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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Twentieth International Congress of Pediatrics

Rio de Janeiro, Brazil
7 September 1992

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"Beyond Child Survival: Toward a World that Truly Cares"

It is indeed a pleasure to be back with old friends and colleagues, all life-savers and nurturers of children, our collective future. This is the fourth time I have had the privilege of addressing the International Pediatrics Association (IPA) at your triennial congress. The first time was in 1983, in Manila, followed by Honolulu in 1986 and Paris in 1989. Each successive congress reaffirmed and deepened the longstanding, fruitful IPA-UNICEF partnership. I am certain that this congress will mark yet another milestone in our collaboration, strengthening the growing global movement we call the Grand Alliance for Children.

Consensus goals for the 1990s

Not long after your Paris meeting, the historic World Summit for Children took place at the United Nations, in September 1990. It was the first-ever gathering of leaders of North, South, East and West, the first great summit of the post-cold war period, and it opened an unprecedented "window" -- or, should I say, a great, big "door of opportunity" for children. The essential breakthrough it made -- above and beyond endorsement of lofty principles -- was the adoption of a series of measurable, verifiable goals for children to be reached by the year 2000. If these goals are met, they will save the lives of some 50 million children over the decade, prevent about as many disabilities, help slow population growth and environmental degradation, while providing a significant boost to gender equality and economic development.

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The 27 World Summit goals are listed on a sheet attached to the distribution copy of my remarks, but a useful "short-list" of targets to be achieved by the year 2000 includes:

* reduction of infant and child mortality by one-third;

* reduction of maternal mortality by one half;

* reduction of malnutrition by one-half;

* universal access to safe drinking water and to sanitary means of excreta disposal;

* reduction of illiteracy by one-half;

* universal access to primary education with at least 80 per cent of primary school children able to pass a certain minimum achievement test; and

* improved protection of children in especially difficult circumstances, such as those caught in wars.

Some of the key health goals adopted at the World Summit -- and this is where you paediatricians and public health experts have your work cut out for you -- include:

* an increase in immunization coverage of under one-year-olds from 80 per cent to 90 per cent;

* global eradication of polio by the year 2000;

* neo-natal tetanus elimination and reductions in measles incidence and deaths by 90 per cent and 95 per cent, respectively, by mid-decade;

* reductions in diarrhoea-related deaths by one-half and of deaths due to acute respiratory infections by one-third in children under five;

* institutionalization of growth monitoring and promotion in all countries;

* virtual elimination of iodine and vitamin A deficiencies, and substantial reduction of iron deficiency, by decade's end;

* reduction of severe and moderate malnutrition among under-fives by half; and

* empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year.

You will no doubt agree that this is a very impressive list of goals. The political leaders of the world were willing to go out on a limb and publicly commit themselves to meeting them because they knew they reflected the consensus of the world's leading public health experts on what can be achieved -- through intensified efforts -- by the year 2000. In fact, that consensus was reached over a period of two years of painstaking consultations among WHO, UNICEF and a range of other UN, governmental, professional and other expert bodies. And to a large extent, agreement was possible thanks to the successes you pediatricians have achieved in your research and practices over the past decades, and due to the activism and lobbying of your professional societies. What you see in the cluster of health goals and strategies outlined in the World Summit Plan of Action is, essentially, your own knowledge, procedures, and technologies -- adapted for mass application in the developing countries, as well as in the poor communities of the industrial world. Pediatricians should be proud of their role in this historic process and feel a sense of "ownership" in the implementation of the World Summit's Plan of Action.

Morality must march in step with changing capacity

As you are all too aware, about 14 million children under the age of five will die this year -- 40,000 in the course of each day. Similar numbers are acquiring life-long disabilities. If we did not know how to prevent or treat the infectious diseases and malnutrition causing most child death and disability, we would lament this terrible loss without making moral judgements or assigning blame. But how can the world permit this tragedy to take place -- this ongoing tragedy larger than any other in this century of mass tragedies -- when we do command the knowledge and resources to prevent the vast majority of these deaths of innocent children? That we allow this to happen, day in and day out, on the threshold of the 21st century, is an obscenity, throwing into question the moral underpinnings of what we proudly call "modern civilization". Author and holocaust survivor Primo Levi once warned that when we refuse to relieve the torment we know how to relieve, we join the ranks of the tormentors. I've repeated this many times: our morality must march in step with our growing capacity for doing good.

The world needs to hear from you -- the experts and the do-ers -- that the goals of the 1990s are "do-able". You can play a decisive role in narrowing the gap between modern knowledge and technology and its mass application in the world. You can do it, of course, on a one-to-one basis with your patients -- you already do that. But you can also do it by speaking out, using the influence you have as respected authorities in your communities and nations. To those who throw up their hands and say the problem of child mortality is unsolvable or too expensive to tackle, you are the ones who can speak credibly about the low-cost solutions that already exist. Four to five thousand children are still dying daily from vaccine-preventable diseases and another four to five thousand daily from now readily-preventable dehydration due to diarrhoea. You can explain that it's just a question of deciding it's a priority to make these ready solutions accessible to all.

We've come a long way already

Many of you were at the IPA congress in Manila in 1983, when we were launching the Child Survival Revolution, with immunization and oral rehydration as its centerpieces. Well, a great deal has been accomplished since then. Last October, the Director-General of WHO and I certified to the United Nations Secretary-General that the 1990 goal toward Universal Child Immunization (UCI) had been reached; that is, by the end of 1990, fully 80 per cent of the world's under-one-year olds had been immunized with vaccines against the six major child-killing and -crippling diseases -- up from around 20 per cent when we rallied our forces in Manila.

The fact that societies are now able to effectively reach four out of five of the world's infants -- more than 100 million -- with vaccines three to five times during their first year of life, and better than nine out of ten at least once, demonstrates, perhaps better than anything else, the extraordinary capacity the world has developed to extend the benefits of modern medicine, science and technology not just to the wealthy few, as in the past, or even just to the majority, but, increasingly, to all. It was the success of the immunization effort, more perhaps than any other factor, that gave the world leaders the confidence to sign onto the much broader set of goals adopted at the World Summit. Nearly 10,000 children's lives are now being saved daily as a result of the world immunization effort, over three million a year.

The progress we have been making is also illustrated by the spread of oral rehydration therapy (ORT). As all pediatricians now know (although not all pediatricians yet practice), ORT is a simple, inexpensive method by which families themselves can prevent and treat dehydration -- that killer of over 2 million young children a year. When we met in Manila, less than 20 per cent of the developing world's families were using ORT; today, it has become part of the household culture of more than 33 per cent of all families, preventing over 3 thousand deaths daily -- more than a million deaths per year.

The nutrition-health dynamic

You know, of course, how critical the first two years of a child's life are: it is during this period that the overwhelming majority of child deaths occur, and for the survivors, it is then that the pattern of future growth and development is established. Growth and activity are dependent on the intake of nutrients from the diet, but are also influenced by exposure to infection, which affects intake and utilization of nutrients by the body. The inter-relationship between malnutrition, disease prevalence and death is increasingly well understood; however, a tendency persists to underestimate the role of protein-energy malnutrition and micronutrient deficiencies in causing death.

Recent research has shown that there is a strong synergism at work, with progressively more severe forms of malnutrition multiplying the risk of death. Compared to a well-nourished child, the risk of dying of a given disease is doubled for a mildly malnourished child, tripled for a moderately malnourished child, and eleven times larger for a severely malnourished child. In the case of vitamin A deficiency, the mortality

risk from infections is greater by one-third to one-half. All of you know very well that measles is not a fatal illness when a child is reasonably well-nourished. However, in both poor communities of the industrial world and throughout the developing countries, it is malnutrition that turns measles into a killer. So our efforts must focus on reducing both disease prevalence and malnutrition.

A child doesn't have to be severely malnourished in order to face a critical increase in her chance of dying; up to 80 per cent of all children who die of causes related to malnutrition are only mild to moderately malnourished. After the first few months of infancy, when most get the nourishment they need from breastfeeding, a majority of children in most countries of the developing world suffer from some degree of malnutrition. But many growth monitoring and promotion programmes target only the severely malnourished, when regular monitoring or measuring weight and growth is not needed, for the diagnosis is obvious for anyone to see. Also, severe malnutrition cannot be easily treated, while its prevention is readily possible through early detection of faltering growth and appropriate home action. In order to reduce child mortality and the more severe grades of malnutrition, attention must be paid to growth at the earliest ages and action taken at the first signs of faltering.

This underscores the importance of regularly monitoring the growth of the youngest children in order to encourage early action, long before malnutrition is clinically obvious. Only if mothers and fathers can see and recognize faltering growth can they be expected to take it seriously and initiate home care action before the situation gets worse. Many pediatricians have explained to me that they themselves cannot really tell that a child is undernourished without seeing the pattern of growth on a standardized chart. I am certain that all of you maintain these charts for the children in your practice. This is one of the most powerful tools of modern pediatric technology, yet it is not widely appreciated even by public health specialists. But as important as these charts are, they are, after all, just a tool. The essential thing is to effectively empower parents and other care-givers to make timely use of the information gained from using it. The maintenance of charts is a beginning; the success or failure of growth monitoring and promotion programmes, whether health centre-based or community-based, turns on the capacity to translate growth faltering signals into early remedial action in the home. As an editorial in The Lancet recently stated: "the chain ends with effective interventions identified, explained, and understood by mothers (and communities).

You know this already, but policy-makers need to hear from you about the critical importance of effective monitoring and promotion of growth, if significant reduction in mortality as well as improved nutritional status are to be possible in the years immediately ahead.

Breastfeeding is key

Now I'd like to ask you to imagine these headlines:

* A MILLION BABIES SAVED!

* THOUSANDS OF CHILDREN ESCAPE LEUKEMIA, LYMPHOMA, DIABETES AND CHRONIC LIVER DISEASE!

* HOSPITALS REPORT ASTOUNDING DECREASES IN EAR INFECTIONS, ALLERGIES, ASTHMA AND DERMATITIS IN CHILDREN!

* BACTERIAL INFECTIONS AND MENINGITIS TEN TIMES LOWER THIS YEAR THAN LAST!

* BABIES BORN THIS YEAR SHOW HIGHER IQs!

* BILLIONS OF DOLLARS FOUND FOR FAMILIES, COMMUNITIES AND NATIONAL BUDGETS!

Universal support to enable women around the world to breastfeed could guarantee headlines such as these one year from now.

Exclusive breastfeeding during the first 4 to 6 months of life provides access to food and resistence to disease -- two elements that are absolutely critical for health and nutritional well-being. It meets another essential need, which I will discuss shortly. Sustained breastfeeding makes it possible for most poor parents to prepare adequate complementary foods from the food resources they have, when it is the right time to introduce such foods. The protection, promotion and support of breastfeeding is therefore a top priority for UNICEF.

Breastfeeding has been on the decline in much of the world in recent decades. This is partly a result of the fact that health providers, particularly in hospitals, have not encouraged and facilitated mothers to start breastfeeding their newborns while still in the hospital. Both health workers and mothers have been influenced by the aggressive marketing of breastmilk substitutes, including the free and low-cost distribution of supplies in hospitals and other health facilities.

When the infant formula manufacturers agreed to put an end to this free or low-cost distribution in the developing world by the end of 1992, WHO and UNICEF saw a great opportunity to break the flow of misinformation and turn health workers into key communicators of correct information regarding the multiple benefits of breastfeeding and the dangers and costs of infant formula. This led to the launching of the "Baby Friendly Hospital Initiative" (BFHI), aimed at getting hospitals and maternity wards everywhere to adopt the "Ten Steps to Successful Breastfeeding" which I've attached to the distribution copy of these remarks. A return to the widespread practice of breastfeeding with proper weaning practices would reduce global infant mortality by more than one million lives annually.

Caring families, caring societies

But even where proper food and health services are easily accessible, there is a third element that is absolutely critical for health and nutritional well-being: I'm talking about caring. It is obvious that someone needs to encourage and help pregnant women to attend prenatal check-ups; once the baby is born, someone needs to have the knowledge, time and commitment to feed the young child properly; someone needs to bring the child for immunizations; someone needs to keep the child clean and provide stimulation and love. This is all perfectly obvious, of course, but parents and other care-takers are all too often not in a position to provide nurturing and it is precisely for lack of adequate caring that the growth and development of millions of young children are routinely compromised.

This element of caring has, unfortunately, been dragged into a highly politicized and polarized public debate in some countries, clouding rather than clarifying the issue. On one side, there are those who focus almost exclusively on parental responsibility, who say that if you just had the right "family values" children would grow into happy, healthy and productive members of society. On the other side are those to whom the larger socio-economic context is all and play down the role of individual care-takers. I would argue for the middle ground -- consistent caring at home, together with an enabling social environment, is what children need to grow and develop. We need caring governments supporting caring families and other care-givers.

When the world's leaders said at the World Summit that children's basic needs must be given a "first call" on society's resources, they were not referring to government alone nor to the family in isolation. All levels of society -- families, communities and governments -- need to interlink to elevate children to the highest rank of priorities. Just as some governments slash social services for children in hard times and others act to cushion the impact of crises on the young, there are some parents who cut back on their own diets in lean times to ensure that their children get enough to eat, while other parents pay scant attention to their children's needs whether times are good or bad. We are not born knowing how to be parents.

Access to appropriate food, access to basic health services and adequate care of children and women -- these, then, are the three necessary conditions for health and nutritional well-being. They are necessary for each child's nutritional security. Their fulfillment all require resources -- human, economic and organizational. The allocation and use of available resources to fulfill these conditions depends a great deal on people's knowledge and attitudes. This is why education is such an important aspect of improving health and nutritional well-being, and why pediatricians and all health professionals need to be educators as well as healers. Educators of parents, communities and even governments.

Pediatricians should lend their support to educational colleagues in demanding implementation of the World Summit for Children goal of universal primary education, with strong components of health, nutrition, hygiene and other life skills built into the curriculum.

Those of you who were at the IPA's Paris meeting may recall that it was there we launched "Facts for Life", a booklet that distills today's essential child health information into a series of basic messages aimed at empowering families to give their young children the best all-around start in life. I'm happy to inform you that, to date, some 4.6 million copies have been published in more than 150 languages, and its messages can now be seen on everything from billboards to bumper stickers, T-shirts to shopping bags, and have become the stuff of TV and radio serials, street theatre and specific training for Buddhist monks and Islamic mullahs.

A new edition is now in preparation with an additional chapter on Early Childhood Development. Joining UNICEF, WHO and UNESCO -- the original co-publishers -- this time, will be the UN Fund for Population Activities, and the number of NGO partners in the project has risen to 155. IPA was in on the start of this initiative, which owes so much to the knowledge and experience of pediatricians. Facts for Life, more than a booklet, has become a phenomenon, one that opened the doors of health communication to an enthusiastic and ever-growing army of supporters from virtually every walk of life, each in their own way helping to make health and development of children a common concern.

Beyond survival: the importance of child development

Working in the world's poorest countries, UNICEF's priority has always been child survival, with emphasis on reducing infant and child mortality rates. As we make progress in reducing the death toll among the young, we are able to pay more attention to the development of the growing number of survivors. In 1960, approximately 3 out of 4 (77 per cent) of all children born in the developing countries survived to their fifth birthdays; today, some 9 of every 10 (89 per cent) survive. A new book by a longtime UNICEF friend and consultant, Bob Myers, entitled The Twelve Who Survive, is a well-documented, eloquent appeal to strengthen early childhood development programmes in the Third World. I commend it to your attention. Pediatricians have always focussed on children's growth and development and are among the world's experts in this area. Just as child survival around the world has benefitted so greatly from your expertise, the next challenge is to go beyond survival and apply what you have learned in the field of early child development. The world needs to know that early investments in development of "the whole child" -- their physical, social, intellectual and emotional development -- pays off not only in better individual lives but benefits the larger community and society as well.

For the doctor to become the teacher of his or her community would be to return the title "doctor" to its original Latin meaning, namely -- "one who teaches". A wise friend reminded me, not long ago, that in days of old every educated Chinese was expected also to be a doctor -- to have studied the healing and medicinal arts of the day as part of his being an educated person. In these times of overburdened health systems and increased emphasis on self-health, the challenge is for all doctors to become educators and for all people to become care-givers in the broadest sense of the word.

Recent global changes favour our cause

The goals for children in the 1990s are ambitious but "do-able". Taking them seriously will mean not only sustaining, but accelerating efforts that are already working. The central challenge we face this decade will be seeing to it that the great promise of the World Summit for Children is kept.

The benefits of the life-saving health knowledge and technology which you pediatricians possess must be extended to those hundreds of millions of children -- in fact, the majority of the world's children -- who will never walk into your office, and who will rarely if ever see the inside of any doctor's office or hospital. In Manila in 1983, you endorsed the strategy we proposed for reaching the unreached and you took the additional, critical step of calling on all Regional, National and local Pediatric Societies, and all individual pediatricians, to join with UNICEF, WHO and other partners in implementing it. Thus, you became the first great organization to formally enlist in the Child Survival and Development Revolution. Since then, many have followed your example, and your leadership role in itself has had immeasurable impact. This is in addition to the formidable direct role that this organization and many of you as individuals have played.

Now I would like to make another appeal. As this is the first IPA congress following the World Summit for Children, I call on you to formally throw your weight -- your prestige and your energies -- behind the goals and strategies contained in the World Summit Plan of Action. Your endorsement and activism would contribute immeasurably at this crucial moment, as over 135 countries have just issued or are about to issue and start implementing National Programmes of Action to meet the year 2000 goals. Throughout the decade, your enthusiastic participation -- in partnership with governments, international agencies and other non-governmental organizations -- constitutes one of the keys to the success of this historic undertaking.

At your meetings in Manila in 1983 or in Honolulu in 1986, none of us could have predicted the sweeping political and economic changes that have transformed international life and the lives of so many nations in the past few years. Even in Paris in 1989 it would have been hard to envisage the full scope of what was soon to follow. With the end of almost half a century of Cold War comes hopes that resources and energies formerly tied up in the arms race, geopolitical wars and ideological rivalries can now be redirected to alleviate poverty and human suffering. Your voice calling for such a re-ordering of priorities needs to be heard, loud and clear. This is a time of great possibilities. Without in any way minimizing the new difficulties, conflicts and instabilities that have emerged as old orders have collapsed, I believe the 1990s constitute one of those rare "windows of opportunity" that open only once or twice a century to permit quantum leaps of human progress. You, as individual practitioners and national societies, as the powerful global force you have become, can help keep that window open.

Immersed as you are in your daily whirlwind of activity, you may not realize the extent to which what you do sets the pace. The tools you have developed, the experience you have gained over the years, have given the potential to radically reduce child mortality and illness. Where they have already been made, these gains must now be sustained; they must be extended to the places where they have yet to reach. What you do in your own practices has enormous influence. Your leadership is absolutely critical.

What can pediatricians do?

What can you do to help keep the great promise of the World Summit for Children?

* At the World Summit, the heads of state suggested that the National Programmes of Action be translated into provincial and local plans, and -- notably -- that non-governmental organizations draft programmes for helping achieve the goals. Couldn't you return to your communities and institutions with an urgent message about the need for the entire fabric of society to become involved in efforts to meet the year 2000 goals?

* Take immunization, that basic tool of paediatrics. While reaching more and more infants in the developing countries, vaccines are reaching proportionately fewer infants in industrial countries such as the United States, and we are seeing alarming comebacks and outbreaks of diseases that should have long since disappeared. A re-commitment to universal immunization in the developed countries would give a truly global boost to the life-saving effort.

* To the extent that oral rehydration therapy becomes the established priority for treating diarrhoea in the homes and hospitals of the developed world, ORT will continue to catch on and save millions of lives in the countries where diarrhoea remains the number one or two killer of children. ORT plus proper feeding -- the dietary management of diarrhoea -- needs to be made part of household culture around the world. Millions of dollars now spent on unneeded IVs and antibiotics could be put to good use educating and empowering families to treat diarrhoea themselves.

* Growth promotion through monitoring children's development, including their weight, is routine practice for all of you, but it needs to massively break into public health and the communities of the developing world. Cannot the pediatrician make it more widely known that growth charts and their effective use are a critical tool of good child care? It is your technology and you can help make sure it spreads beyond your offices. Also, a number of countries -- Chile and Colombia among them -- have introduced into their existing growth monitoring systems a component of psycho-social measurement, with the goal of improving early childhood programmes and children's readiness for school. Last year, Japan issued a new

and improved version of its excellent boshi techo, which tracks the individual child's health from pre-natal days to schooldays, covering all sorts of vital indicators. An English-language edition is available and I commend it to your attention. What an extraordinary tool it is for the family, the community, for public health and even economic planners!

* To the extent that you take seriously the slogan "breast is best" and help make your own practices and health institutions truly "baby-friendly", breastfeeding can make a dramatic come-back. It is encouraging that infant formula manufacturers have agreed to the goal of stopping donations of supplies to hospitals by the end of 1992, but these institutions need your support to quickly adopt and adapt practices that empower women to breastfeed their babies. Secondly, just as all of us oppose cigarette advertisements that direct their messages at youngsters, we also must oppose ads and promotional materials that imply that infant formula is an acceptable substitute for normal, healthy breastfeeding. Third, surely the time has come for the IPA -- which is at the moral and scientific forefront of health care -- to seriously debate the impact of accepting financial support from infant formula manufacturers on your ability to lead a movement for a massive return to breastfeeding. Among the questions I believe such a debate must address are: Is there a way to continue to receive appropriate donations from companies that end free and low-cost supplies to health institutions by the end of 1992? How does acceptance of funds from the infant formula industry affect the process toward global compliance with the International Code of Marketing of Breastmilk Substitutes? Does breastfeeding information produced by manufacturers and distributed through pediatricians' offices confuse mothers into thinking that formula is an acceptable alternative to breastmilk? I would hope that as a result of such a debate this congress would approve a resolution strongly reiterating and demonstrating your support for breastfeeding and putting your full weight behind the Baby Friendly Hospital Initiative, calling -- as you did in Manila in 1983 -- on all your national associations and individual members to join with WHO, UNICEF and the NGO community in making it a success. Such a resolution would contribute much to achieving World Summit goals in nutrition, infant mortality reduction and maternal health.

In short, there is a role for each and every one of us, in our own spheres of specialization and as advocates for children and human development. Together, we can go beyond child survival to all-around development in a more caring world.

In closing, permit me to recall the story of the young woman who was walking along the beach, picking up starfish and throwing them back into the sea. An old man asked her why she was doing this. The answer was that the starfish would soon die if left on the dry sand. "But the beach goes on for miles and there are millions of starfish", countered the old man. "How can your effort make any difference?" The young woman looked

at the starfish in her hand and threw it to safety in the waves. "It makes a difference to this one," she said.

But this story can and should have a more confident ending. We now have it within our power to ensure that millions along the beach of life -- the great majority -- will be saved. This is the historic opportunity we collectively have before us. We must not, we cannot let it pass!