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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Jaycees International World Congress
Plenary Session

Amsterdam
18 November 1987

Allies in a Revolution for Child Survival and Development



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Executive Director of the United Nations Children's Fund

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ALLIES IN A REVOLUTION FOR CHILD SURVIVAL AND DEVELOPMENT

I am delighted to meet with this World Congress of Jaycees International. Our organizations have enjoyed a long and fruitful relationship. In the mid 1980s, however, a whole new opportunity has surfaced for our partnership to make a great difference for the well-being of children - sufficiently great so that the beneficial effects of the common effort could so improve the health of children in many countries that we are talking about the possibility for saving literally millions of lives through our collaborative efforts. Just a year ago we signed a Jaycees International/UNICEF declaration reflecting these new possibilities. I am here to remind us all of the unprecedented potential of the Child Survival and Development Revolution (CSDR) and to discuss further how we actively press forward together as allies.

As I speak here today, I am conscious of the fact that active collaboration is underway in many countries, but it may be useful to remind us all of the common elements.

The possibilities for dramatic advances in child survival exist today 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 prospect for major breakthroughs even in these lean times. Vigorous use of this new development is already saving the lives of more than one and one half million children each year and saving an equal number from the crippling disabilities of childhood diseases, while also decreasing population growth and dramatically improving the well-being of women.

In fact, many believe, UNICEF among them, that it is very realistically within grasp to achieve the ambitious goal set by the United Nations in 1980, which calls on all countries to halve their child mortality rates by the year 2000 - or to reduce infant mortality to 50 per 1000 births, whichever was less. To achieve this goal would mean that more than 65 million child lives would be saved by the end of this century.

Furthermore, we also know, interestingly enough, that the CSDR approach, through its very nature (which requires strong participation by families), is associated with a significant reduction in the absolute number of births. In fact, success with these programmes could be the biggest new factor in slowing population growth. As the late Prime Minister Indira Gandhi of India said:

"Parents are more likely to restrict their families if they have reasonable assurance of the healthy survival of their two children."

The new opportunity: social mobilization

What is this new development? It is the new, and still rapidly growing, capacity - the major new potential - to communicate with the poor majority in developing countries. Indeed, it is the revolution in "social" communications and organization which has occurred in recent times, well known to commercial entrepreneurs and politicians, but which only now is beginning to be used intensively for social benefit.

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. For example, in Egypt in 1979, only one family in 80 had a television; today, four out of five families own TVs. Throughout the developing world, the ubiquitous radio can be found in the rural countryside. Almost every village now has a school; women's organizations, farmer's associations and commercial retail outlets in villages have vastly increased in numbers, and non-governmental and civic organizations are playing an increasingly vital role at all levels of community (be it village/neighbourhood, city/district, national or international level). A growing proportion of young mothers in their 20s and 30s can now read and write. Some countries have party structures that reach men and women in every village and urban neighbourhood. Religious structures - Christian, Islamic and Buddhist - have major new capacities to communicate.

Children are the first frontier

With precious little in material supplies added to the know-how potentially shared through these newly expanding channels, dramatic improvements in the conditions of life for the masses can be achieved, due to one added factor. The newly evolved capacity to communicate in low-income communities has coincided with the realization that major, grossly underutilized technological advances of recent years could bring about revolutionary improvement in the well-being of children - the Child Survival and Development Revolution - 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. Country after country in Asia, Africa and Latin America could so improve the health of their children over the next 5 to 10 years as to cut the infant and child death rates in half.

What are the actual medical techniques and technologies? A number of them are detailed in UNICEF's annual publication, The State of the World's Children, and they include:

- The recently appreciated oral rehydration therapy (ORT) consisting of a remarkable yet simple treatment composed of salts, potassium and glucose (sugar) in water which can be applied by parents at home for a child suffering from diarrhoeal dehydration, the number one child-killer that claims more than 3 million lives annually. The life-saving formula used in this treatment, oral rehydration salts (ORS), can be purchased in pre-measured packets which dissolve in water - for only a few cents per treatment - or it can be made from materials already available in most kitchens. No wonder Britain's Lancet described ORT as "potentially the most important medical advance of this century".
- Recent advances in vaccines, now costing only US\$5-15 to immunize an infant for life against tetanus, measles, polio, whooping cough, diphtheria and tuberculosis which kill more than 3 million children every year and cripple a comparable number annually.
- The recent swing back to an appreciation of the nutritional merits and medical advantages of breastfeeding and improved infant feeding practices.
- Growth monitoring through frequent charting of the weight of infants 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.

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. This, of course, is where the new capacity to communicate with parents is so important, using all channels intensively 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, and I stress the but, the responsibility for turning that key rests with the whole of society, for the mother cannot act alone.

...and lives are being saved

It has been exhilarating to see how fast the potential for a Child Survival and Development Revolution has advanced in the five years since first articulated.

Among the developing nations, Colombia, for example, was a pathbreaker in demonstrating the viability of these approaches and their combined effect in support of primary health care. Beginning in 1984, Colombia started a major initiative to raise the percentage of their children immunized from a minority to near universal coverage. The key was leadership from the top for all sectors of society to be persuaded to participate. Then-President Betancur mobilized the media, including the leading opposition newspaper. He encouraged the press, the radio and television stations to co-operate, and he recruited the Church and the Red Cross, the Jaycees, the Rotarians, the Lions, the Scouts, schoolteachers, businessmen, and all of his government ministries.

Together, they set out to do what had never been done before in history. In one 3-month period, through three national immunization days, a nation mobilized to immunize the great majority of its children against five major diseases then killing and crippling 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, and every school teacher was involved. President Betancur and other leaders personally immunized children.

The Campaign began in June 1984. By the end of that August, more than three-quarters of the under-fives had been fully immunized. For the children of the world, with more than 10,000 dying each day from these six diseases, this unprecedented accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

So many children were reached that the "campaign" approach has been able to give way to the on-going Primary Health Care infrastructures which have been vastly bolstered by the intensive efforts of the past three years. It is interesting to note that these efforts have maintained focus and momentum during the past year under current President Barco.

By now, only three years after Colombia's pioneering effort, similar techniques are well underway in country after country, with each nation tailoring the approach around the needs, capabilities and demands of its people. Egypt has applied the social mobilization approach successfully to the management of diarrhoeal diseases, and has also - just this year - achieved the universal child immunization goal of immunizing at least 80 per cent of its children against each of the six main child-killing diseases.

These success stories are not alone. They are being joined by others - in Burkina Faso, China, the Dominican Republic, Ecuador, India, Indonesia, Nigeria, Pakistan, Peru, Senegal, Turkey (where newly forming Jaycees are beginning to take an active campaign approach), and many others.

The challenge

While the results of the CSDR are impressive, the challenge which lies ahead is defined, at this stage, by one fact which overwhelms other considerations. 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 just three days of your week of meetings here in Amsterdam, the death toll will equal 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. This is so even though we know now what is required to prevent this tragic waste; we know that it is do-able.

The success of social mobilization hinges on one key element, and that is will: popular and political will - will which manifests in such form as active partnership in the revolution for children. Jaycees are an increasingly important ally in a gathering alliance for child survival and development. At this juncture, we challenge you to assume a position in the leadership and forefront of this movement to improve child health.

It may be of interest to you in this context that when Rotary International began its Polio Plus campaign in 1985, with the goal of raising more than US\$120 million by 1988, it had never mobilized on such a scale.

How can the Jaycees follow the example of Rotarians and make similar strides within the context of your own leadership identity?

Rotary's Polio Plus is an example of a programme which is seizing the challenge. Success against polio will have a tremendous impact - it will eliminate the scourge which still cripples 300 thousand people each year, of whom approximately 250 thousand are children younger than 5.

There is, however, a much bigger dragon which needs to be slain. Diarrhoeal diseases today cause 4.5 million child deaths each year, of which more than 3 million are from dehydration alone. Left unchecked, it would cause more than 13 million child deaths - equivalent to the toll of 110 Hiroshimas - by the end of 1990; left unchecked, it would cause child deaths equivalent to the toll of 444 Hiroshimas between now and the end of the century - 58.5 million.

Yet the means of saving these lives are so readily accessible. There is an urgent need for direct action on two fronts in this effort: we must consider both the prevention and the cure of diarrhoea, a two-pronged approach which we refer to as management of diarrhoeal diseases. On the first front we must ask: What is needed to prevent diarrhoea? The most basic and powerful requirement is perhaps the most simple - knowledge. Know-how and training in simple practices of hygiene such as washing hands in conjunction with the use of latrines would prevent much, probably most, of the diarrhoea which takes

such a tragic toll of our world's young. Germs need to be kept out of children's mouths, and parents need to know how to ensure that that happens. Can you organize dissemination of such information through training programmes, media awareness, etc., and support the behaviour changes required to put that knowledge to work saving lives? The next basic requirement is clean water - hand-pumps and latrines. Can you move the governing structure of your community to prioritize the provision of clean water and sewage facilities?

On the second front urgently in need of action - the cure of diarrhoeal dehydration in children - the increasing awareness, availability, and use of Oral Rehydration Therapy can have a major impact on child survival in all countries of the developing world.

In the Egypt campaign, for example, tens of thousands of medical personnel at all levels have been trained to show parents how to apply ORT, and the message has been reinforced with massive television and radio coverage. The result, according to the chairman of the Egyptian Physicians Association, is that child deaths from diarrhoeal dehydration, which used to exceed 100,000 a year, have been "approximately cut in half by the ORT effort".

Similarly, in Honduras, social marketing and mass-media efforts to promote ORT appear to have reduced diarrhoeal deaths in some areas of the country by approximately 50 per cent. These efforts are not alone. Algeria, China, Ecuador, Peru are all initiating creative programmes, as are Bangladesh, Ghana and Japan (for example), under Jaycee leadership.

It is not nearly enough. Progress is far too slow. Three million children should not still be dying each year from the dehydration which any parent can prevent at a cost which any parent can afford. The WHO targets to be achieved by the end of 1989 are to have 50 per cent of parents using ORT, and 1.5 million children's lives being saved by it. Achieving that goal would mean avoiding the equivalent of a Hiroshima in innocent lives every month. By 1995 we could be avoiding at least 2 each month, and avoiding at least 3 each month by the year 2000.

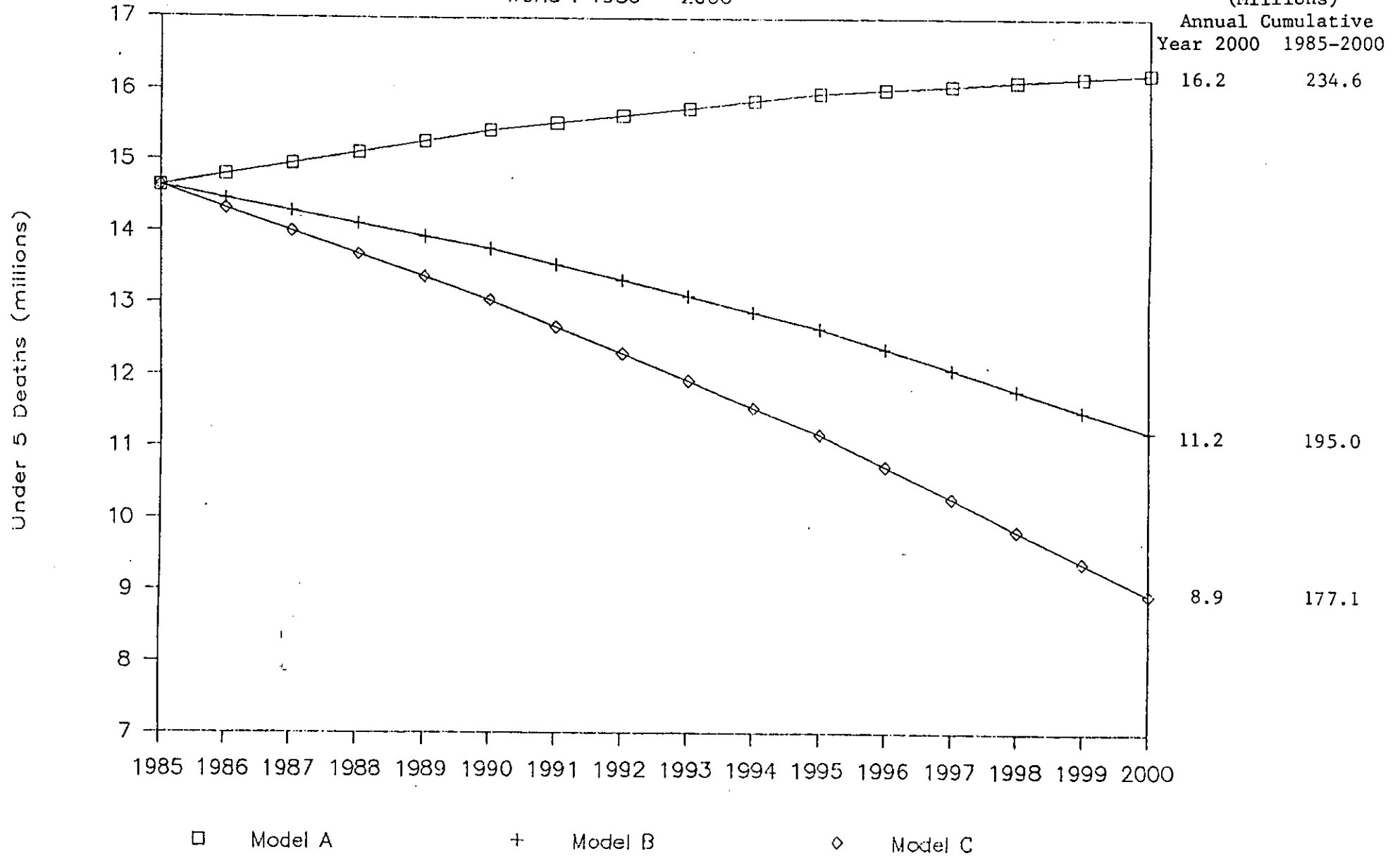
Yet those targets are not going to be met unless there is a sudden acceleration of the world-wide effort to promote the ORT message. Doctors and health workers need to be trained to communicate that message face to face with parents. Schools and mass media and organized religion need to be asked to reinforce it. And all political leaders not yet aware of the ORT potential need to be confronted with the fact that the main enemy of their nation's children can now be defeated, at an affordable cost, if the nation's organized resources are mobilized to meet that challenge. Your children are in those schools; you belong to those organized religions; you have access to those political leaders - this is something you can do. Your leadership is urgently needed.

Jaycees can surely play an unparalleled role in ensuring the survival of tens of millions of children whose promise is so great but whose chances are so frail if our efforts fall short.

The challenge is yours. And the opportunity. Most important, the world's children - our most precious heritage for the future - need you.

Estimated Deaths of Children under 5

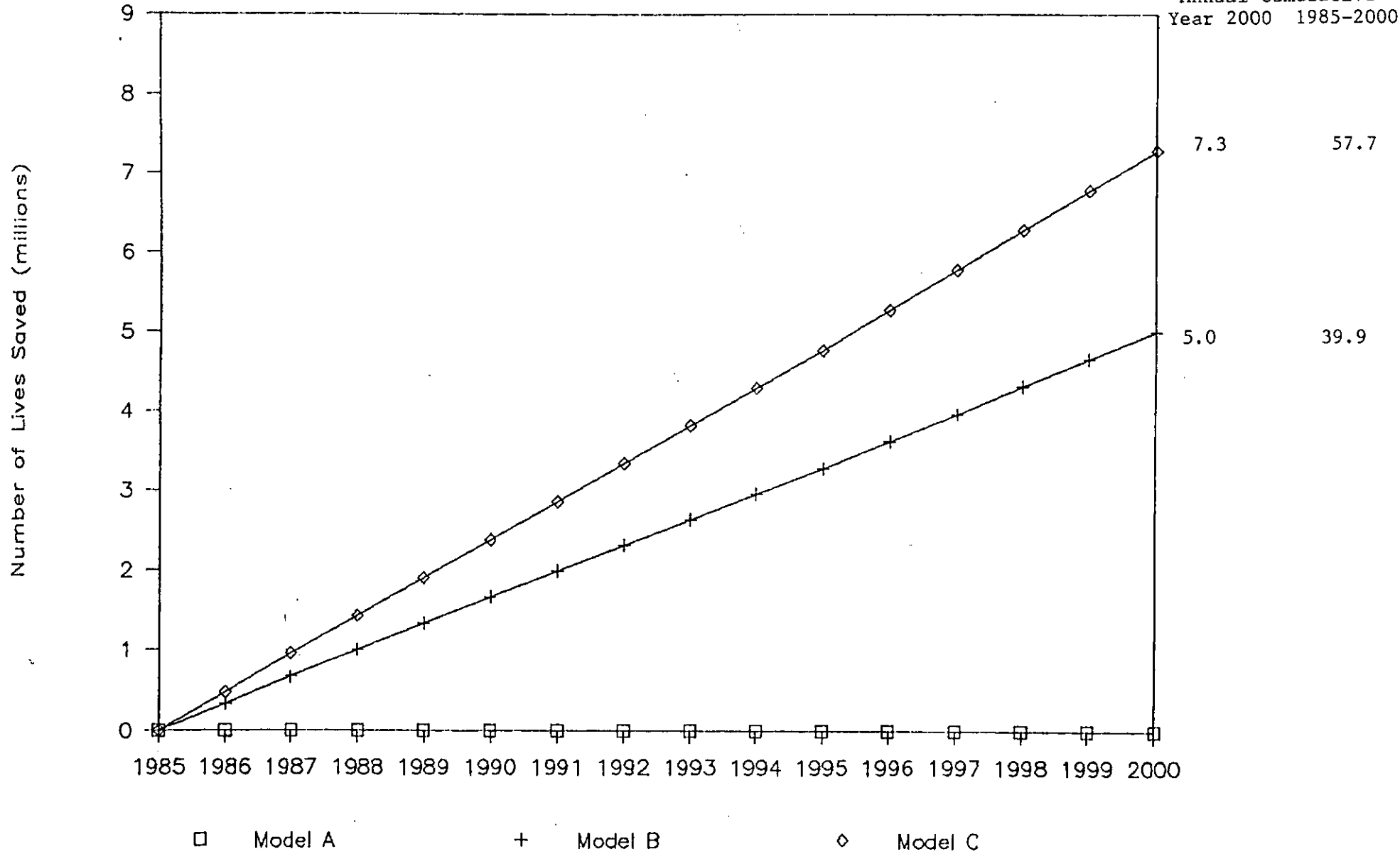
World : 1985 - 2000



Global Estimates of Lives Saved

Children Under Five: 1985 - 2000

(Millions)
Annual Cumulative
Year 2000 1985-2000



GLOBAL PROJECTIONS OF DEATHS AND LIVES SAVED OF CHILDREN UNDER FIVE

		<u>By</u>	<u>By</u>	(Millions)
	<u>1985</u>	<u>1990</u>	<u>1995</u>	<u>By</u>
				<u>2000</u>
<u>Model A</u>				
Annual number of deaths	14.6	15.4	15.9	16.2
Annual number of lives saved	-	-	-	-
Cumulative number of deaths	-	75.5	154.2	234.8
Cumulative number of lives saved	-	-	-	-
<u>Model B</u>				
Annual number of deaths	14.6	13.8	12.7	11.2
Annual number of lives saved	-	1.7	3.3	5.0
Cumulative number of deaths	-	70.5	136.0	195.0
Cumulative number of lives saved	-	5.0	18.2	39.9
<u>Model C</u>				
Annual number of deaths	14.6	13.0	11.2	8.9
Annual number of lives saved	-	2.4	4.8	7.3
Cumulative number of deaths	-	68.4	128.0	177.1
Cumulative number of lives saved	-	7.2	26.3	57.7

For explanations of Models see next page

Explanations of Models

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

Model B 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.

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

Country	Child survival index		Percentage decrease of the Under 5 mortality rate 1960-86	Average annual rate of decrease of the Under 5 mortality rate			GNP per capita growth rate		Annual no. of births/0-4 child deaths 1986 (000)
	1960	1986		1960-80	1980-5	Projected* 1985-2000	1965-80	1980-5	
Afghanistan	62.0	67.5	14.6	0.55%	0.66%	8.44%	1.4	-3.0	863/280
Mali	63.0	70.3	19.6	0.66%	1.40%	7.96%	1.1	-0.2	421/125
Sierra Leone	60.3	70.3	25.1	1.01%	1.40%	7.96%	1.1	-0.2	174/52
Malawi	63.6	73.0	25.8	1.00%	1.59%	7.34%	1.5	-0.6	384/104
Ethiopia	70.6	74.5	13.3	0.57%	0.38%	7.15%	0.2	-2.0	2228/569
Guinea	65.4	74.5	26.3	1.07%	1.48%	7.19%	0.8	-1.4	297/74
Somalia	70.6	74.5	13.3	0.57%	0.38%	7.15%	-0.7	0.6	226/528
Mozambique	69.8	75.3	18.1	0.52%	1.52%	6.95%	..	-13.6	651/161
Burkina Faso	61.2	75.9	38.0	1.98%	1.18%	6.86%	1.3	-1.3	342/82
Angola	65.4	76.2	31.3	1.40%	1.50%	6.76%	..	0.1	427/101
Niger	68.0	76.7	27.1	1.11%	1.53%	6.67%	-2.1	-6.7	324/76
Chad	67.4	77.2	29.9	1.30%	1.56%	6.49%	-2.3	1.8	228/52
Guinea-Bissau	68.5	77.2	27.5	1.13%	1.56%	6.49%	-1.5	1.9	37/8
C. African Rep.	69.2	77.2	25.9	1.20%	0.84%	6.55%	-0.2	-1.5	117/27
Senegal	68.7	77.3	27.3	1.12%	1.57%	6.49%	-0.6	0.0	309/76
Mauritania	69.0	77.5	27.5	1.23%	1.62%	6.26%	0.1	-0.7	98/22
Liberia	69.7	78.9	30.2	1.30%	1.60%	6.04%	-1.4	-6.4	110/23
Rwanda	75.2	79.0	15.2	0.38%	1.43%	6.00%	1.8	-1.5	323/68
Kampuchea	78.2	79.4	5.5	-1.82%	7.15%	6.91%	..	..	318/66
Yemen	62.2	79.6	46.0	2.33%	2.31%	5.99%	5.3	0.9	339/69
Yemen, Dem.	62.2	79.6	46.0	2.33%	2.31%	5.99%	..	..	104/21
Bhutan	70.3	79.8	32.1	1.42%	1.57%	6.27%	..	3.4	54/11
Nepal	70.3	79.8	32.1	1.42%	1.57%	6.27%	0.1	0.8	677/137
Burundi	74.2	80.4	23.9	0.93%	1.34%	5.60%	1.9	-0.8	225/44
Bangladesh	73.8	80.7	26.4	1.05%	1.56%	5.78%	0.4	0.9	4428/854
Benin	69.0	81.1	38.9	1.91%	1.77%	5.36%	0.2	0.1	213/40
Sudan	70.7	81.8	37.9	1.68%	2.20%	5.17%	(.)	-4.2	996/181
Tanzania	75.2	82.1	27.7	1.05%	1.86%	5.08%	(.)	-3.1	1184/284
Bolivia	71.8	82.1	36.6	1.49%	2.52%	5.42%	-0.2	-7.0	284/57
Nigeria	68.2	82.2	43.9	2.29%	1.87%	5.02%	2.2	-7.3	5015/895
Haiti	70.6	82.4	40.2	1.96%	1.89%	5.76%	0.7	-2.5	278/49
Gabon	71.2	82.6	39.5	1.91%	1.91%	4.90%	1.5	-1.2	431/7
Uganda	77.6	82.6	22.3	0.87%	1.09%	4.94%	-2.6	2.2	810/141
Pakistan	72.3	83.0	38.6	1.84%	1.85%	5.34%	2.6	2.8	4211/716
Zaire	74.9	83.4	33.8	1.46%	1.89%	4.63%	-2.1	-3.8	1394/236
Laos	76.8	83.4	28.4	0.99%	2.20%	5.38%	..	..	165/27
Oman	62.2	83.4	56.2	3.08%	3.16%	4.96%	5.7	0.5	58/10
Iran	74.6	84.1	37.4	1.93%	1.19%	5.19%	..	7.1	180/26
Cameroon	72.5	84.2	42.5	2.15%	1.87%	4.35%	3.8	4.5	435/69
India	71.8	84.6	45.5	2.14%	2.90%	4.63%	1.7	3.1	22427/3456
Cote d'Ivoire	68.0	84.7	52.2	2.97%	2.15%	4.77%	0.9	-5.2	463/71
Ghana	77.6	85.0	33.1	1.52%	1.50%	4.03%	-2.2	-3.9	632/99
Lesotho	79.2	86.0	32.6	1.30%	2.09%	4.84%	6.5	3.4	65/9
Zambia	77.2	86.9	42.3	2.14%	1.82%	3.93%	-1.6	-4.1	331/44
Egypt	70.0	86.9	56.3	2.89%	4.02%	3.81%	3.1	1.3	1621/214
Peru	76.7	87.2	44.9	2.21%	2.25%	3.92%	0.2	-4.2	708/91
Libya	73.2	87.5	53.3	2.52%	4.19%	3.27%	-1.3	-9.1	167/21
Morocco	73.5	87.5	52.8	2.71%	3.21%	3.73%	2.2	0.1	253/95
Indonesia	76.5	87.8	47.9	2.39%	2.77%	3.62%	4.8	2.3	5020/614
Congo	75.9	88.1	50.5	2.93%	1.71%	3.96%	3.8	4.9	80/10
Kenya	79.2	88.3	43.5	2.10%	2.31%	3.77%	1.9	-1.7	1182/139
Zimbabwe	81.8	88.3	35.4	1.52%	2.02%	3.86%	1.6	0.0	431/51
Honduras	76.8	88.8	51.7	2.64%	3.13%	3.50%	0.4	-2.6	184/21
Algeria	73.0	88.8	58.6	2.99%	4.46%	3.05%	3.6	1.7	938/105
Tunisia	74.5	89.4	58.6	3.06%	4.30%	3.11%	4.0	1.4	226/24
Guatemala	77.0	89.5	54.5	2.89%	3.16%	3.49%	1.7	-4.3	340/36
Saudi Arabia	70.8	89.5	64.2	3.86%	3.90%	3.24%	5.3	-7.3	495/52
South Africa	80.8	89.9	47.5	2.28%	2.98%	3.55%	1.1	-1.6	1272/128
Nicaragua	79.0	90.0	52.6	2.48%	3.92%	3.24%	-2.1	-3.1	145/14
Turkey	74.2	90.1	61.7	3.12%	5.36%	3.12%	2.6	2.1	1486/147
Iraq	77.8	90.2	55.9	3.36%	2.24%	3.79%	..	..	689/67
Botswana	82.6	90.4	44.7	2.22%	2.26%	3.78%	8.3	7.4	57/15
Viet Nam	76.7	90.5	59.1	3.30%	3.81%	3.27%	..	..	1835/175
Madagascar	81.9	90.6	48.0	2.37%	2.83%	3.60%	-1.9	-6.1	458/43
Ecuador	81.7	91.0	51.0	2.69%	2.79%	3.61%	3.5	-2.4	347/31
Papua NG	75.3	91.0	63.7	3.88%	3.44%	3.39%	0.4	-1.6	132/12
Brazil	84.0	91.1	44.4	2.23%	2.26%	3.79%	4.3	-1.5	4039/359

The child survival index is.

Percentage of those born who survive to reach the age of 5 years.

Country	Child survival index		Percentage decrease of the Under 5 mortality rate 1960-86	Average annual rate of decrease of the Under 5 mortality rate			GNP per capita growth rate		Annual no. of births / 0-4 child deaths 1986 (000)
	1960	1986		1960-80	1980-5	Projected* 1985-2000	1965-80	1980-5	
Burma	77.1	91.1	61.3	4.01%	2.06%	3.85%	2.4	3.3	1192/106
El Salvador	79.4	91.2	57.2	3.27%	3.01%	3.54%	-0.2	-3.1	222/20
Dominican Rep.	80.0	91.4	57.2	3.31%	2.91%	3.57%	2.9	-0.8	201/17
Philippines	86.5	92.5	44.2	2.23%	1.93%	3.89%	2.3	-3.4	1757/132
Mexico	86.0	92.9	49.5	2.64%	2.30%	3.77%	2.7	-2.1	2587/183
Colombia	85.2	93.0	52.6	3.09%	1.84%	3.92%	2.9	-0.5	693/49
Syria	78.2	93.2	68.9	4.71%	3.07%	3.52%	4.0	-2.1	502/34
Paraguay	86.6	93.7	53.1	3.13%	2.05%	3.85%	3.9	-1.9	132/8
Mongolia	84.2	93.8	61.0	3.53%	3.63%	3.33%			69/4
Jordan	78.2	93.9	71.8	4.89%	4.07%	3.18%	5.8	1.5	170/10
Lebanon	90.8	94.7	42.5	1.95%	2.02%	3.87%			80/4
Thailand	85.1	94.7	64.7	3.85%	4.15%	3.16%	4.0	2.6	129/68
Albania	83.6	95.0	69.5	4.90%	2.82%	3.60%			84/4
China	79.8	95.3	76.6	6.13%	2.59%	3.68%	4.8	8.6	1994/942
Sri Lanka	88.7	95.4	59.6	3.54%	2.69%	3.65%	2.9	3.2	417/19
Venezuela	88.6	95.6	61.2	3.94%	2.47%	3.72%	0.5	-5.4	558/25
U.A.E.	76.1	95.9	83.0	7.25%	4.10%	3.18%		-7.7	85/1
Guyana	90.6	96.1	58.1	2.73%	5.36%	2.75%	-0.2	-7.3	26/1
Argentina	92.5	96.1	47.7	2.52%	2.32%	3.76%	0.2	3.9	733/29
Malaysia	89.4	96.3	65.3	4.41%	2.44%	3.73%	4.4	1.8	448/16
Panama	89.5	96.6	67.4	4.48%	3.58%	3.35%	2.5	-0.2	60/2
Korea, Dem.	88.0	96.7	72.2	4.89%	4.47%	3.05%			615/21
Korea, Rep.	88.0	96.7	72.2	4.89%	4.47%	3.05%	6.6	6.3	975/33
Uruguay	94.4	96.9	44.3	1.43%	5.29%	2.77%	1.4	-6.0	58/2
Mauritius	89.6	97.0	70.8	4.43%	5.29%	2.77%	2.7	2.3	26/1
Romania	91.8	97.0	63.7	4.03%	2.95%	3.56%		3.0	396/12
Yugoslavia	88.7	97.1	73.9	5.43%	3.48%	3.38%	4.1	-0.5	362/11
USSR	94.7	97.2	46.8	2.20%	3.13%	3.50%			5207/147
Chile	85.8	97.5	82.3	6.14%	8.25%	1.73%	-0.2	-3.9	272/7
Trinidad	93.3	97.6	63.4	3.94%	2.82%	3.60%	2.3	-6.0	301/1
Jamaica	91.2	97.6	72.5	5.40%	2.92%	3.57%	-0.7	-3.1	63/2
Kuwait	87.2	97.6	81.1	6.28%	6.51%	2.35%	-0.3	-6.8	68/2
Costa Rica	87.9	97.7	81.3	7.06%	2.24%	3.79%	1.4	-2.7	78/2
Portugal	88.8	97.9	81.1	6.37%	6.01%	2.52%	3.3	-0.5	172/4
Bulgaria	93.8	98.0	67.9	4.44%	3.43%	3.40%			138/3
Hungary	94.3	98.0	65.1	3.85%	4.18%	3.15%	5.8	1.7	132/3
Poland	93.0	98.0	71.6	5.21%	2.64%	3.66%			637/13
Cuba	91.3	98.1	78.2	6.24%	4.56%	3.02%			181/3
Greece	93.6	98.3	73.6	4.99%	4.78%	2.94%	3.6	-0.3	145/2
Czechoslovakia	96.8	98.3	48.1	2.32%	3.20%	3.48%			232/4
Israel	96.0	98.4	60.0	3.91%	2.33%	3.76%	2.5	-0.7	94/2
New Zealand	97.3	98.7	52.2	2.58%	2.64%	3.66%	1.4	1.8	60/1
USA	97.0	98.7	57.3	3.41%	2.82%	3.60%	1.7	1.4	3789/48
Austria	95.7	98.7	70.7	4.82%	4.07%	3.18%	3.5	1.7	93/1
Belgium	96.5	98.7	64.0	4.15%	2.82%	3.60%	2.8	0.6	122/2
German Dem.	95.6	98.7	71.4	5.24%	2.82%	3.60%			240/3
Italy	95.0	98.7	74.8	5.25%	5.22%	2.79%	2.6	0.4	658/8
Singapore	95.0	98.8	76.0	6.17%	3.04%	3.53%	7.6	6.4	43/1
Germany, Fed.	96.2	98.8	69.5	4.23%	5.59%	2.67%	2.7	1.2	636/7
Ireland	96.4	98.8	67.8	4.28%	4.36%	3.08%	2.2	-0.3	79/1
Spain	94.4	98.9	79.8	6.37%	4.36%	3.08%	2.6	0.9	580/7
United Kingdom	97.3	98.9	58.1	3.23%	3.04%	3.53%	1.6	2.1	743/8
Australia	97.5	98.9	57.6	2.86%	4.71%	2.97%	2.0	0.9	249/3
Hong Kong	93.5	98.9	83.7	7.39%	4.71%	2.97%	6.1	4.4	94/1
France	96.6	99.0	69.7	4.69%	3.29%	3.45%	2.8	0.3	765/8
Canada	96.7	99.0	70.9	4.55%	5.11%	2.83%	2.4	0.8	384/4
Denmark	97.5	99.1	62.8	4.02%	1.89%	3.91%	1.8	2.0	56/1
Japan	96.0	99.1	76.8	6.70%	2.09%	3.84%	4.7	3.5	1522/14
Netherlands	97.8	99.1	57.7	3.41%	1.89%	3.91%	2.0	0.3	173/2
Switzerland	97.3	99.1	68.1	4.39%	3.93%	3.23%	1.4	1.3	70/1
Norway	97.7	99.2	63.0	3.62%	1.89%	3.91%	3.3	3.2	49/0
Finland	97.2	99.3	73.9	5.52%	2.33%	3.76%	3.3	2.1	631/0
Sweden	98.0	99.3	63.5	3.91%	2.33%	3.76%	1.8	1.5	87/1

* Projected on the basis that the Third Development Decade IMR targets will be reached by the year 2000. i.e. 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.