

File Sub: CF/EXD/SP/1993-0016

Article by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
for the 2nd Edition of
Health Care of Women and Children in Developing Countries

"The World Summit for Children Plan of Action
and the Convention on the Rights of the Children:
Building the 21st Century Today"

April 1993



UNICEF Alternate Inventory Label



Rcf0006HXL

Item # CF/RAD/USAA/DB01/1998-02369

ExR/Code: CF/EXD/SP/1993-0016

Preface - Health Care Women and Children in Developing Co
Date Label Printed 21-Aug-2002

cover + 10 pp + 06



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia
Детский Фонд Организации Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للطفولة

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A momentum of progress

The popular impression conveyed by the media is that the developing world is a stage upon which no light falls and only tragedy is enacted. But the fact is that, for all the set-backs, more progress has been made there in the last 50 years than in the previous 2,000. Since the end of the Second World War, average real incomes in the developing world have more than doubled; infant and child death rates have been more than halved; average life expectancy has increased by about a third; the proportion of the developing world's children starting school has risen from less than half to more than three quarters (despite a doubling of population); and the percentage of rural families with access to safe water has risen from less than 10% to almost 60%.

Yet even these extraordinary statistics cannot capture the true dimensions of the change that has occurred in only a few decades. The world has also freed itself from colonialism, brought apartheid in all its forms to the beginning of the end, and largely freed itself from the iron grip of fascist and totalitarian regimes. And underlying all of these changes is the slow and even more fundamental change from a world organized almost exclusively for the benefit of a privileged 10% or 20%, as through history in most societies, to a world in which the needs and the rights of all people are increasingly recognized.

Only a few decades ago, it did not seem a matter of great concern that the poor majority had no right to vote, no freedom of expression or religion, no right to due process of law, or that their children were not educated or immunized and received little or no benefit from advances in hygiene and health care. In many nations, it even seemed natural that the children of the poor could be sold or bonded or made to work 14 hours a day in field or mine or factory.

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Seen from this longer perspective, the fact that two thirds of the world's people now have the right to vote, or that more than 80% of the world's infants are fully immunized, or that health care is now a right codified in international law, or that there is now such a thing as a worldwide Convention on the Rights of the Child - - are all symptoms of a remarkable change. And in the face of such progress, pessimism is a sign less of sagacity than of cynicism. In the decade ahead, a clear opportunity exists to make the breakthrough against what might be called the greatest obscenity of our time - the needless malnutrition, disease, and illiteracy that still casts a shadow over the lives, and the futures, of the poorest quarter of the world's children. Each week, the lives of a quarter of a million children are taken from us -- more than any war, any natural disaster has ever taken in a comparable period.

Poverty that should no longer exist

In spite of all the progress that has been made in recent decades, the number of poor continues to rise at about the rate of population growth. The World Bank put their number at 1.13 billion in 1990, an increase of 80 million compared with 1985. A fifth of the world's population is living on less than \$1 a day, the vast majority of them in the developing countries. Over the course of the 1980s -- that "lost decade for development" in many countries - - the number of countries designated as "least developed" went from 30 to 42, as rising debt, declining commodity prices and tough retrenchment and adjustment policies slowed growth and cut the pace of social progress attained in most of the Third World in the 1960s and 1970s. Although growth remained strong in much of Asia and is resuming in other parts of the developing world over the past few years, the international economic climate and the biased structure of international relations continue to work against further progress. Sub-saharan Africa is the most dramatic example of marginalization and steady decline.

At the same time, the proportion of children who live in poverty has increased significantly in a number of industrialized countries over the past decade, most notably in the United States and the United Kingdom and, of course, the transitional countries of Eastern Europe and the former U.S.S.R. What is particularly galling about this development in the United States and the United Kingdom is that poverty worsened during the relative prosperity of the 1980s. Poverty worsened and there was -- not coincidentally -- a radical upward redistribution of wealth making the very wealthy few very much wealthier. And children bore the brunt of it. One in five American children are poor today -- the highest level of child poverty in a quarter century in the world's richest country. In both the United Kingdom and the United States, child poverty doubled since 1980.

There is no longer any reason for poverty on such a scale to exist. Writing some fifty odd years ago, the historian Arnold Toynbee captured the essence of the new potential brought by science and technology to our time. He said then:

"Our age is the first generation since the dawn of history in which mankind dared to believe it practical to make the benefits of civilization available to the whole human race."

The Italian novelist and holocaust survivor Primo Levi took Toynbee's reasoning one logical step further in this era of increasing capacity, saying that:

"If we can relieve torment and do not, we become tormentors ourselves."

A new ethos of responsibility

These quotes, I believe, eloquently articulate a new ethos that has evolved over the past half-century out of the increasingly synergistic inter-action between democracy and technological progress. Modern commerce, finance and transport, communications and media, on the one hand, and the environmental crisis and movements of refugees, on the other, have transformed the world into a global village infused, increasingly, with democratic ideals if not consistent democratic practice. And within the global village, more attention than ever before in history is being paid to the individual, his or her rights and his or her condition.

The vast disparities in standards of living, and in levels of freedom and participation, that have existed historically and still separate the neighbours who live side by side in this global village are increasingly intolerable to the have-nots, and increasingly disadvantageous to the haves. As our capacity to do good has increased, it is gradually becoming unacceptable ethically not to use that capacity, or to exclude nations, communities or individuals from the benefits of progress. Morality marches with changing capacity.

A bubble of protection around the young

Two very different examples illustrate the point. The first is the entirely new capability that has been developed to put a bubble of protection around the first, highly vulnerable years of each and every one of the world's children. For a decade, national health services, UNICEF, the World Health Organization (WHO) and many thousands of individuals and organizations (most notably, Rotary International) have struggled towards the goal of 80% immunization coverage of infants in the developing world. In 1990, that goal was reached. The result is the saving of over 3 million

children's lives each year, and the protection of many millions more from disease, malnutrition, blindness, deafness, and polio. At the same time, the number of child deaths from diarrhoeal disease has been reduced by over 1 million a year through empowering one third of the developing world's families to use the technique of oral rehydration therapy.

The significance of these achievements goes beyond even the extraordinary numbers of lives saved and illnesses prevented. Eighty per cent immunization means that approximately 100 million children are being reached by a modern medical technique on four or five separate occasions during their first year of life. As a logistical achievement, it is unprecedented; and it shows beyond any doubt that the outreach capacity now exists to put the most basic benefits of recent scientific progress at the disposal of the vast majority of the world's poor. It also demonstrates that, with sustained political commitment, progress can now be made towards basic social goals even by the poorest of developing countries; over the last five years, immunization coverage has been increased dramatically in many nations with per capita incomes of less than \$500 a year, highlighting the extremely low cost of the package of childhood interventions.

Other advances in knowledge and technique are now lining up outside the door that immunization has unlocked. And the potential remains enormous. Thirty-five thousand children under five still die in the developing world every day -- well down from the daily death toll of 70,000 in 1950, but even more of an obscenity given the progress that has taken place since. Almost 60% of those deaths, and much of the world's illness and malnutrition, are caused by just three diseases - pneumonia, diarrhoea and measles - all of which can now be prevented or treated by means which are tried and tested, available and affordable. Even those problems which have traditionally been considered the most expensive and the most logistically stubborn - the lack of adequate nutrition, safe water supply, and basic education - are also now becoming susceptible to a combination of new technologies, falling costs, and community-based strategies.

Our new capacity to communicate -- to inform and motivate -- enables us to empower families, communities and governments to give the first vulnerable months and years of a poor child's life something of the protection and nurturing that is given, as a matter of course, to children fortunate enough to be born into affluence. We can, ever so briefly, "outsmart" poverty at the outset of each new life, since poverty's worst symptoms on the individual level are also among its most fundamental causes on the social level.

Economic development is undermined when millions of children suffer from poor mental and physical growth. Equality of

opportunity is denied when the children of the very poor drop of school. Productivity is sapped by the time, energy, and health that is lost to diseases. Employment prospects and incomes are destroyed by disabilities such as polio or nutritional blindness or iodine deficiency. The contribution of women to economic development cannot be liberated if women remain chained to long years of child-bearing, long days of attendance on sickness, and long hours devoted to the fetching and carrying of water and fuel. Illiterate women whose children suffer high death rates are understandably slow to reduce their births, thus further weakening themselves and their children already born. In these and many other ways, poverty's symptoms help to crush the potential of the poor and perpetuate poverty from one generation to the next.

Humanitarian emergencies

The second example of how much things have changed is the way the world reacts to humanitarian emergencies, man-made or natural disasters. Historically, the world has turned its back on hungry, starving people. I was in Calcutta at the tail-end of the 1943-44 Bengal famine, when more than a million people starved to death. It was a purchasing-power famine -- grain stores were full but landless laborers simply could not pay the inflated prices for food. The British Raj did little and people dropped like flies. The great Irish potato famines starting in 1846 were similar, and the world stood by while a million people died and another million emigrated despite the fact that bumper crops of corn were being exported, under armed guard, to Britain and America.

Large scale international relief for victims of humanitarian emergencies is a relatively modern innovation. Only over the past 40 years -- with the growing capacity of television to bring images of starving people and war-ravaged communities into our living rooms -- has the international community -- global public opinion -- moved toward the concept of a "right to food". The 1992 military intervention of U.S. and other forces in Somalia, under UN auspices, was the first major "right to food" intervention under such circumstances and as such represents a major advance toward a new standard which says: it is impermissible to massively and systematically interfere with a people's access to food; such interference invites military and other actions on the part of the international community to enforce the right to food.

An historic bridge has been crossed and, I suspect, this will have a profound effect on the way we function globally. The world's threshold of tolerance toward those who would deprive people of their right to survival has been significantly lowered.

What is important, however, is not to despair as we rush from one trouble spot to another trying to put out fires. These tragedies do not define the character of our times; they are

retrogressions, setbacks, centrifugal currents against the dominant historical trend toward greater global interdependence and cooperation and steady improvement in the physical well-being and dignity of peoples. While we have not been able to reap the full benefits we hoped would automatically flow from the ending of the cold war and the rise of democracy in so much of the world, we must not allow ourselves to be so distracted and frightened by outbreaks of violence and hatred, by political fragmentation and atrocity, that we renounce the peace dividend, the global assault on poverty and underdevelopment, the debt relief, the movement to protect the environment, the lowering of trade barriers and other noble efforts that are not only possible now for the first time, but which are ultimately what will prevent the endless proliferation of conflict in the future.

The extraordinary political and economic changes of the 1990s have mightily reinforced the longer-term positive trends I have been describing. The advance of democracy throughout Latin America; the liberation of Eastern Europe; the collapse of the Soviet Union; the ending of the cold war; the signing of the Start II accord to radically cut strategic nuclear stockpiles; the spread of democratic political reform through most of Africa (including the rapid erosion of apartheid); the almost world wide retreat from the ideology of highly centralized government control over all aspects of economic life; and the growing acceptance of the necessity of joint international action in response to both humanitarian and environmental problems have, taken together, turned the last decade of the 20th century into a rare "window of opportunity" for sustaining and accelerating the dominant trends of progress of the second half of the 20th century. These changes amount to one of the most sudden and fundamental transformations in history, holding out new hope for world peace and development.

A global revolution for children

Amidst all these changes, there is a revolution underway in the developing world with respect to children, paralleling in many respects the revolution underway in the status of women, and I would argue that it could serve as a cutting edge of global and national efforts to address the major burning issues of our time. It can be leveraged into a global movement capable of dealing a death blow to many of poverty's worst manifestations during the 1990s, it can help spur economic development and bolster democracy, dramatically slow population growth and ease the stress on the environment. It can strengthen world peace.

The extraordinary potential of children's issues to unite and mobilize political will was demonstrated at the World Summit for Children held at the United Nations in September 1990 - at about the same time as the immunization goal was being reached. The

Summit was attended by approximately half the world's Presidents and Prime Ministers and resulted in a set of specific commitments which, if implemented, would indeed mark the beginning of a new era of hope.

For the first time, common goals and timetables

Those commitments, designed to reflect the potential of the new knowledge and the new technologies now available, were expressed as a series of specific goals (see appendix) to be achieved by the end of the present century. These goals include: control of the major childhood diseases; a halving of child malnutrition; a one-third reduction in under-five death rates; a halving of maternal mortality rates; safe water and sanitation for all communities; universally available family planning services; and basic education for all children.

To give these commitments a more permanent purchase on political priority, all the countries represented at the World Summit, and many more who have subsequently signed its Declaration and Plan of Action, also agreed to draw up detailed national programmes for reaching the agreed goals. Over 130 countries have issued or will soon issue these ten-year plans. More than 50 countries have so far indicated they will restructure budgets to increase the proportion of government spending devoted to basic education, primary health care, nutrition, water, and sanitation. On the way to achieving the year 2000 goals, UNICEF believes the following goals can be reached by 1995:

1. eliminate neonatal tetanus
2. reduce measles mortality by 95% and measles morbidity by 90%
3. achieve 80% usage of ORT as part of diarrhoea disease control
4. eradicate polio (selected countries)
5. make all hospitals "baby-friendly", by halting free infant formula supplies and following the Ten Steps recommended by UNICEF and WHO
6. eliminate iodine deficiency diseases
7. eliminate vitamin A deficiency
8. eradicate guinea worm disease
9. raise immunization coverage to 80% or more in all countries.

A large number of countries and several regional groupings have committed themselves to these or similar intermediate goals, and are beginning to accelerate national and local programmes to reach them. A mid-term review will be held in 1995 -- possibly at the first-ever World Social Summit -- to measure progress towards keeping the promises that have been made to the world's children.

For the first time since the dawn of history, humankind has embraced common goals and standards, and is engaged in medium- and long-term planning for its young.

The Convention on the Rights of the Child

This is paralleled by the unprecedentedly rapid spread of acceptance for the Convention on the Rights of the Child, which seeks to lay down minimum standards for the survival, protection, and development of all children. By treating civil and political rights, on the one hand, and economic, social and cultural rights, on the other, as equally necessary for children's well-being, the Convention eloquently puts an end to the sterile debates of the Cold War era, in which ideological adversaries championed one set of rights to the exclusion or relegation of the other -- to the detriment of children on both sides of the East-West divide. The Convention was adopted by the General Assembly of the United Nations towards the end of 1989 and came into force, with the necessary 20 ratifications, on the eve of the 1990 World Summit for Children -- record time for a human rights treaty.

Usually, such conventions require decades to achieve the stage of widespread international recognition; but in this case, the Summit urged all national governments to ratify as quickly as possible and 132 have so far done so. If human rights and children's advocates "turn up the heat" on the handful of foot-draggers, this "Bill of Rights" for children could become the first universal human rights treaty by 1995. Among other rights, States Parties recognize the right of the child to the highest attainable standard of health, with emphasis on primary health care.

A small price to pay

UNICEF estimates that it would cost approximately \$25 billion a year to achieve in the developing countries the goals established at the World Summit for Children. \$25 billion a year is less than 5% of the world's annual military spending. The U.S. share would be some \$2 billion additional for these programmes, less than Americans spend each month on beer, and an amount which could be found, in this post Cold War era, by restructuring U.S. economic and military assistance which now totals more than \$15 billion annually.

Even within present resources, much more could be achieved if more priority were given to meeting the needs of the poorest. Only about 10% of government spending in the developing world is allocated to basic nutrition, health care, water supply, sanitation, primary education, and family planning. Furthermore, less than 10% of development aid is earmarked for these obvious priority human needs.

What is required now is a doubling of current expenditures and efforts - so that at least 20% of government spending and at least 20% of foreign aid goes directly to meeting basic, obvious needs. Given this modest increase in resources, and a sustained political commitment in all countries to see the job through, it is possible to achieve, within a decade, one of the greatest goals that humanity could ever set for itself -- ensuring a basic standard of nutrition, adequate health care, and education for every man, woman, and child on earth.

The importance of the Convention, the Summit goals, and the national programmes of action that have been drawn up should neither be overestimated nor underestimated. At the moment they remain, for the most part, promises on paper. But when, in the mid-1980s, over 100 of the world's political leaders formally accepted the goal of 80% immunization by 1990, that, too, was just a promise on paper. Today, it is a reality in the lives of tens of millions of families around the world.

One lesson to be learned from that achievement is that formal political commitments at the highest levels are extremely desirable if available solutions are to be put into action on a national scale. But a second lesson is that such commitments will only be sustained and translated into action by the dedication of the professional services; by the mobilization of today's communications capacities; by the widespread support of politicians, press, and public; and by the reliable and sustained support of the international community. Most of the countries that succeeded in reaching the immunization goal, including many that were among the poorest and the hardest hit by problems of debt and economic adjustment, succeeded primarily because large numbers of people and organizations at all levels of national life became seized with the idea that the goal could and should be achieved.

Only by this degree of popular participation, by the practical and political energies of literally millions of people and thousands of organizations, will the new commitments and the promises of the 1990s be given a priority in national life.

On a global scale, renewed leadership on the part of the United States will be absolutely crucial. Frankly, the United States has in the past decade been retrogressing or stagnating in many areas of children's well-being, while much of the developing world has been making dramatic progress at a time of great economic difficulties. Much of what has been accomplished globally has been done with little active U.S. government leadership, except from a bipartisan Congress. Now think of what could be accomplished if both ends of Pennsylvania Avenue were to exercise, together, the kind of leadership that is needed. By increasing investment in American children and strengthening American families, and by reordering foreign assistance to reflect this new priority, the

United States, the world's sole superpower, would once more set the global standard and give a major boost to human development and economic growth -- and to democracy and human rights -- at home and abroad.

Physicians and public health professionals can and must take the lead in ensuring that this comes about.