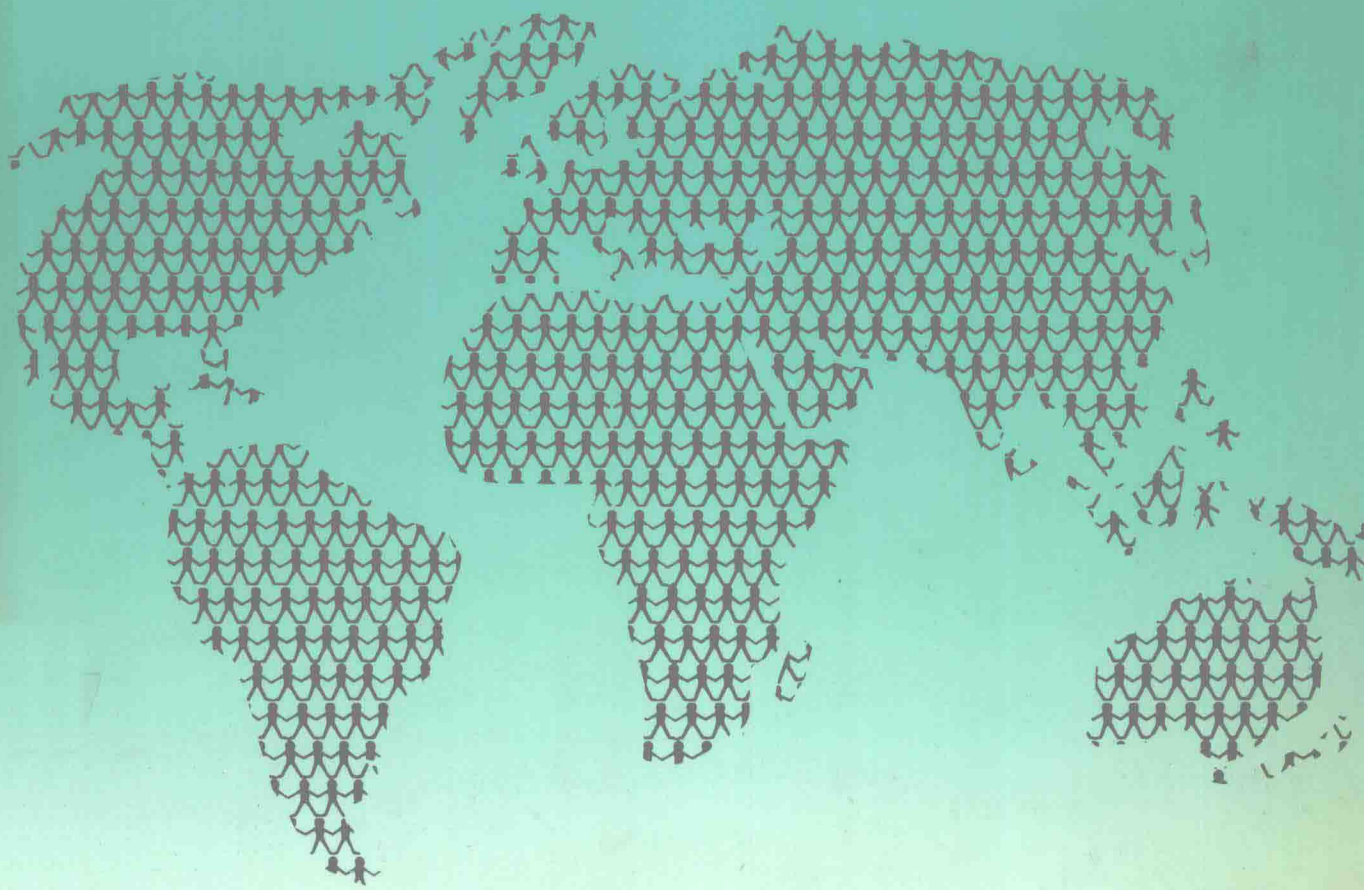
THE STATE OF THE WORLD'S CHILDREN 1987



United Nations Children's Fund
(UNICEF)

THE STATE OF THE WORLD'S CHILDREN 1987

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THE STATE OF THE WORLD'S CHILDREN
1987

I

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James P. Grant

The under-five mortality rate (U5MR) is the number of children who die before the age of 5 for every 1,000 born alive. This year, it is the U5MR figure which governs the order in which the countries are listed in the statistical tables of The State of the World's Children report.

Figures given for the under-five mortality rates of particular countries, in both the text and statistical tables of this report, are estimates prepared by the United Nations Population Division on an internationally comparable basis, using various sources. In some cases, these may differ from national estimates.

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Capacity and morality

In the forty years since UNICEF was founded, there has been a major change in global morality. Today, our world no longer allows millions of its children to die in the sudden emergencies of drought or famine anywhere on the planet. Whether the crisis be Kampuchea in 1979-1980 or Africa in 1984-1986, the attention of the mass media ensures that enough of the world's people and enough of the world's governments are moved to the kind of action which, at the very least, prevents mass deaths.

Forty years ago no such ethic prevailed. In the early 1940s, for example, an estimated 3 million men, women and children starved to death in Calcutta and Bengal while the world knew little and did less.[1]

Such a change is a significant step towards a more truly civilized world. But on its fortieth anniversary,* UNICEF's message to the world is that the time has now come to take the next step.

By far the greatest emergency facing the world's children today is the 'silent emergency' of frequent infection and widespread undernutrition. No 'loud emergency', no famine, no drought, no flood, has ever killed 280,000 children in a week. Yet that is what this silent emergency is now doing – *every week.*

Now, the time has come for governments and peoples to decide that it is just as unacceptable for so many millions of children to die every year of needless malnutrition and infection as it is for them to die in sudden droughts or famines.

That time has come because in the 1980s we have, for the first time, the knowledge and the means to defeat infection and undernutrition among the world's children on a massive scale and at an affordable cost.** And as a dramatic demonstration of that new potential, the lives of over 4 million children have already been saved, *in the last five years alone*, by nations which have mobilized to put today's low-cost solutions into action on the necessary scale. Within the last twelve months the increasing outreach of just two of those low-cost methods – immunization and oral rehydration therapy (ORT)*** – has saved the lives of an estimated 1.5 million children under the age of five (see figs. 1 and 2).

The first half of the 1980s has therefore shown that a revolution in child health is possible, even in the face of the economic recession which still confronts so many nations of the developing world.

The sustained severity of that recession – and its impact on the most vulnerable – is summar-

* The book version of the 1987 *State of the World's Children* report contains a special chapter to commemorate UNICEF's fortieth anniversary. Introduced by Varindra T. Vittachi, Deputy Executive Director of UNICEF, the chapter presents over 30 charts and graphs summarizing the main changes in the world of mothers and children during the last four decades – including a halving of infant and child mortality rates.

** Of the more than 14 million under-five deaths each year, approximately *half* could be readily prevented by implementing the low-cost solutions now available (see pages 24–35).

*** Oral rehydration therapy is an inexpensive method by which parents can prevent or treat the dehydration, caused by diarrhoea, which now kills over 3 million children each year (see pages 35 to 45).

The recession: adjustment with a human face

This year's *State of the World's Children* report documents the dramatic progress of child survival strategies in many nations of the developing world. But in a separate report to be published early in 1987, UNICEF draws attention to an opposing force now affecting the world's children – the continuing economic recession.

Stagnating trade, falling commodity prices, declining aid, mounting debt repayments, and a steep drop in private lending, have stalled economic development in many countries during this decade. Between 1980 and 1985, average incomes fell in 17 out of 23 countries in Latin America and in 24 out of 32 countries in sub-Saharan Africa. Overall, average incomes fell by 9% in Latin America and by 15% in Africa. Only the more dynamic economies of south-east Asia, and the larger, more insulated nations such as India and China, have managed to sustain significant economic progress.

As a result, many nations have faced severe balance-of-payments crises, with import bills and debt repayments heavily outweighing aid, loans, and export earnings. Adding to the strain, government spending has frequently exceeded revenues, leading to unsustainable internal deficits.

When such strains become unsupportable, policy reforms become inevitable. Such reforms have become collectively known as 'adjustment policies'. Their common aim is to reduce huge balance-of-payments deficits, meet essential foreign exchange requirements, maintain vital imports, honour debt repayment schedules, and lay the foundations for renewed economic growth.

After seven lean years, adjustment policies now dominate the economic strategies of many developing nations and are a condition of support from the International Monetary Fund (IMF), to which approximately 70 nations have had to turn for help during the 1980s.

The forthcoming UNICEF study examines such adjustment policies from the point of view of their effect on the poorest families in the developing world. Its overall conclusion is that "the standard of health and education services is declining in many countries" and that "deteriorating health and nutrition is widespread" among the young children of Africa and Latin America.

The report shows that malnutrition, low birthweights, and child deaths are on the increase among the poor of such countries as Barbados, Belize, Bolivia, Brazil, Chile, Jamaica, Philippines, Uruguay and several African nations where years of recession have been exacerbated by years of drought.

Government spending per head on health and education has also declined in half the nations of Africa and Latin America during this decade. The result, in many countries, is schools without books and paper, and clinics without adequate staff or essential supplies.

UNICEF does not question the need for adjustment policies leading to a restoration of economic growth. But UNICEF does question whether it makes either human sense or economic sense to sacrifice the growing minds and bodies of the next generation on the altar of adjustment policy. Arguing for 'adjustment with a human face', the report points out that "policies which undermine a nation's most valuable resources – its human resources – weaken its future economic capacity".

Present adjustment strategies usually include cuts in government expenditure (especially on consumer subsidies such as food); credit restrictions and currency devaluation to cut demand for imports; increased producer prices to stimulate production (especially in agriculture); and the liberalization of imports and privatization of state-owned assets to try to improve economic performance. In sum, deflationary policies predominate.

Inevitably, falling employment and wages, along with rising prices for basic commodities, strike hardest at those who have least scope for making economies and must therefore do without necessities. Similarly, cuts in government spending on health and education have most effect on those who are most dependent on such services – again the poor.

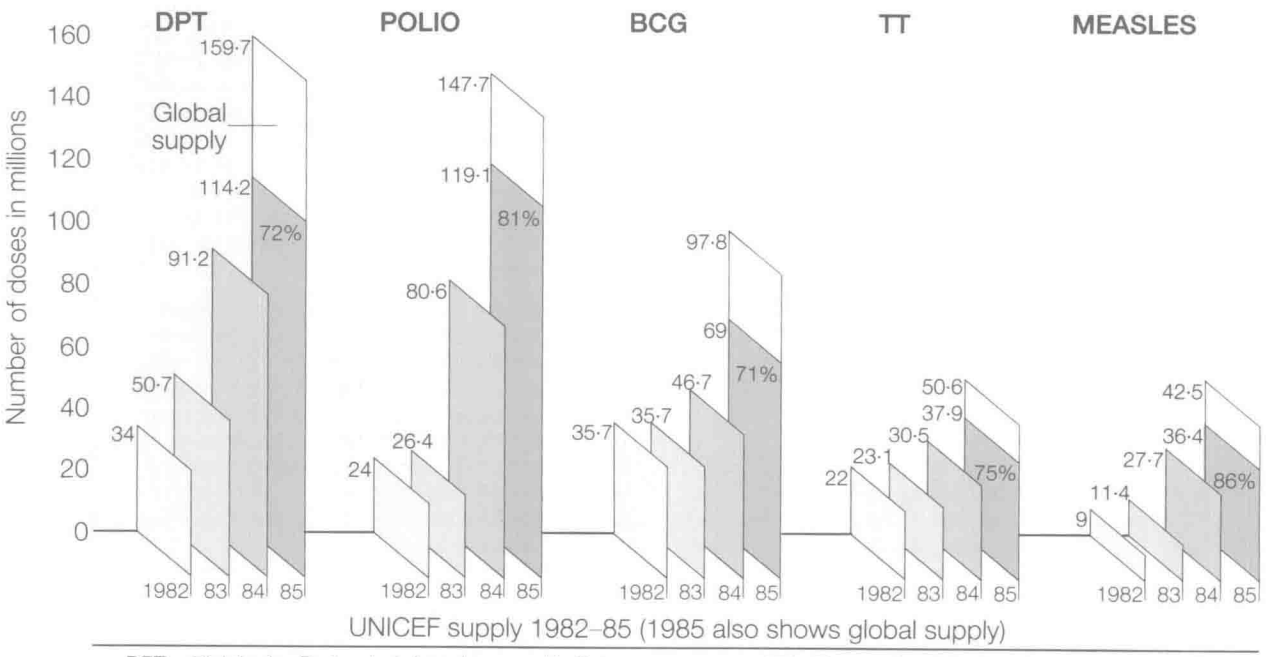
continued over

ized in the first two panels on the left-hand pages of this report. In brief, it is a story of falling incomes and rising hardship for almost half the population of the developing world (fig. 4). But as has happened so often in the past, the very adversity of the present may be the force which breaks the mould of the past and recasts the priorities of the future.* For what we are now seeing, in many nations, is the beginning of a new approach to meeting basic human needs – an approach based on the mobilization of already existing resources to communicate already existing knowledge. Today, knowledge could empower millions of parents to improve their own and their children's lives – even within their limited resources. And today, a new capacity to communicate that knowledge means that it is possible, for the first time, to put it at the disposal of the majority.

Pages 24 to 35 of this report set out in more detail the information and the methods which could lead to a revolution in child survival and child health at a cost which all developing nations can afford to implement and all industrialized nations can afford to support – even in such dark economic times. But the overall message is that the methods themselves are now proven and tested, available and affordable. And

* It has often been the case that a new emphasis on safeguarding minimum levels of human well-being has arisen in times of hardship rather than in times of plenty. In the United States, for example, Roosevelt's 'new deal' arose out of the Great Depression; and in the United Kingdom the rationing system, brought in to help cope with the food shortages of the immediate post-war years, actually resulted in a higher standard of nutrition for the nation as a whole.

Fig. 1 Increase in supply of vaccines by UNICEF, 1982–1985



DPT - Diphtheria, Pertussis (whooping cough), Tetanus (usually three doses).
Polio - Usually three doses.
BCG - BCG vaccine protects against tuberculosis (one dose only).
TT - Tetanus (two injections in pregnancy to protect against tetanus of the new-born).
Measles - One dose only - as close as possible to 9 months.

Source: UNICEF and WHO estimates.

The recession (cont.) adjustment with a human face

The report is published not to adjust its readers' eyes to the gloom but to light strategic candles in the cathedrals of economic policy. There *are* alternative strategies. But the prerequisite is the commitment of a nation's leadership, and of the international community, to the priority of protecting the poorest at the same time as working to restore economic growth. From that commitment, for example, can flow policies which favour the small farmer and small producer in order to improve employment, productivity, and incomes and nutrition among the very poor. Zimbabwe's recent successes in food production (see panel QQ), for example, are largely a result of investing in the productivity of the poor themselves.

Similarly, such a commitment could also lead to a restructuring of government spending to favour low-cost basic services for the masses rather than high-cost special services for élites.

At this point, alternative adjustment policies interlock with the powerful child protection strategies which have been the main subject of UNICEF's *State of the World's Children* reports in recent years. For a shift in spending to support the mass promotion of low-cost measures such as oral rehydration and immunization, improved weaning and birth spacing, could bring about a significant advance in child protection despite present economic difficulties. The use of today's knowledge – and today's unprecedented capacity to put that knowledge at the disposal of the majority – could therefore be a vital part of 'adjustment with a human face'.

As an example of the scope for this approach, the report points out that the government of the Philippines, in the last year of the Marcos regime, spent approximately five times as much on four sophisticated hospitals as on primary health care services for the whole nation. By contrast, Indonesia has succeeded in increasing spending on immunization even while having to make cuts in overall health spending – mainly by postponing the building of new hospitals.

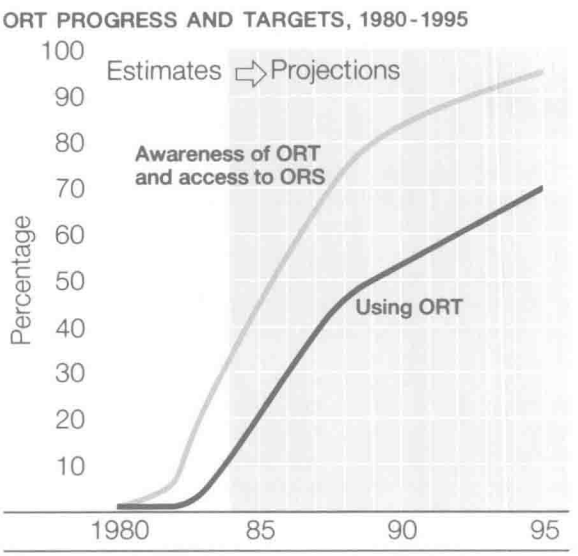
Such alternative adjustment strategies clearly cannot be implemented on a significant scale without the co-operation of the international community. If the inhuman and ultimately uneconomic aspects of adjustment are to be avoided then the short-term stabilization of the economy will have to take second place to the twin priorities of restoring economic growth in the medium and long term and protecting the poorest sections of the community in the process. 'Adjustment with a human face' will therefore require more external finance. Specifically, it would require debt rescheduling, improved aid flows, increased lending, and greater access to the rich world's markets for the poor world's goods.

In other words, a political commitment will also be required from the international community. And in the last twelve months, there has at least been an increasing recognition of the problem by international financial institutions. In July of 1986, for example, the Managing Director of the IMF commented that "it is hard to visualize how a viable external position can be achieved if large segments of the work force lack the vocational skills – or, even worse, the basic nutritional and health standards – to produce goods that are competitive in world markets. Human capital is, after all, the most important factor of production in developing and industrial countries alike".

"No adjustment policy," concludes the report, "is acceptable which allows children to be sacrificed for the sake of financial stability. Yet this has happened, and it need not happen. Alternatives exist. What is needed now is to convince decision makers at all levels – both in national governments and international institutions – to take appropriate action quickly. Many children will die, and many of the survivors suffer permanent damage, because of failure to act now."

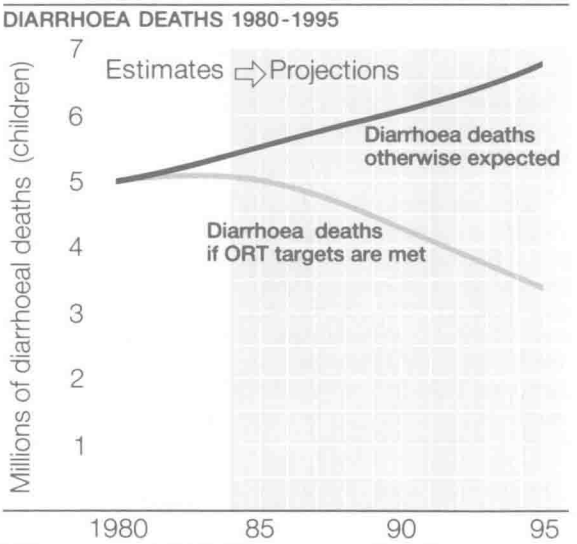
The UNICEF special study, 'Adjustment with a human face', will be available in early 1987. For details please write to UNICEF, Division of Information and Public Affairs, UNICEF House, 3 UN Plaza, New York, NY 10017, USA.

Fig. 2 ORT use and diarrhoea deaths, estimates and projections, 1980–1995



Note: Up to 1983, the estimates for 'use' are for ORS only. After that date, estimates of use also include other effective oral rehydration solutions including those made from household ingredients such as sugar and salt.

Source: Diarrhoeal Diseases Control Programme, Fifth Programme Report, WHO, Geneva, March 1986.



Note: The projections assume (a) that 67% of diarrhoeal deaths are susceptible to prevention by ORT and (b) that 80% of those using ORT will use it effectively and that this figure will increase to 100% by 1995.

Source: Diarrhoeal Diseases Control Programme, WHO, Geneva.

it is clear that ten years from now, by the *fiftieth* anniversary of UNICEF, a combination of such methods could succeed in reducing child death rates by at least half (fig. 3).

But it is also clear that this will only happen if the world's prevailing morality keeps pace with its changing capacity. At the moment, it is still accepted as *normal* for more than 14 million of the world's young children to die every year and for millions more to live on in malnutrition and ill health – despite the fact that recent technical and social advances have rendered hollow the inevitability on which that acceptance is based.

It is now time for morality to catch up with capacity, for a sea-change in public and political perception, a change to redraw the line of what is acceptable in our times, a change which will demand that today's knowledge be put at the service of all mankind, a change which will make it unconscionable not to do what can now be done.

A new ethic

The founding of UNICEF itself signalled the beginning of such a change. Established in 1946 as part of the first world-wide effort to alleviate the consequences of a major international disaster – World War II – UNICEF was a statement by the international community that a new ethic was necessary, an assertion that the world's children ought to be protected in times of emergency and disaster – no matter what the folly of their elders.

Today, that ethic is largely accepted – as the massive world-wide public and political response to the African emergency has amply demonstrated. But as UNICEF uses the occasion of its fortieth anniversary to look forward to the next decade, it is clear that the greatest need is for an equivalent change in global morality – a change which will make the silent emergency equally unacceptable to the majority of the world's people.

That change would surely be accelerated if the world could *see* this silent emergency in the same way that the mass media have enabled it to *see* the loud emergency of Africa or Kampuchea. But

Egypt: defeating dehydration

As the result of what the *British Medical Journal* says may be "the world's most successful health programme", over 75% of Egyptian mothers are now using oral rehydration salts (ORS) to treat their children with diarrhoea.

Only three years ago the dehydration of diarrhoea was Egypt's leading killer of young children, causing the death of some 130,000 under-twos every year. Though ORS was available at government health centres and private pharmacies, few doctors prescribed the remedy. Fewer than 2% of Egyptian mothers had even heard of it, and fewer than 1% had used it.

The tide began to turn in January 1983, when the National Control of Diarrhoeal Diseases Project started work on a new approach in Alexandria governorate, with the backing of the United States Agency for International Development. The ORS packets were scaled down to 5.5 grammes to fit a common size of drinking glass; different logos and 'brand' names were tried out; a plastic cup and spoon were designed to ensure reliable measuring; and campaign messages stressing the importance of continued feeding during diarrhoea were tested on mothers with children under three.

The new product was launched nation-wide in February 1984 with an intensive mass media campaign using posters, billboards, newspapers, magazines and radio together with television, which reaches 90% of Egyptians. A series of television spots starring a popular actress was screened at peak viewing times. In summer, at the height of the diarrhoea season, the spots were shown six times a day.

The impact was immediate. In a survey less than two years after the campaign began, 80% of mothers said they had learned of the remedy through television; 66% had also been briefed by a doctor or health worker. The campaign logo of a mother giving her child ORS with a spoon quickly became the most widely recognized advertisement in Egypt.

The manufacturer could barely keep pace with the demand. Egypt now produces enough ORS to make up 15 million litres of solution a year, and over 5 million cups and spoons have been given out or sold. Three out of five ORS sachets are sold in pharmacies, even though the identical product can be obtained free at government health clinics.

More important still, within two years 96% of mothers with young children had heard of ORS: 82% said they used it when their child had diarrhoea, and 97% of these could mix it correctly. Two out of three said they continued feeding their child during the episode.

But this transformation was not achieved by the mass media alone. Health professionals have played a key role in lending credibility to the treatment, though many doctors still prescribe ineffective drug treatment as well. More than 13,600 doctors and nurses have been trained in oral rehydration, and it has now become part of the curriculum of various medical schools. By September 1985, 77% of hospitals and health clinics had set aside a space where mothers are taught to administer ORS to their child, and where they and health workers can see for themselves how effectively the treatment works.

To popularize ORS in remote rural areas, the Ministry of Health ran an experiment in 213 villages with a population of nearly 800,000, where 564 community members were given ORS supplies and brief training. Over a four-month period these 'depot holders' provided ORS and nutritional advice for 28,000 children with diarrhoea; the more dehydrated children were referred to the nearest health centre. Depot holders are now being trained in four more governorates.

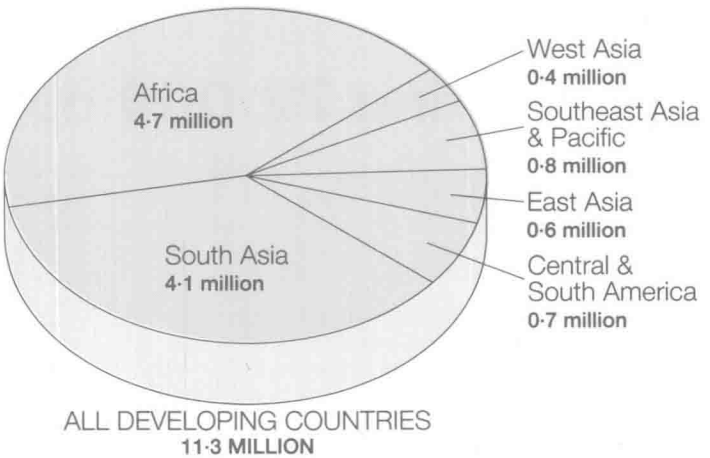
Egypt now leads the world in promoting oral rehydration. And encouraged by this success, the government has now committed itself to immunizing almost every child by July 1987 – the thirty-fifth anniversary of the Egyptian revolution.

Fig. 3 Children's lives saved by year 2000 if child survival targets are met

By promoting today's knowledge of low-cost child health, UNICEF believes it is possible to achieve, by the end of this century, the following targets in child survival:

* A reduction in under-five mortality rates (U5MR*) to 70 or less in all countries
* A 50% reduction in all countries where the U5MR is currently between 70 and 140
* A reduction of U5MR to 35 or less in all countries where U5MR is currently 70 or less

The pie chart shows the number of children's lives which will be saved - every year - if these child survival targets are achieved.



Note: * Under five mortality rate (U5MR) is the number of deaths before the age of five, per 1,000 live births.

the silent emergency is also an invisible emergency. Almost without notice, more than fourteen million children are now dying every year. They are dying in the final coma of dehydration; dying in the extremities of respiratory infections; dying in the grip of tetanus spasms; dying in the distress of measles; dying in the long-drawn-out process of frequent 'ordinary' illnesses which steadily weaken and malnourish the body until it has nothing left to fight the next cold, or the next fever, or the next bout of diarrhoea.

This is the emergency which, even in the last two years, has meant that more children have died in India and Pakistan than in all 46 nations of Africa put together.* And this is the emergency which has meant that, in 1986, more children have died in Bangladesh than in Ethiopia, more in Mexico than in the Sudan, more in Indonesia than in all eight drought-stricken countries of the Sahel.**

It makes no moral difference that these millions of children did not die in any one particular place at any one particular time. But it does mean that their suffering cannot be framed in the viewfinder of a camera. And it does mean that their deaths are therefore not news, and that the world is not shamed into action on their behalf. Yet these victims of the silent emergency are just as dead. And the love and the hopes of their families are just as surely turned to grief.

* Southern Asia, with the largest child population and the largest number of child deaths of any region in the developing world, is now accelerating its social development programmes – on a very significant scale – with plans to use today's knowledge to bring about a significant improvement in the health of the region's children (see panels 12, 25, 22 and 14). In particular, the newly formed South Asian Association for Regional Co-operation (SAARC) has put co-operation for child survival and development high on its political agenda. In late October 1986, just after this report goes to press, a major SAARC conference, held in co-operation with UNICEF, will exchange plans and experiences and discuss the region's efforts to bring basic services within reach of all the region's children and to promote both universal immunization by 1990 and universal knowledge about diarrhoea management (including knowledge of ORT). Co-operation for child health and survival will thereafter be reviewed annually at high-level meetings of the SAARC nations. The seven nations of SAARC are Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka.

** Absolute numbers of child deaths are here being compared in nations of different population sizes. This is a valid comparison inasmuch as absolute numbers represent the deaths of individual children. But even the proportion of children who die before the age of five is almost as high in southern Asia as in Africa.