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Remarks by Mr. James P. Grant Executive Director of the United Nations Children's Fund (UNICEF) at the opening ceremony of the First International Congress of Tropical Pediatrics

> Bangkok 8 November 1987



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### Executive Director of the United Nations Children's Fund (UNICEF)

#### at the opening ceremony of the

## First International Congress of Tropical Pediatrics

Bangkok - 8 November 1987

Your Royal Highness Professor Doctor Princess Chulaphond; Your Excellency Terdpongse Chaiyanand; Your Royal Highness, Princess Mahachakri; distinguished participants; --:

I join in the greetings as we open this First International Congress of Tropical Pediatrics.

Today as we meet, 38,000 children will die in the world, some 37,000 of them in the developing countries. The same was true yesterday; the same will be true tomorrow. In the five days of discussion on the health and survival and children here in Bangkok, the death toll will far exceed the 120,000 lost at Hiroshima. Equally bad, or even worse, comparable numbers will be crippled for life, and many more will be dragged down the nutritional ladder over a sustained period until the stunting of their growth is irremediable and their chances for normal mental development are lost forever.

The lives of the great majority of these children who die will be lost to diseases which they would easily survive if they were in your care. Tens of thousands of child lives will be lost this week, for example, to diarrhoeal dehydration caused by immunizable diseases, or by poor weaning practices, or simply by unhygienic household practices.

We know that the scientific and technical knowledge already exists in your hands to prevent and to cure the major killers of children everywhere on our planet. You have this knowledge and these skills, and you employ them daily. How do we ensure that that knowledge gets into the hands of those whom you

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will <u>never</u> see in your practice - into the hands of women and families for whom it will make the life-or-death difference?

The stakes are huge. If child mortality rates of 1985 continued to the year 2,000, the total number of deaths, due largely to these preventable causes, would add up to 235.7 million - equal to more than half the population of Latin America. If <u>levels</u> of progress of the first half of this decade could be <u>maintained</u> until the end of the century, this would reduce the death toll to 192.4 million, meaning that the lives of 43.3 million children had been saved. The prospect of maintaining these levels does present somewhat of a challenge, since, in many countries, past progress is in jeapardy from global economic difficulties - as we were so sharply reminded by the stock market in recent weeks.

The United Nations set an even more ambitious goal than maintaining past rates, however. In 1980, it called for all countries to halve their child mortality rates by the year 2000 -or to decrease them by half, whichever was less. To achieve this goal would mean that child deaths would be reduced to 168.9 million globally by the target date, which would translate to <u>66.8</u> <u>million child lives saved by the end of this century</u>. I have attached to the distribution copy of my remarks this afternoon a chart which lists the rate of past progress in improving child survival for every developing country, as well as the Year 2000 goal for each country, and the rate of progress it will have to achieve annually in order to reach that goal. What will it take in your country? What might you do that would contribute to making that happen?

You are gathered here, in part, to improve your skills as pediatricians to better serve the children in your care. But I know that you are here for a larger purpose as well, because you pediatricians gathered here are assembled with the well-being of all children in mind, as is clearly evidenced in the topics you have chosen to focus on at this Congress; in the foresighted remarks already delivered this morning; and in the tremendous advances in child survival and development which so many of you in this room have already pioneered and achieved.

I will argue tomorrow that this more ambitious goal set by the United Nations in 1980 <u>can</u> be achieved. But this historic possibility will become a reality <u>if</u>, and only if, pediatricians and other leaders in the field of child health <u>make it happen</u>.

For most countries, this will mean achieving more progress in child survival annually than was experienced even before the economic recession of the 1980s. But this decade has brought vast stores of untapped resources. We are armed with the unprecedented potential of the Child Survival and Development Revolution (CSDR), and we have, furthermore, begun to discover means of protecting the health and welfare of children and their mothers despite severe economic conditions - an approach increasingly referred to as "adjustment with a human face". The very fact that this First International Congress is meeting in Thailand offers a sign of hope, because Thailand is one of the world's success stories in bringing maternal and child health to all. In the past 25 years our host country has brought its child death rate down by twice the world's average - by some 4 per cent per year. It is one of a handful of low-income countries who have demonstrated that child survival and development activities can always be accelerated, even during times of economic retrenchment.

You pediatricians, both as an organized group and in your individual roles with your national leaders and institutions, can greatly accelerate the success of this battle for life. Indeed, I have long argued <u>that the</u> <u>potential for a child survival revolution is not achievable without the active</u> <u>participation and leadership of the pediatricians</u>.

I leave you with this thought, as a preface to our discussion tomorrow and to your deliberations throughout this important congress, and, most of all, as a challenge to you to seize the historic opportunity presented by the potential of the CSDR, for the children - and the future - of the world.





UNITED NATIONS CHILDREN'S FUND



FONDS DES NATIONS UNIES POUR L'ENFANCE

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Explanations of Models

Model A assumes that the 1985 Under-Five mortality rates remain constant to the year 2000.

<u>Model B</u> assumes that the annual rate of reduction of the Under-five mortality rates between 1980 and 1985 remain constant to the year 2000.

Model C assumes that all countries will reach their CSDR targets by the year 2000. This means that all countries will reach at least an Infant Mortality Rate of 50 by the year 2000 and that countries with an Infant Mortality Rate of less than 100 in 1980 will halve that rate by the year 2000.

<u>Model D</u> applies the assumptions of model C to Africa, Asia and the industrialized countries but assumes that the Central and South American countries will reach their CSDR targets by 1992, and the countries in the Middle East and North African region will reach their CSDR targets by 1990. The countries of both regions will then continue to the year 2000 at the same rate of progress as required to reach their CSDR targets.

### GLOBAL PROJECTIONS OF DEATHS AND LIVES SAVED OF CHILDREN UNDER FIVE

	<u>1985</u>	<u>Ву</u> 1990	<u>By</u> 1995	(Millions) <u>By</u> 2000
Model A				
Annual number of deaths Annual number of lives saved	14.4	15.5	16.0	16.5
Cumulative number of deaths Cumulative number of lives saved	-	75.3	154.3	235.7
Model B				
Annual number of deaths Annual number of lives saved	14.4	13.7 1.8	12.4 3.6	L1.0 5.5
Cumulative number of deaths Cumulative number of lives saved		69.9 5.3	134.5 19.7	192.4 43.3
Model C				
Annual number of deaths Annual number of lives saved	14.4	12.7 2.7	10.3 5.7	8.2 8.2
Cumulative number of deaths Cumulative number of lives saved		67.1 8.2	123.5 30.7	168.9 66.8
Model D				
Annual number of deaths Annual number of lives saved	14.4	12.1	9.9 6.1	8.0 8.5
Cumulative number of deaths Cumulative number of lives saved		65.2 10.1	119.0 35.2	162.8 73.0

For explanations of Models see next page

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The child survival index ie. Percentage of those born who survive to reach the age of 5 years.

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Country	Child survival index		Percentage decrease of the Under 5 mortality	Average annual rate of decrease of the Under S mortality rate			GNP per capita growth rate	
	1960	1986	rate 1960-86	1960-80	1980-5	Projected* 1985-2000	1965-8	1980-5
Afghanistan	62.0	67.5	14.6	0.55%	0.66%	8.44%		
Mali	63.0	70.3	19,6	0.66%	1.40%	7.96%	1.4	-3.0
Sierra Leone	60.3	70.3	25.1	1.01%	1.40%	7.96%	1.1	-0.2
Malawi Ethiopia	6 <u>3</u> .6	73.0	25.8	1.00%	1.59%	7.34%	1.5	-0.6
Guinea	65.4	74.5	26.3	1 07%	1 48%	7.15%	0.2	-2.0
Somalia	70.6	74.5	13.3	0.57%	0.38%	7 15%	-0.7	-1.4
Mozambique	69.8	75.3	18.1	0.52%	1.52%	6,95%		-13.6
Burkina Faso	61.2	75.9	38.0	1.98%	1.18%	6.86%	1.3	-1.3
Angola	65.4	76.2	31.3	1.40%	1.50%	6.7 <b>6%</b>		0.1
Niger	68.0	76.7	27.1	1.11%	1.53%	6.67%	-2.1	-6.7
Chad Suizes-Discout	67.4	77.2	29.9	1.30%	1.56%	6.49%	-2.3	1.8
C African Rep	69.2	77 2	27.5	1 20%	0.84%	6 55%	-1.5	1.9
Senegal	68.7	77.3	27.3	1.12%	1.57%	6.49%	-0.6	-1.5
Mauritania	69.0	77.5	27.5	1.23%	1.62%	6.26%	0.1	-0.7
Liberia	69.7	78.9	30.2	1.30%	1.60%	6.04%	-1.4	-6.4
Rwanda	75.2	79.0	15.2	0.38%	1.43%	6.00%	1.8	-1.5
Kampuchea	78.2	79.4	5.5	-1,82%	7.15%	6.91%		
Yemen	62.2	79.6	46.0	2.33%	2.31%	5.99%	5.3	0.9
Yemen, Uem.	62.2	79.6	46.0	2.33%	2.31%	5.99%		
Nensi	70.3	79.8	32.1	1 42%	1.57%	6 27%		3.4
Burundi	74.2	80.4	23.9	0.93%	1 34%	5 60%	1 9	-0.9
Bangladesh	73.8	80.7	26.4	1.05%	1.56%	5.78%	0.4	0.9
Benin	69.0	81.1	38.9	1.91%	1.77%	5.36%	0.2	0.1
Sudan	70.7	81.8	37.9	1.68%	2.20%	5.17%	(.)	-4.2
Tanzania	75.2	82.1	27.7	1.05%	1.86%	5.08%	(.)	-3.1
Bolivia	71.8	82.1	36.6	1.49%	2.52%	5.42%	-0.2	-7.0
Nigeria	68.2	82.2	43.9	2.29%	1.87%	5.02%	2.2	-7.3
Gabon	70.0	82.4 97 B	40.2	1.95%	1.89%	5.76%	0.7	-2.5
liganda	77.6	82.6	22 3	1.91%	1.91%	4,90%	1.5	-1.2
Pakistan	72.3	83.0	38.6	1.84%	1.85%	5.34%	2.6	2.8
Zaire	74.9	83.4	33.8	1.46%	1.89%	4.63%	-2.1	-3.8
Laos	76.8	83.4	28.4	0.99%	2.20%	5.38%		
Osan	62.2	83.4	56.2	3.08%	3.16%	4.96%	5.7	0.5
Iran	74.6	84.1	37.4	1.93%	1.19%	5.19%		7.1
Cameroon	72.5	84.2	42.5	2.15%	1.87%	4.35%	3.6	4.5
Cote d'Ivoire	68.0	84.0	40.0	2.144	2.50%	4.03%	1.7	3.1 -5 2
Ghana	77.6	85.0	33.1	1.52%	1.50%	4.03%	-2.2	-3.0
Lesotho	79.2	86.0	32.6	1.30%	2.09%	4.84%	6.5	3.4
Zambia	77.2	86.9	42.3	2.14%	1.82%	3.93%	-1.6	-4.1
Egypt	70.0	86.9	56.3	2.89%	4.02%	3.81%	3.1	1.3
Peru	76.7	87.2	44.9	2.21%	2.25%	3.92%	0.2	-4.2
T J hun	72 2	87.5	53.3	2.52%	4.19%	3.27%	-1.3	-9.1
Lipya	73.5	87.5	52.8	2.71%	3.21%	3.73%	2.2	0.1
Indonesta	76.5	87.8	47.9	2.39%	2.77%	3.62%	4.8	2.3
Congo	75.9	88.1	50.5	2,93%	1.71%	3.96%	3.8	4.9
Kenva	79.2	88.3	43.5	2.10%	2.31%	3.77%	1.9	-1.7
Zimbabwe	81.8	88.3	35.4	1.52%	2.02%	3.86%	1.6	0.0
Honduras	76.8	88.8	51.7	2,64%	3.13%	3.50%	0.4	~4.0
Algeria	73.0	88.8	58.6	2,99%	4.40%	3.03%	3.0	1.7
Tunisia	74.5	89.4	38.0 54.5	2.89%	3.16x	3.49%	1.7	-4.3
Gualemaia Saudi Apabia	70 P	89.5	64.2	3.86%	3.90%	3.24%	5.3	-7.3
South Africa	80.8	89.9	47.5	2.28%	2.98%	3.55%	1.1	-1.6
Nicaragua	79.0	90.0	52.6	2.48%	3.92%	3.24%	-2.1	-3.1
Turkey	74.2	90.1	61.7	3.12%	5.36%	3.12%	2.6	2.1
Iraq	77.8	90.2	55.9	3.36%	2.24%	3.79%		<b>.</b> .
Botswana	82.6	90.4	44.7	2.22%	2,26%	3.78%	8.3	7.4
Viet Nam	76.7	90.5	59.1	3.30%	3.81%	3.27%	-1 0	-6 1
Madagascar	81.9	90.6	48.0	2.374	2.53% 2.70¥	3.61%	-1.9	-2 4
Ecuador Resume NC	81.7	91.0	63.7	2.034 3.88%	3.44%	3.39%	0.4	-1.6
Fapua Nu Brazil	84.0	91.1	44.4	2.23%	2.26%	3.79%	4.3	-1.5

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#### The child survival index ie. Percentage of those born who survive to reach the age of 5 years.

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	Child	survival	Percentage Average annual		ual	GNP per capíta		
	index		decrease of rate of decrease			se	growth rate	
			the Under 5	of the Under 5		er 5		
Country			mortality	morta.	lity rat	e		
			rate			Projected*		
	1960	1986	1960-86	1960-80	1980-5	1985-2000	1965-80	) 1980-5
_					-			
Burma	77.1	91.1	61.3	4.01%	2.06%	3.85%	2.4	3.3
El Salvador	79.4	91.2	57.2	3.27%	3.01%	3.54%	-0.2	-3.1
Dominican Rep.	80.0	91.4	57.2	3.31%	2.91%	3.57%	2.9	-0.8
Philippines	86.5	92.5	44.2	2.23%	1.93%	3.89%	2.3	-3.4
Mexico	86.0	92.9	49.5	2.64%	2.30%	3.77%	2.7	-2.1
Colombia	85.2	93.0	52.6	3.09%	1.84%	3.92%	2.9	-0.5
Syria	78.2	93.2	68.9	4.71*	3.07%	3.52%	4.0	-2.1
Paraguay	86.6	93.7	53.1	3.13%	2.05%	3.85%	3.9	-1.9
Mongolia	84.2	93.8	61.0	3.53%	3.63%	3.33%		
Jordan	78.2	93.9	71.8	4.89%	4.07%	3.18%	5.8	1.5
Lebanon	90.8	94.7	42.5	1.95%	2.02%	3.87%		
Thailand	85.1	94.7	64.7	3.85%	4.15×	3.16%	4,0	2.6
Albania	83.6	95.0	69.5	4.90%	2.82%	3.60%		
Chína	79.8	95.3	76.6	6.13%	2.59%	3.68%	4.8	8.6
Sri Lanka	88.7	95.4	59.6	3.54%	2.69%	3.65%	2.9	3.2
Venezuela	88.6	95.6	61.2	3.94%	2.47%	3.72%	0.5	-5.4
U.A.E.	76.1	95.9	83.0	7.25%	4.10%	3.18%		-7.7
Guyana	90.6	96.1	58.1	2.73%	5.36%	2.75%	-0.2	-7.3
Argentina	92.5	96.1	47.7	2.52%	2.33%	3.76%	0.2	-3.9
Malaysia	89.4	96.3	65.3	4.41%	2.44%	3.73%	4.4	1.8
Panama	89.5	96.6	67.4	4.48%	3.58%	3.35%	2.5	-0.2
Korea, Dem.	88.0	96.7	72.2	4.89%	4.47%	3.05%		
Korea, Rep.	88.0	96.7	72.2	4.89%	4.47%	3.05%	6.6	6.3
Uruguay	94.4	96.9	44.3	1.43%	5.29%	2.77%	1.4	-6.0
Mauritius	89.6	97.0	70.8	4.43%	5.29%	2.77%	2.7	2.3
Romania	91.8	97.0	63.7	4.03%	2.95%	3.56%		3.0
Yugoslavia	88.7	97.1	73.9	5.43%	3.48%	3.38%	4.1	-0.5
USSR	94.7	97.2	46.8	2.20%	3.13%	3.50%		
Chile	85.8	97.5	82.3	6.14%	8.25%	1.73%	-0.2	-3.9
Trinidad	93.3	97.6	63.4	3.94%	2.82%	3.60%	2.3	-6.0
Jamaica	91.2	97.6	72.5	5.40%	2.92%	3.57%	-0.7	-3.1
Kuwait	87.2	97.6	81.1	6.28%	6.51%	2.35%	-0.3	-6.8
Costa Rica	87.9	97.7	81.3	7.06%	2.24%	3.79%	1.4	-2.7
Portugal	88.8	97.9	81.1	6.37%	6.01%	2.52%	3.3	-0.5
Bulgaria	93.8	98.0	67.9	4.44%	3.43%	3.40%		
Hungary	94.3	98.0	65.1	3.85%	4.18%	3.15%	5.8	1.7
Poland	93.0	98.0	71.6	5.21%	2.64%	3.66%		
Cuba	91.3	98.1	78.2	6.24%	4.56%	3.02%		
Greece	93.6	98.3	73.6	4.99%	4.78%	2.94%	3.6	- 0.3
Czechoslovakia	96.8	98.3	48.1	2.32%	3.20%	3.48%		
Israel	96.0	98.4	60.0	3.91%	2.33%	3.76%	2.5	-0.7
New Zealand	97.3	98.7	52.2	2.58%	2.64%	3.66%	1.4	1.8
USA	97.0	98.7	57.3	3.41%	2.82%	3.60%	1.7	1.4
Austria	95.7	98.7	70.7	4.82%	4.07%	3.18%	3.5	1.7
Belgium	96.5	98.7	64.0	4.15%	2.82%	3.60%	2.8	0.6
Сегшал Дет.	95.6	98.7	71.4	5.24%	2.82%	3,60%		
Italy	95.0	98.7	74.8	5.25%	5.22%	2.79%	2.6	0.4
Singanore	95.0	98.8	76.0	6.17%	3.04%	3.53%	7.6	6.4
Cormany Fed	96.2	98.8	69.5	4.23%	5.59%	2.67%	2.7	1.2
Treisnd	06.4	-98.8	67.8	4.28%	4.36%	3.08%	2.2	-0.3
	dA A	08 0	79.8	6.37%	4.36%	3.08%	2.6	0.9
Spain Vingdon	34.4	09 0	58 1	3 23%	3.04%	3.53%	1.6	2 1
United Kingdom	07 5	08.0	57 6	2 86%	A 71%	2 97%	2 0	0.0
AUSTRALIA	51.J	30.0	- 02 7	7 204	4 214	2 074	£.0 £ 1	0.5 A A
hong Kong	33.J 06 f	30.J 00 0	63.1 63.7	1.034 1 600	3 304	3 454	9 Q	14.14 0.2
rrance	30.0	99.U	03.1	4.03%	0.6.3% 6.114/	2 214	2.0	0.3
Canada	96.7	99.0	70.9	4.00%	1 000	2.004	<b>6.9</b>	0.0
Denmark	97.5	99.1	62.8 50 0	4.04%	7.03%	3 94 <del>0</del>	1.0	2.0
Japan	95.0	99.1	76.8	0.70%	2.09%	3.647	4.7	3.5
Netherlands	97.8	99.1	57.7	3.415	1.032	31312.	2.0	0.3
Switzerland	97.3	99.1	68.1	4,39%	3.93%	3.23%	1.4	1.3
Norway	97.7	99.2	63.9	3.62%	1.89%	3.91%	3.3	3.2
Finland	97.2	99.3	73.9	5.52%	2.33%	3.76%	3.3	2.1
Sweden	98.0	99.3	63.5	3.91%	2.33%	3.76%	1.8	1.5

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 Projected on the basis that the Third Development Decade IMR targets will be reached by the year 2000. ie. All countries with 1980 IMR of 100 or less will halve their IMR by the year 2000 and countries with 1980 IMR above 100 will reach 50.