potential and urgent need to apply principles of social marketing not only to specific CSDR activities, but to background information on the various primary health care measures that it singles out, as well as to the basic public health principles involved in ensuring adequate services to all of a society. New modes of presenting these "stories" are emerging with increasing rapidity. For example, aiming to change people's behaviour rather than merely to inform them has resulted in a creative surge of clever and persuasive television and radio pieces in several countries.

African journalists have also started to mobilize for child survival. In the last year, "L'Association de la presse africaine pour l'enfance" (APAPE) and an association of "Eastern and Southern African Journalists for the Child" have been established, not only to take action in their own work, but to inform and encourage colleagues as well.

Artists hold guard on some very unique keys to their indigenous cultures, and one of the powers unique to their ranks is the ability to build on the strengths of national traditions to disseminate messages, such as those of the CSDR, with the potential for an unusually direct impact.

In a country with a strongly oral culture like Somalia, for instance, Hoballada Waaberi - a leading theatre group linked to the Ministry of Information and National Guidance - produced last year a three-hour play on child survival practices entitled "Cilmi Iyo Caado" ("The Old and the New", or "Tradition and Science").

Addressing some of the socio-cultural problems of a rapidly urbanizing Somali society, the musical advocated a judicious blend of traditional practice and scientific knowledge. The play was an instant success and is now being staged throughout the country. It is heightening public awareness of child survival issues and contributing to enhancing demand for basic services. The possibility of taking the play to countries with large Somali-speaking populations is under investigation.

Also in Somalia, the most popular musical group, Kooxda Iftin, is developing short musical plays on vaccine-preventable diseases. A committee bringing together high-level representatives from the Somali Broadcasting Service, as well as from the Ministries of Education and Health, and UNICEF, has been formed.

In another example, the Nigerian Television Authority is now co-operating with the Federal and State Health Ministries and UNICEF to strengthen mobilization and education for projects aimed at reducing infant and child death and disability.

In Senegal, where the ongoing immunization programme has received a tremendous boost since September when President Diouf announced his commitment to accelerate the programme, there is an air of excitement as all factions of this country mobilize. A particularly powerful example here has been the participation of the Griots, or traditional "bards" who have historically provided the main channels of communication in Senegal by walking from village

to village delivering news. Among the most respected members of Senegalese society, these keepers of tradition, who sing the histories of the country as well as present its news, were "recruited" by both the President of Senegal and by the Minister of Health. Their role has been especially vital to the success of the communications efforts in villages where television and radio have little prominence, and where only local dialects are spoken.

These are, of course, but a brief sampling of artistic and intellectual responses to the challenge of the CSDR.

In the mighty task of focusing direction of the CSDR in Africa, the intellectual and artistic communities have a tremendous potential for directing all levels of professional, political and popular will toward the life-saving activities of the CSDR. Individually, members of these sectors set a potent example within a society. Personal example, as well as expressed personal interest in the activities of one's own community, both have profound effects on the behaviour of others. Thus, if members of the intellectual or artistic community breastfeed their children, or insist upon using ORT when the occasion arises, people notice and follow the example. Similarly, if a respected politician, professor, journalist or artist inquires informally of community leaders how many children in the community have been immunized, the question will be noticed. And their influence can be greatly extended when their actions are enlarged by radio, TV, the press and other means of communication which have brought the capacity for an information revolution to Africa. Members of the factions of society represented at this symposium command a tremendous respect within their local communities. The time has certainly arrived to pose the question whether they are willing to use their positions to so further the goals of the CSDR now that already by 1990 the health of tens of millions of African children would be sufficiently improved that the lives of more than one million children would be saved each year, and the life-time crippling of a comparable number avoided. In order to enact change in any sphere, individuals must be willing to demonstrate their commitment.

Again, these are but a few of the means by which this potent community can participate in the activities presented here. The intellectual and artistic communities are called upon to intensify and expand the strength of their interrelations in society in order to share the rich cross-fertilization of their activities. And they are called upon to mobilize - to use the networks amongst their communities and institutions - to join in this alliance.

Child survival can be one key to developmental progress. Despite current economic, political and climatic adversity in Africa, there is not only a new capacity to dramatically reduce the current wanton waste of Africa's children, but also a new capacity to contribute to building a foundation for a broad range of social and economic advances.

The potential of this experiment goes far beyond the tasks of child survival. With the proper leadership and level of participation it may, indeed, be a key to the ascendency of people - of popular will, popular rights, and popular power - in the full range of social concerns. Participants of this symposium are urged to seize this historic opportunity and take full responsibility for the success of this hopeful and peaceful revolution for the children - and the future - of Africa and the world.