File Sub: CF/EXD/SP/1986-0004

Address by Mr. James Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
European Parliamentarians' Forum on Child Survival, Women and Population

The Hague, The Netherlands
12 February 1986

cover + 13pp + Ø b

3

1946- 40 Years for Children
1986 Au service des enfants

unicef

United Nations Children's Fund
Fonds des Nations Unies pour l'enfance

File Sub: CF/EXD/SP/1986-0004

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

to the

European Parliamentarians' Forum on Child Survival, Women and Population

The Hague - 12 February 1986

Your Majesty,
Minister Schoo and Chairman Scheltema,
Dr. Mahler and Mr. Salas,
distinguished Parliamentarians
and friends of development cooperation:

It is especially appropriate for the UNICEF family to have taken an active role in the organizing of this Forum here in Europe at this time. It is something of a homecoming for us, since, after all, it was here in Europe that UNICEF really started helping children in 1946. It is fitting that we should return here in these opening moments of our 40th Anniversary year.

I will not claim the reconstruction of Europe and its present day vitality and prosperity as a "UNICEF success story". That is of course, vastly more than we have a right to claim. But I suspect that we can claim many individual human "UNICEF success stories" in Europe.

How many Europeans were set on the path that could lead them toward serving in the parliaments and governments of your nations today because the nations of the world - rich and poor together, strong and crippled together - said in 1946 that "we have a responsibility for the children if we care about tomorrow"? As a consequence, tens of millions of European children benefited.

Yes, I think UNICEF can claim to have contributed to quite a few success stories during its 40 years.

A great distance...yet not so great

Europe, too, can of course claim considerable success. Quite a lot of progress has been made in these past 40 years. Quite a lot in these past 100 years.

9345G

cover + 13pp + 0b

Indeed, the difference between Europe today and most developing countries today is really not so great as many might think. Not so great in distance, as we learn in a world brought increasingly closer together through communications and transportation: just this morning I was in New York, and if I leave now I could have a late dinner in India. And not so great in time or development, either.

We meet here in this historic structure that represents so much of Holland's progress and civilization...in this capital of a country which now has one of the lowest infant and child mortality rates, lowest birth rates, and the highest standards of living and industrialization in the world of the 1980s. It is hard to think of the Netherlands as only relatively recently having made the transition from what we today call a "developing" country to a "developed" or "industrialized" country.

Think about it, if you would. How long ago was it that Holland actually made that transition? How long ago was it that France evolved from a primarily agricultural economy to an industrial and service economy? How long ago was it that all, or even most, Italians were reached by comprehensive health and social services? How long ago was it that Polish children first grew from infancy to adulthood without ever feeling the pangs of sustained hunger? How long ago was it that Finnish life expectancy, and Swedish infant mortality, reached the levels which we now consider "developed country" standards?

Not long ago. Far, far less than just a century ago. For Italy, only a generation ago.

Your Majesty, I had the opportunity of sharing these thoughts with Her Majesty Queen Margrethe of Denmark not too long ago, having been stimulated by a book on the New History of Denmark 1880-1960 [Soren Morch; English translation by Bodil Christensen] which I had recently read.

In 1880, half the population of Denmark was still rural, like Brazil and Turkey today.

In 1880, just over 100 years ago, hunger still came to many families at least once in every generation, as in South Asia today.

In 1880, the Danish life expectancy of 46-47 years was comparable with that today in Ethiopia, the Sudan, Yemen and Bangladesh - well below even India's current 52 years life expectancy at birth and the Netherlands' 76 years today.

In the early 1880s, Denmark's infant and child mortality rates were comparable to those of Sahelian Africa today. The better-off could expect one out of every six children to die before the age of five, and the worst-off could expect three out of every five - 600 out of every 1000 born - to die before age five.

In 1880 rickets, tuberculosis, and stunted growth were widely thought to be hereditary - not, as we know today, the results of malnutrition and infection.

Today, the average Dane is a head taller than his predecessor of a century ago.

Today, only 1 Dane - not 20-25 as a century ago - of each 100 born will die before the age of five.

The real change came only after World War I, when sustained hunger was banished in Europe for the first time in thousands of years of recorded history. The Danish infant mortality rate of over 60 and the life expectancy rate of 59 years in 1920 - then the very best in the entire world! - were still worse than those today of Brazil, Mexico, Colombia, the Philipines, Thailand and nearly double that of Sri Lanka - a country whose per capita income is still less than that of Holland two centuries ago.

Having so recently emerged from the seeming "hopelessness" of developing country conditions, it is not surprising that so many Europeans understand that, as Paul Hoffman of the United Nations once stated, "All countries are developing countries".

I share these thoughts on the brevity of history with you because I think it important that a consideration, such as this Forum, of the issues of child survival, women in development, and population must begin with an understanding that, although we in the developed countries have come a long way, it is not really that long; that although there is a long way to go for the developing countries, it need not really be that long. The object, now, is to see how the developing countries can cross that distance in the shortest time - in a far shorter time than we of the industrial countries - with the greatest benefits for the greatest number of their peoples, and with the least damage to their cultures, so that they, too, might soon celebrate their advances in the context of their historic heritage, just as we do today in this historic building.

Progress lost?

These past 40 years, in which UNICEF has played a modest part, have brought more progress for children and women the world-over than the preceding thousand years. Infant and child mortality rates have halved. Literacy rates have soared. Yet in the 1980s that progress has slowed, for the first time since World War II, and, in many cases, reversed. The first years of the 1980s have seen the world move from a strong and growing economy that could lift many from the deprivations of poverty and offer new opportunities for establishing the role and rights of all people in their societies, to a world in which the FAO projects that the number of hungry and malnourished - mostly children and women - have increased. In some countries this is especially so because of drought, hostilities, or extreme exploitation. But in most cases it is a consequence principally of the protracted economic difficulties which have afflicted all countries during this decade and the inadequate attention to the poorest.

In Ghana, to give only one example, real government health expenditures per capita have declined by more than 80 per cent; attendance at hospitals and clinics dropped by about one-third between 1979 and 1984. Child malnutrition

rose by one-third between 1980 and 1984, to the point that 45-50 per cent of the children under 5 suffer from varying degrees of malnutrition. Infant and child mortality has increased significantly. In Latin America, where levels of development and child welfare are basically much higher than in Africa, there is evidence of rising levels of malnutrition in a number of countries. In many cases there is a slowing in the rate of decrease - and in some such as Ghana a significant increase - of infant and child mortality, and all too many indications of a decline in a variety of aspects of child welfare.

Particularly unfortunate is the fact that, from country after country, reports indicate that women and children have been bearing a disproportionate burden of the recession - from the loss of employment to often particularly severe cutbacks in government support services for mothers and children. This critical situation is further detailed in UNICEF's special report, Within Human Reach: A Future for Africa's Children.

This retrogression threatens not only children, but also progress with respect to women and the progress which has been made in accelerating population stabilization.

A chance to move forward again

Before turning to how momentum can be regained, it is worth noting how child survival, women and population issues interact, and how progress - or retrogression - in each can affect the other two.

There are, of course, a series of obvious positive inter-linkages: healthy women have healthier babies, many more of whom survive ... literate women are not only more aware of family planning options, but also more desirous of employing them ... literate women also have far fewer babies which fall seriously ill and die. But we must also be aware of the negative inter-linkages: high-risk pregnancies - those associated with "too close, too early, too late or too many" - produce weaker, unhealthy babies as well as weaker, unhealthy women ... high infant and child mortality rates encourage high fertility rates by families determined to protect their security in old age ... sick children drain the health, energy and financial resources of their families, but particularly of their mothers.

To illustrate this last observation, let me note that it is not widely recognized that the typical mother in a poor community in a low-income country faces the prospect of each of her young children being ill 160 days a year, often so seriously that she, on average, can expect one of her children to die, and another to become permanently impaired and a long-term burden on the family. Since this is an average, many families suffer a far more serious burden. In each serious case of child illness, she is likely to spend some (often a surprisingly large share) of her scarce financial resources for medicines and medical care. Many families in low income countries spend up to 10 per cent of their income - and particularly the income controlled by the mother - on anti-diarrhoeal drugs alone. And who can calculate the emotional impact on the mother (and the surrounding family) of each child's loss or impairment, reinforcing her feelings of helplessness and lack of confidence in her own capacity to control her life?

It is readily understandable why UNICEF provides vigorous support to all three sectors we are discussing today and tomorrow, and why UNICEF works so closely with WHO and UNFPA.

Perhaps the most urgent challenge of our time (short of the survival of the planet itself) if nations really care about the circumstance of the vast majority of the world's people is how we regain the historically unprecedented momentum of progress for children and the great masses of people of the 1950s, the 1960s and the 1970s, despite the negative conditions and trends of the 1980s.

Perhaps to advocate resumed acceleration of development progress in these three critical areas for the world's poorest billion people is to invite the charge of naivety. It is a "naivety" which UNICEF embraces with the utmost vigour. For the realism or naivety of any goal is almost always a question of both priorities and possibilities.

Frankly, the possibilities exist for a vigorous recapturing of past momentum. They exist today because of one central new development of recent years - largely a by product of the efforts 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 million small children each year; truly vigorous support by you in this room and by people like you could mean annually saving the lives of 5 million small children - more than 10,000 each day - by 1990, and improving the health of more than 100 million more while also decreasing population growth and dramatically improving the well-being of women.

What is this new development? It is the new capacity - the new potential - to communicate. Indeed, it is the <u>revolution</u> in social communications and organization which has occurred in recent times and which only now is beginning to be increasingly used for children. An almost incredible transformation has taken place in virtually every country with respect to the capacity to communicate, no matter how poor or under-developed. With the help of foreign aid programmes and international institutions like WHO, UNFPA, UNDP, the World Bank and UNICEF, but largely through the efforts of their own countries, people are now far, far better organized. In small villages and towns, they have banded together as farmers or women or factory workers or retailers. They have set up training programmes and schools to the point that most young mothers in their 20s and 30s can now read and write. With increased incomes, they bought equipment and supplies. They linked up with other groups in other communities and set up networks. They equipped themselves with radios in almost every home, and at least a television or two in every village, and frequently in many homes, with the result that people throughout a country can know what is going on and how to do things. Religious structures - whether Christian, Islamic or Buddhist - have a whole new capacity to communicate. And, perhaps to the surprise of those of us in the "developed" world, it now seems that people in such less-developed areas as Africa, South Asia and north-east Brazil - while they still have per capita incomes lower than those of our European forefathers two centuries ago - now have a capacity to communicate not achieved in the industrialized world until the mid 20th century - just one generation ago.

The revolutionary potential of these advances on the condition of life for the masses is being most dramatically experienced in the field of child health, as the evolution in the capacity to communicate in low-income communities coincided with the realization that major, grossly underutilized technological advances of recent years could bring about revolutionary improvement in the well-being of children - a 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.

These new, improved, rediscovered or newly appreciated technologies, which are detailed in UNICEF's annual report, The State of the World's Children, 1986, include:

-- The recently discovered oral rehydration therapy consisting of a remarkable simple treatment with salts, potassium and glucose (sugar) in water - costing only a few cents, which can be applied by parents at home for a child suffering from diarrhoeal dehydration, the number one child killer that claims nearly 5 million lives annually. No wonder Britain's Lancet described this as "potentially the most important medical advance of this century".

-- Recent advances in vaccines, now costing only fifty cents to immunize a child for life against tetanus, measles, polio, whooping cough, diptheria and tuberculosis which cripple and kill several millions of children every year.

-- The recently appreciated, through scientific analysis, merits of breastfeeding and improved weaning practices.

-- Growth monitoring through frequent charting (usually monthly) of weights that enables the mother to detect the early signs of malnutrition and in a surprising majority of cases deal with it through means within the parents' own control.

-- Better family spacing of children, which alone could reduce the infant toll by half.

To be effective, 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. We all know how difficult it is to have people adopt new practices, and this is particularly true of mothers from low income and often illiterate families who may be reluctant to bring their children for vaccination, a process which the mother probably doesn't understand in the first place and particularly so after the child runs a fever after each immunization visit, as is often the case.

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 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. Need I remind all of us who have given up smoking how much societal support we required?

...and lives are being saved

It has been exhilirating to see how fast this potential has advanced in the just three years since first articulated with respect to primary health care.

Colombia, for example, is a country which is pulling this whole group of ideas together. Beginning in 1984, Colombia started on the immunization front. The key was leadership from the top for all sectors of society to be persuaded to participate. President Betancur talked to the media, including the leading opposition papers. He persuaded the press and the radio and television stations to co-operate, and then he recruited the Church and the Red Cross, 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, to immunize the great majority of the children of a country against five major diseases then killing and crippling more than tens of thousands of Colombian children each year. For the children of the world, with more than 10,000 dying each day from these six diseases, this accomplishment in Colombia was far more significant than even man's landing on the moon 15 years before.

The Campaign began in June, 1984. By the end of that August more than three-quarters of the under-fives had been fully immunized. Repeated again last fall with particular emphasis on the most vulnerable under-twos, the total rose to over 80 per cent...sufficient in most areas to provide "herd" immunization.

Colombia illustrates the use of communications with a vengeance. The results demonstrated how spectacularly we can, if a country will only mobilize fully, defend children against these brutal mass killers and cripplers. The great majority of Colombian children now have been immunized and a significant start made on teaching millions of mothers how to use oral rehydration therapy, thereby saving the lives of more than 10,000 children a year who would have died only two short years ago while simultaneously saving many millions of dollars for Colombians and greatly strengthening the Primary Health Care system. Similar techniques are beginning to be used in country after country, with each country tailoring the approach to fit the particular structures and cultures of that country.

It is particularly fascinating to watch as these efforts become politically relevant as well as socially. It becomes good politics for leaders to apply these techniques. It is sufficiently good politics that last year in El Salvador all the feuding factions were persuaded to lay down their arms for the Sundays of February 3rd, March 3rd, and April 23rd and pick up their children - and immunize them. When Salvadorians realized that more children died in that war-torn country from not being immunized than all the

people who had been killed in all the fighting the year before, they understood the magnitude of the tragedy. And they were willing to co-operate - or, at least, to not shoot at each other - to allow a National Immunization Campaign to go forward. And so the government, and the guerrillas, and dozens of private groups (including notably the Church and the Red Cross) all set out to protect children, rather than to catch them in the crossfire.

Turkey launched its child survival revolution just this past September, with a national immunization week for 5 million under-fives vulnerable to the six diseases which in 1984 took the lives of more than 30,000 small children, and crippled tens of thousands more. Within three months, using and improving on many of the same techniques as Colombia, with imams - more than 50,000 - taking the lead in each mosque just as Colombian priests had in their churches, some 85 per cent of all young Turks were fully immunized against these dread diseases.

These success stories are not alone. They are being joined by others - in Burkina Faso, the Dominican Republic, Ecuador, Nigeria, Pakistan, Peru, Egypt and many others. In Egypt, the toll of more than 100,000 small children annually from the dehydration from diarrhoea has been more than halved in just three years. And massive new efforts are beginning - such as in India, where more than 1 million children died last year as a consequence of not being immunized, but where a programme is now underway to achieve universal immunization of Indian children by 1990 as a "living memorial" to the late Indira Gandhi.

People taking charge:

for children...for women...to limit their families

The Child Survival and Development Revolution rests upon one central foundation embodied in the concept of Primary Health Care: that people can and ought to be enabled to take far greater care of themselves. Indeed, there is very much a common tie between these sets of problems affecting the developing countries and the concerns of many people in European and other developed countries. The essence of all of this is a new respect for the capacity of the individual and the importance of governments enhancing and encouraging use of that capacity. Consistent with this, these new technologies are much more relevant to the family - enabling people to take action - than to big institutions with experts in "white coats" intervening. The same is true on new agricultural technologies of relevance to subsistence farmers which are becoming available...the potential for a comparable food security revolution for poor farmers in Africa - mostly women - is just now becoming visible.

The challenge has many similarities in a wealthy country, like the Netherlands, as in a poor country, like Niger. Better health today, in this country, comes far more from what you can do for yourself than from what some giant research hospital does to you. We could spend tens of billions of dollars more on curative facilities and measures in order to add perhaps one more year to the life expectancy of the average North American or European male. But, as the U.S. Centres for Disease Control has said, that same

average male, at virtually no cost, could add eleven years to his life expectancy. How? By not smoking, by drinking in moderation, by controlling the quantity and quality of the food he consumes, and by exercising. This revolution is starting in the industrialized countries, but is far more advanced among the better educated and affluent and, regretfully, lags most among the poor who need it most.

In effect, what I am saying is that the major frontier for progress even in difficult economic times lies with educating and empowering individuals to do more to help themselves. The implications of this empowerment go far beyond the immediate objective of saving children's lives, important as that may be. The areas of women's development and population stablization clearly offer the next great opportunities for applying this approach to accelerating progress. And the relationship of each of these sectors to the others, again, is obvious.

Halving the infant and child death rate can also be expected to greatly accelerate the drop in fertility rates from those now projected, and, in fact, could be the most important new intervention in the last 15 years of this century toward reducing population rates. The only question is by how much - whether we're talking about a net reduction of births over deaths of a few million per year, or vastly more than that. If all the developing world had the infant and child death rates of Sri Lanka, after all, 7 million fewer children would be dying each year. And if all developing countries had the birth rates of Sri Lanka, 35 million fewer babies would be born each year. This is not surprising since most mothers, before sharply reducing their number of births, want to be assured, to quote the late Prime Minister Indira Gandhi of India:

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

And as Tanzania's President Julius Nyerere said:

> "The most powerful contraceptive is the knowledge that your children will survive."

Combined with accelerated family planning education and greater access to family planning methods, as WHO, UNFPA and UNICEF are seeking to do, the drop in fertility could be major.

The beneficial effects of planned births are also reflected in lower infant mortality and the creation of a more favourable climate to stimulate the socio-psychological development of the child. As the International Conference on Population at Mexico City declared of the beneficial synergism:

> "...Through breastfeeding, adequate nutrition, clean water, immunization programmes, oral rehydration therapy and birth spacing, a virtual revolution in child survival could be achieved. The impact would be dramatic in humanitarian and fertility terms."

It is precisely because of the relationship between infant and child mortality reduction through these means and fertility reduction that the present potential for dramatically improving child survival and well-being offers a real prospect for accelerating fertility decline and achieving population stablization.

The advantages of such a prospect for women cannot be overstated. Our strategy to accelerate child survival and overall well-being through low cost measures such as growth surveillance, oral rehydration, promotion of breastfeeding and immunization brings far-reaching changes to a woman's life that stretch beyond the area of health of their children. It provides women with a technical and psychological capacity to begin to control important events in their lives; it contributes to emotional tranquillity, substantial financial savings and a major time release in their lives as the thrust of child death and continuous illness is greatly eased.

Empowering women with knowledge of techniques for child protection is the key to unlocking not only a health revolution but the potential for women to develop greater confidence in their abilities to control life events as they realize that their own actions can make a major difference as to whether their children live or die. This knowledge alone can act as a springboard and mark the beginnings of a major frontier of progress towards educating and empowering women to be proactive rather than reactive and to have confidence in their abilities to do more for themselves in other spheres of life - not only as mothers but as food producers, traders, midwives, agents of community development and other roles performed by women.

Fostering such a climate of realistic hope and possibility is an imperative if we are to contribute effectively to improving the condition of women - particularly the poor who too often are afflicted by a sense of powerlessness and fatalistic acceptance of life events.

The Child Survival and Development strategy also calls for increased attention to female education, family spacing and food supplementation. The promotion of women's education has been more strongly reinforced within UNICEF with the child survival strategy by evidence of the direct linkage between increases in women's ability to read and write and declining infant mortality rates. This has prompted large-scale sustained UNICEF support to national literacy programmes. As the World Bank concluded in 1980, "educating girls may be one of the best investments a country can make in future economic growth and welfare".

The challenge for Parliamentarians

What can you do? What is the role for the Parliaments of Europe - and of the developing country Parliamentarians represented here today - in advancing this cause?

I would normally, from my position as Executive Director of the United Nations Children's Fund, appeal to you for two forms of assistance: first, for the moral assistance of advocacy and policy commitment which would support the advancement of these strategies through their application by developing

countries (as well as by all authorities responsible for the protection of the poor and the vulnerable, especially children); and second, for the financial assistance which makes application of these strategies possible.

You will pardon my bluntness, Your Majesty and ladies and gentlemen, if I say to you that, while we will always benefit from and need increased moral assistance, it is money that we're most urgently short of at this time in 1986 and 1987.

I do not say this flippantly. The world has witnessed an extraordinarily enthusiastic response in the past three years to the proposal which the United Nations first articulated, saying that "a child survival and development revolution is now possible". Commitment to these breakthroughs has been expressed by scores of world political, health and social leaders. United Nations Secretary-General Pérez de Cuellar was the first to speak out; he was quickly followed by many others, including the Presidents or Prime Ministers of Canada, France, Japan, Sweden, the United Kingdom and the United States, as well as by such global institutions as the Holy See, the League of Red Cross Societies, the International Pediatrics Association, and many others.

Thus, the particular objective of Universal Child Immunization by 1990 - a United Nations goal which only in 1985 became a truly realistic possibility - was perhaps the only single issue upon which virtually all countries could agree as they commemorated the 40th anniversary of the United Nations last October.

Such a groundswell of support and expectation has now been raised that we can virtually say that "the momentum is there" to make tremendous progress in the condition of children in most every country in the next 5 years.

The danger - the very immediate danger - is that our ends now exceed our means ... that we have raised expectations beyond our capacity to deliver.

Accomplishing the very basic objective of Universal Child Immunization by 1990 will require an additional $100 million each year over the resources now expected to be available. A substantial start has been made, particularly among several private endeavours which are now raising funds (including Rotary International, which has pledged to raise US$120 million, and the National Committees for UNICEF), as well as from some governmental sources. The Government of Italy has pledged up to US$100 million toward immunization in Africa over the next three years. The United States Congress has appropriated a US$50 million Child Survival Fund for 1986, of which a good portion will support immunization activities. But much more is needed, not only for immunization, but for the other techniques as well.

I will again be blunt by saying that it is to Europe that we must now turn for leadership on this. As the United States responds - belatedly - to the demands to gain control of its US$200 billion deficits, assistance programmes to protect and support Third World children and women, and to limit families, will surely for a time have a hard time at holding priority against American domestic needs. We can no longer depend upon the United States to sustain its financial leadership in this field during the next two critical years; we must depend on Europe for dynamic leadership.

The choice is ours

Over the next few years, it will not be easy to mount the massive effort required "to save the succeeding generations" for whom the United Nations was founded 40 years ago. The effort will require both political commitment at the highest levels and the mobilization of all possible resources - nationally and internationally - to empower and support parents with the knowledge and the means to bring about such a change. But by the same token, there is now an opportunity for any government, and almost any organization or individual, to play a part in bringing about this significant improvement in the lives of the world's children. And in so doing, to establish a pattern and a method which can bring great advances on the situation of women, on population growth, and on many other social imperatives.

If, in the face of this do-able low cost opportunity, we continue to allow so many millions of young children to die and so many millions more to become disabled and malnourished each year, then there will indeed be cause to ask for whom so many bells toll. For what realistic hope will there be left for a more just, more humane, more peaceful world, and what price the "sanctity" of human life, if that world ignores such a relatively easy opportunity as this to save the lives and health of so many of its most vulnerable members?

If, on the other hand, this challenge were to be accepted, then it would be a sign of hope as much for the adult world as for its children. For although in one sense what is at issue is a relatively modest set of practical objectives which can be achieved over a remarkably short period of time - the next 5 to 10 years, in another sense we are talking about nothing less than a genuine step forward for civilization itself.

In our national societies, and in the international community, we have the knowledge, we have the techniques, we have the organizational capacity to cut in half the world's death and disability rates of children which now take a daily death toll of 40,000 small children and a daily disability - a crippling - toll of another 40,000. We are therefore confronted with a stark question: do we have the will?

And of those who would argue that it is not a matter of will but of resources, it must now be asked - how low does the cost have to fall before the will is found? We are now talking about a particular opportunity by 1990 - just 5 years from now - to save the lives of approximately 5 million young children a year, and to protect the normal development of many millions more, at an additional annual cost which certainly need not exceed US$1 billion - one-tenth of 1 per cent of the world's yearly expenditure on arms. If the will to accept that challenge is missing, then perhaps it will never be there. For in all realism, it is unlikely that there will ever again be such an opportunity to do so much for so many, and for so little.

+ + + + +

European Parliamentarians' Forum on Child Survival, Women and Population

INTEGRATED STRATEGIES

Parliament Building, The Hague, the Netherlands
February 12th and 13th, 1986

PURPOSE OF THE FORUM

Under the auspices of the Ministry for Development Co-operation of the Netherlands, the Forum has been organized in co-operation with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the United Nations Fund for Population Activities (UNFPA).

The Forum will provide a unique opportunity for Parliamentarians from Europe and other countries in both the developed and developing worlds to acquire substantive information and examine integrated approaches to some of the world's most crucial issues.

The Forum will pose some challenging questions to Parliamentarians concerning their role and responsibility with regard to the less developed countries.

The Forum will give ample opportunity to discuss the role of Parliamentarians in generating support to social and economic programmes of the United Nations and to guide their future development.

PROGRAMME

February 10th and 11th: Arrival and registration of participants

February 12th

09.00 Departure by coach from hotel to Parliament Building

09.30–13.00 Opening by MRS. E. M. SCHOO, Minister for Development Co-operation, the Netherlands

Introductory Statements by

- DR. H. MAHLER, Director General of the World Health Organization
- MR. J. GRANT, Executive Director of the United Nations Children's Fund
- MR. R. SALAS, Executive Director of the United Nations Fund for Population Activities

13.00–14.00 Buffet sandwich lunch

14.00–16.00 Presentation of main topics

- *Child-spacing, Child Survival and Maternal Health* by DR. ATTIYA INAYAPULLAH, Minister of State for Population, Pakistan
- *Role of Women in Child Health and Population in a Changing Society* by MRS. SOW ROKIATU SOW, President of the National Women's Union, Mali
- *Adolescent Sexuality: Growing Concern for Families and Governments* by DR. M. GILMOUR, Minister of Education, Jamaica

Plenary discussion on topics

16.00–17.30 Discussion groups on

- *Child-spacing, Child Survival and Maternal Health*
- *Role of Women in Child Health and Population in a Changing Society*
- *Adolescent Sexuality: Growing Concern for Families and Governments*

19.00–22.00 Dinner, offered by the Minister for Development Co-operation, Mrs. E. M. Schoo

February 13th

09.00 Departure by coach to Parliament Building

09.30–13.00 Continuation of discussion and formulation of conclusions and recommendations by three discussion groups

13.00–14.00 Buffet sandwich lunch

14.00–15.30 Presentation of reports of discussion groups

15.30–17.00 Panel discussion on Mobilizing Public Support

Closing statement of host country representative

19.00–24.00 Buffet dinner and cultural evening

A social programme will be arranged for accompanying partners on February 12th and 13th. Details available on arrival

February 14th (optional – depending on number of participants)

09.00–17.00 For participants wishing to stay an excursion will be arranged to an industrial company, cultural institutions and typical Dutch sights
Details available on arrival