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Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
for the first issue of
"International Child Health"
the Journal of the International Pediatric Association

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This journal makes its debut at a most hopeful moment for the children of the world.

Despite severe economic hardships in many parts of the world during the past decade, great breakthroughs were made in the area of child health - developments which are opening doors for vastly expanded opportunities in the future.

The reason major progress is possible was depicted by World Health Organization Director-General Hiroshi Nakajima when he told the XIII World Conference on Health Education:

"We must recognize that most of the world's major health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but they have to be transformed into effective action at the community level. 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

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could save 3 million lives - and another 3 million deaths a year could be prevented by oral rehydration, a simple and cheap technology."

It has not been so much the discovery of radical new medical technologies that have precipitated the breakthroughs of the 1980s. It has been the convergence of new and rediscovered low-cost/high-impact health knowledge and technology with our vastly expanded ability to communicate among all peoples of the world which has delivered the capacity to extend the benefits of life-saving health information and support systems among all of those who need to use it, rather than limiting those benefits to people with easy direct access to physicians and health facilities.

These two forces combined synergistically, as articulated in 1982, to produce the potential for a virtual revolution in child survival and development - a "child survival and development revolution" (CSDR).

Besides the interventions referred to by Dr. Nakajima, i.e., universal child immunization (UCI) against the six main child killing diseases and expanded use of oral rehydration therapy (ORT) to combat the lethal effects of dehydration caused by diarrhoeal diseases, the technologies of the CSDR include: a return to the age old practice of breast-feeding with proper weaning practices; monitoring the growth of young children to warn of impending malnutrition; food supplementation when necessary; family spacing which avoids pregnancies which are too early in life, too late, or too frequent; and female literacy.

The impact of CSD activities is such that by 1989, the lives of 3 million young children were being saved annually as a result of UCI and ORT alone. The number of lives saved is increasing rapidly year by year, and almost comparable numbers of the world's young are being saved from lives of crippling disability which result from childhood diseases. It is important to note that population growth rates can be expected to decline at an even faster rate than the number of deaths prevented, as parents become confident that their firstborn children will survive.

In UCI especially, results have been dramatic. By the end of 1989, 71 per cent of the world's children had been immunized, compared with only 20 per cent at the beginning of the decade. There is every indication that by the end of 1990, a full 80 per cent of the world's children will be immunized.

Success in the relatively straightforward goals of the CSDR, and especially UCI, has given confidence to those concerned with the health and well-being of the world's children that more complex goals for children can actually be achieved. Thus, the international community has undergone an extensive consultative process to define priority goals among that which is deemed feasible for children within the next decade. The goals are discussed in some detail in an accompanying article in this journal. Suffice it to say here that the goals represent groundwork laid by the world's leading experts, and it is hoped that each country will use them to arrive at an appropriate set of priority goals for their own needs in the main sectors of health, education (with an emphasis on gender equity), water and sanitation and nutrition.

All of these new possibilities will become realities, however, if - and only if - the popular and political will develop to transform them into realities.

What brings great hope is that the will to do the do-able for children is beginning to emerge. Pediatricians have played a strong role in developing that will. In fact, the International Pediatrics Association (IPA) became the first great organization to commit itself to partnership in the CSDR, when, in 1983, it passed a resolution calling upon all Pediatric Societies and individual pediatricians to join in the effort to prevent childhood morbidity and mortality. Since then a "Grand Alliance for Children" has gathered, consisting of religious groups, parliamentarians and government officials, women's groups, labour unions, non-governmental organizations, foundations, private interest groups, schools, youth groups, world leaders, and more.

As a result of this increased attention, children's issues are rising higher on political agendas throughout the world. This is reflected in the rather remarkable fact that the first-ever Summit of leaders from East, West, North and South will devote their entire agenda to issues related to children. It promises to be the largest gathering of world leaders in history.

The World Summit for Children, to be held in New York on 29 and 30 September 1990, aims to put children high and firmly on the agenda of the 1990s, giving them priority - or "first call" - on the world's resources in good times or bad, war or peace, for the essentials of child survival, protection and development.

As preparations for the World Summit and its follow-up progress, it is becoming clear that it is the boost which the Summit will give to action on behalf of children which now brings within human reach the goals for children for the 1990s. While each of the goals is, in itself, feasible during this decade, it will take a significant restructuring of societal behaviour to accomplish them all - a restructuring of the magnitude that could perhaps only be triggered by an immediate global coalition such as that signaled by the Summit. The import of this possibility is reflected in the projection that, if the goals are realized, the lives of 50 million children will be saved during the decade.

The World Summit for Children highlights challenges which already exist for pediatricians of the world. How do you - custodians of our civilization's knowledge and skill in maintaining the health of our children - extend the benefits of your expertise to children who you will never see in your offices or hospital wards? How do you reach the unreached?

The World Summit can be exploited to help solve this persistent puzzle. Societies will be focused on child-related issues, and will look, rightfully, to pediatricians for leadership. Are you ready to actively promote measures that help reach all children?

We are faced at this moment with the challenge - and the responsibility - of unprecedented opportunities on behalf of children. Can we transform them into realities? For the children - and the future - of our world, working together, I think we can.