

File Sub: CF/EXD/SP/1992-0067a

Talking Points by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
for
Vatican Conference

New York
12 November 1992



UNICEF Alternate Inventory Label



Rcf0006Z8U

Item # CF/RAD/USAA/DB01/2002-01096

ExR/Code: CF/EXD/SP/1992-0067a

Talking Points for Vatican Conference. Memorandum to Mr. J

Date Label Printed 20-Aug-2002

cover + 7pp + 8b

MEMORANDUM

To: Mr. James P. Grant
Executive Director

From: Robert Cohen

Date: 12 November 1992

Subject: **Talking Points for Vatican Conference**

1. On Thursday, 19 November, starting at 10:40 a.m., you will be moderating a panel session of the Seventh International Conference: Your Members are the Body of Christ -- Persons with Disabilities in Society, at the Paul VI Auditorium, Vatican City, Rome. As indicated in the programme (attached), there will be five presentations focusing on genetic, biochemical and nutritional issues relating to (mostly mental) disabilities. As moderator, you are not expected to present a paper or make a speech, although you are certainly free to make some opening remarks and comment briefly on the presentations.

2. The following points reflect discussions with M. Shower, T. Hill, and G. Habibi. It was agreed that your remarks should generally focus on 1990s challenges and opportunities for child health in the developing world, with an emphasis on prevention of disabilities. What follows is obviously ten times more than what you need for your brief remarks, but I thought it would be useful to put the information at your fingertips. I will highlight the paragraphs and points that are most important.

3. Next to the needless death of a child, there is nothing more tragic in this world -- more obscene, really -- than the mental or physical disabling of a child from causes we know how to prevent -- and not only prevent, but even reverse, in many cases, at exceedingly low cost. Fortunately, at long last, the world is coming to view the death of children as an unacceptable throwback to more primitive times, and its persistence as a moral indictment of contemporary society. But the world's threshold of tolerance toward disability remains much too high, in spite of the gains in awareness and action obtained in recent years. We must ensure that disability, along with early death, lose their aura of inevitability, and we must move on to mount a global offensive on the disability front every bit as powerful as the one we are waging against mortality.

4. Substantial progress has been made in recent decades in preventing death and disability among children. The infant

mortality rate has fallen from 155 deaths per 1,000 live births in 1950 to 63 deaths per 1,000 live births in 1991. Progress accelerated especially after 1982, the year the Child Survival and Development Revolution was launched, with its increased emphasis on Universal Child Immunization, primary health care, safe water and sanitation, training of mothers and community health workers. Much progress has also been made towards prevention and early identification of impairment and disability.

5. Last year, the Director-General of WHO and I were able to certify at the United Nations that over 80% of the world's under-one-year olds had been immunized against the six principal childhood diseases by the end of 1990 -- the goal set for the effort five years before. In a decade, immunization coverage increased four-fold. The largest global collaboration in peacetime was mounted to achieve the goal and it has saved a total of 15 million lives (now some three million a year).

6. In addition to saving lives, of course, these vaccines are also massively preventing disability. A decade ago, for example, polio claimed over half a million victims a year; today, the figure is down to 100,000, which means that some 400,000 children a year are walking and running around whose limbs would have been paralysed were it not for immunization. There is now a realistic hope that the disease will be eradicated by the year 2000 -- we've already gone over a year without a single case in the Americas. In addition to helping countries reach immunization coverage levels of 90% by the year 2000, using currently available vaccines, UNICEF is participating in a major effort called the Children's Vaccine Initiative aimed at employing the latest genetic engineering and other cutting edge biotechnologies to develop new and improved vaccines that would prevent a larger number of childhood diseases, be administered in fewer (preferably oral) doses, and not require elaborate cold chains to preserve their potency.

7. Over the past decade, we have come to a far better understanding of the role of malnutrition -- and specifically, micronutrient deficiencies -- in causing physical and mental impairment.

8. The strategic implications of recent studies concerning vitamin A are quite astounding. As you know, vitamin A deficiency reduces the effectiveness of the immune system and retards growth and development. Of the 40 million children under the age of five who are physiologically deficient in vitamin A, we have long known that a quarter of a million of them are going blind each year from the lack of this particular nutrient. But a deeper relationship between vitamin A and the health and survival of young children has been found. Even mild vitamin A deficiency substantially increases the death rate as well as the severity and risk of the three main health threats facing children in the developing world -- diarrhoeal disease, measles, and pneumonia. Field tests in six

countries over the past decade indicate that vitamin A supplementation costing very little per child per year can reduce child deaths by about one-third, while preventing blindness.

9. The total population believed to be at risk of iodine deficiency is estimated to be in excess of one billion. Iodine is needed to produce thyroid hormones, a deficiency of which can reduce both physical and mental capacity. It may lead to irreversible brain damage in the foetus or newborn and cause mental retardation in children. Iodine deficiency affects an estimated 217 million people (4% of the world population); 211 million suffer from goitre and about twenty million suffer from varying degrees of mental impairments, including cretinism. These disabilities can easily be prevented through increased dietary intake of iodine, through salt supplementation or iodine injections -- all at amazingly low cost. Caught in time, these disabilities can be dramatically reversed or decreased.

10. An international policy conference on micronutrient deficiencies -- "Ending Hidden Hunger" -- was held in Montreal in October 1991 to accelerate global action for virtual elimination of deficiencies of iodine and Vitamin A and significant reduction of iron deficiency by the year 2000. With vaccines now regularly reaching over 80% of the world's infants, it should be possible to add these nutrients to immunization services to significantly reduce death and disability among the children of the developing world.

11. But there is an alarming number of children whose disabilities are not being prevented. It is estimated that one in every ten children in the world is born with or acquires a physical, sensory or mental disability caused by accidents, disease or environmental factors. Various other sources estimate that more than 500 million -- half a billion -- people cannot take full part in ordinary activities of daily life due to some form of physical, mental or sensory disability. 80% of the world's disabled population lives in developing countries of Asia, Africa, Latin America and the Middle East. Some 150 million of them are children.

12. According to WHO, fewer than 3% of all disabled persons in developing countries receive rehabilitation services of any kind. Various estimates suggest that only one out of every hundred disabled children attends any form of schooling in Africa and Asia. It is absolutely crucial for the growth and development of young disabled children to provide them with basic rehabilitation including treatment, education, necessary technology and training -- very early in their young lives. Every day these are denied them is a missed opportunity for development and empowerment -- once the critical months and years of childhood growth pass, it is often too late to help or the benefits of these tools radically diminish.

13. In spite of the massive preventive efforts that are underway, there is a growing recognition that disability is still on the increase. Armed conflicts and civil strife in many parts of the world -- now most tragically visible in Afghanistan, Liberia, Somalia and the former Yugoslavia -- have greatly increased the numbers of disabled, particularly among innocent children and women. More than 1.5 million children in Asia, Africa, Latin America and the Middle East have been killed in armed conflicts over the past decade. For every child killed, it is estimated that three more have been injured and/or physically disabled. And the millions of mines, booby traps, toy bombs and other explosives that are planted by warring parties constitute a legacy of death, injury and insecurity that endures long after conflicts are resolved. Also enduring long after the shooting stops are psychological traumas, now estimated to affect some 10 million children throughout the world today.

14. In September 1990 seventy one presidents and prime ministers came together at the World Summit for Children, the largest gathering of heads of state and government in history and the first of the post-cold war period. The result was a solemn, unprecedented global commitment to radically reduce child death and disability from preventable disease and malnutrition by the year 2000 and provide basic protection for the normal physical and mental development of all the world's children. In addition to agreeing to give children's essential needs a "first call" on society's resources whether times are good or bad, in war or peace, the world's leaders took the unusual additional step of promising to meet 27 specific, measurable goals in the short span of a decade. Achievement of these ambitious but realistic goals would save some 50 million lives and prevent a similar number of disabilities. It would radically improve the lives of children, mothers and families throughout the developing world, while contributing to economic development, slowing population growth and relieving stress on the environment.

15. Another great promise to the children of the 1990s and beyond was made through adoption of the Convention on the Rights of the Child by the General Assembly of the United Nations in November 1989 and its rapid entry into force as international law in September 1990. The Convention speaks to three basic categories of rights of the child - survival, protection and development. In addition to setting standards for child survival, health and education, the Convention spells out specific goals on protection of the millions of children around the world who have disabilities, as well as of others living under especially difficult circumstances.

16. In its articles 22, 23, 38 and 39, the Convention requires not only protection of children in especially difficult circumstances but also provision of appropriate measures and services for children who are already affected by these difficult and violent

circumstances.

Article 23 of the Convention specifically requires States Parties to recognize the rights of mentally or physically disabled children, as follows:

- A. a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.
- B. the disabled child has a right to special care, encouraging and ensuring the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of the parents or others caring for the child.
- C. such assistance to meet the special needs of a disabled child shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training, health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.
- D. States Parties shall promote, in the spirit of international co-operation, the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation, education and vocational services, with the aim of enabling States Parties to improve their capabilities and skills to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

17. If we are going to achieve the objectives and goals established for all of us by the World Summit for Children and the Convention on the Rights of the Child ... if we are going to ensure an improved quality of life, an accessible environment for daily life, education, health, necessary technology, employment as well as social integration and recreation for the world's estimated 150 million disabled children ... we are going to have to organize for a major push against disability.

18. Over the next few years we need to focus our work on:

- * consolidation of preventive actions, e.g., immunization and control of micronutrient deficiencies;

- * establishment of systems which will facilitate early diagnosis of disabilities;

- * support for community-based rehabilitation, as an integral part of basic services;

- * ensuring full access for children with disabilities to health, educational and recreational facilities;

- * support for national and local production of low-cost artificial limbs and other mobility devices, and their use from a very early age;

- * application of measures to lessen the physical and mental impact of armed conflicts on children, and on this last point I would suggest we explore the possibility of working together for:

- * a ban on the production, marketing and use of land mines, which target civilians primarily and are a major cause of disability and trauma.

19. A UN Task Force on Disabled Children and Women has been established to follow-up on the UN Decade of Disabled Persons (which comes to a close five weeks from now). This Task Force, made up of UN agencies and selected NGOs, has the goal of reducing the incidence of avoidable disability by one third by the end of the century. UNICEF, which proposed creation of the Task Force, will be serving as its Chair and Secretariat for the next two years, with the Rehabilitation International/UNICEF Childhood Disability Project as focal point. The Task Force's tentative agenda for the 1990s includes an intensification of immunization; elimination of micronutrient deficiencies (IDD/Vitamin A); prevention of birth injuries (Safe Motherhood); community-based rehabilitation; prevention of work and other injuries; and basic surgery (ear/eye).

20. Arnold Toynbee once said that ours is the first generation since the dawn of history that can dare dream of extending the benefits of modern civilization to all people. In recent years science has begun unraveling mysteries of the human genome and genetic engineering is already beginning to reap tangible benefits in widely diverse fields of health and agriculture. I have heard medical genetics called the "preventive medicine of the future", with vast potential for preventing disease, disability and suffering. But since knowledge is power and power is subject to abuse, I would hope that as we seek new benefits of science and

medicine -- benefits that must be made available to all -- we always maintain the dignity and sanctity of the human being, the human child, as our ultimate objective. UNICEF and of course the Church will be alert to both the possibilities and the dangers of these new tools and skills.

21. Much remains to be done to empower the world's disabled children to help themselves or to empower families to care for them. No nation can be expected to build a sustainable future if its children are malnourished, illiterate and restless for leaders who care. It is only through raising healthy, educated and productive children that the future of nations -- and the world -- is assured. In the absence of basic preventive measures and low cost interventions at the community level, most impairments lead to disability and eventually to handicap. As a result, societies desperately in need of all their productive human resources find at least 10 percent of their populations a "burden" on their already weak economic infrastructures.

22. This week alone another quarter million children will die and many thousands more will become disabled from preventable and treatable diseases and malnutrition. Also this week, the world will spend about \$20 billion on the military -- enough to finance the additional yearly cost of meeting all the World Summit for Children goals. The question isn't "can we afford to reorient our priorities and spend the money necessary to save those lives and prevent those disabilities?", but rather: "can we afford not to?" We can and must capture a peace dividend in the post-Cold War world -- for our children, for the future.