THE STATE OF THE WORLD'S CHILDREN 1981-82

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Children in dark times

A year of silent emergency

FAR FROM BEING priceless, a child's life was worth less than $100 in 1981.

Wisely spent on each of the poorest 500 million mothers and young children in the world, such a sum could have bought improved diets and easier pregnancies, elementary education and basic health care, safer sanitation and more water. In other words, it could have brought the basics of life. And at the same time as meeting the most pressing human need in the world today, it could have helped to slow down population growth and accelerate economic growth in the world of tomorrow. In short, meeting the needs of all the world's children was both the greatest of humanitarian challenges and the best of investment opportunities.

In practice, it proved too high a price for the world community to pay. And so, every two seconds of 1981, a child paid that price with its life.

About those 17 million children who died during the year, there is little more to be said. Whoever they once were, whatever religion they were growing up in, whatever language they were beginning to speak, and whatever potential their lives held, they were simply failed by the world into which they were born.

Not ten per cent of them were immunized against the six most common and dangerous diseases of childhood. The cost of so immunizing all of the Third World's infants works out at approximately $5 per child. The cost of not doing so works out at approximately five million deaths a year.

For the children of 1982, the facts of life on earth will not be significantly different. Of the 125 million who will be born, 17 million will again be dead before their fifth birthday. And between 1981 and 1982, although there is no trend so pronounced as to break through the inevitable imprecision of available figures, there is every reason to suggest that times are getting darker for the world's poorest children.

To the extent that this annual decimation of the world's newborn is a reprisal for the failings of economic development, the immediate future holds little hope of a reprieve.

For most oil-importing developing nations, where the vast majority of the poor now live, economic growth has stalled and fallen to its lowest level in a decade. Combined current account deficits have doubled to approximately $80 billion in the two years to 1980; accumulated external debts have passed the $400 billion mark; the rate of growth in output has fallen below four per cent a year; the terms of trade have worsened by 7.5 per cent between 1979 and 1980 alone; and both import and export capacities have been reduced.

Hardest hit are the already poorest nations of Africa and South Asia where some countries are actually facing a reversal of development. It is here that average incomes in the 1980s are unlikely to increase by more than $1 or $2 a year. It is here that most of the world's 'absolute poverty' is to be found. And it is here that over three-quarters of 1981's infant deaths have occurred.

South of the Sahara, 1981 was also the tenth successive year of declining food production per head and a total of 34 nations containing 260 million people are now reporting acute food shortages. Most at risk, as is always the case when malnutrition tightens its grip, are the growing minds and bodies of Africa's children.

Compounding that risk in 1981 has been the unstaunched flow of Africa's refugees and displaced peoples. In a continent of 800 distinct ethnic groups and more than 1,000 different languages, through which insensitive borders run along lines drawn by colonial rulers, there are now over six million refugees – one person in every 75 of Africa's population. And almost half of them are children.

This has been, therefore, another year of 'silent emergency': of 40,000 children quietly dying each day; of 100 million children quietly going to sleep hungry at night; of ten million children quietly becoming disabled in mind or body; of 200 million 6-11 year olds quietly watching other children go to school; of one-fifth of the world's people quietly struggling for life itself. But it has also been a year in which economic trends indicate that progress against such poverty is not only slowing down in many nations, but being thrown into reverse. Only two years ago, the World Bank reported that the total number of people living in absolute poverty was 780 million. Optimistically, said the Bank at that time, that number would fall to 720 million by the end of the 1980s. Pessimistically, it would rise to 800 million during the decade.

Yet a more recent United Nations study has now concluded that 'the world economy is experiencing greater instability and a more severe disruption of steady growth than at any time since the end of the Second World War . . . unless specific steps are taken, the consequence of this adverse external environment will be to increase the numbers of the absolute poor to one billion before the end of the Third Development Decade'.

It was a conclusion accepted by the heads of all United Nations agencies, including the World Bank itself. And, in all probability, it means that, in many countries, more children will die next year than this.

Social goals and the slowing down of progress

Last year, in this report, UNICEF asserted that by the year 2000 the number of infant deaths in low-income countries could be reduced to 50 per 1,000 or less, that average life expectancy could be raied to 60 years or more, and that every child should have at least the four years of primary education necessary to acquire literacy. The report noted that although idealistic in the context of past experience, these goals are realistic in the sense that the principal obstacle standing in the way of their realization is the absence of the will and commitment to achieve them.

In December 1980, those targets (advocated by many organizations in recent years) were incorporated into the International Development Strategy (IDS) for the 1980s and adopted by the General Assembly of the United Nations. 'An important new feature of the strategy', said Mr. Niaz-Naik who chaired the committee which prepared the IDS, 'is that it conceives of development as an integral process, and the objectives of social and human development have been accorded a new emphasis.'

But with the decade just beginning, it is already clear that its principal economic target – a seven per cent a year average rise in the GDP of the developing nations – is unlikely to be met. Unless special measures are taken, therefore, the vision of its social goals is already clouding over.

To reach such goals, progress towards them would in fact have to be two or three times as fast over the next 20 years as it has been over the last 20. But in many nations today, the rate of development as measured by all three of the chosen indicators is already slowing down.

The Third World's infant mortality rate – that sensitive indicator of the well-being of mothers and children – fell by a steady four or five points a year in the 1960s. For the past five years, it has barely flickered. Average life expectancy, which increased by seven or eight months a year in the 1960s and early 1970s, is now increasing by only two or three months a year. School enrolment rates, which again rose by a regular four or five per cent a year up to the mid-1970s, now seems to have reached a plateau.

With the developing world's infant mortality still ten times higher than in the industrialized world, with its life expectancy still 15 years less, and with a third of its 6-11 year olds still out of school, this deceleration of progress cannot be explained by the approach of any natural limits. Rather it is a sign that development itself is in some nations becalmed and in others actually drifting backwards.

In short, the optimism of the 1960s which gave ground to the realism of the 1970s has now receded even further to make room for the doubt and pessimism which seems to be settling into the 1980s. It is a process of disillusionment both aggravated and symbolised by the decline in the share of the rich world's wealth which has been invested in aid. In 1965, when the United Nations first called upon the donor countries to increase the level of their aid to 0.7 per cent of their GNPs, the actual level stood at 0.49 per cent. Today, despite the efforts of a handful of nations who have met that target, the average level rests at 0.37 per cent.

Not in a generation have expectations of world development, and hopes for an end to life – denying mass poverty, been at such a low ebb.

In such a context, to advocate the rapid acceleration of development progress for the world's poorest billion people in order to significantly improve the lives of their children by the end of this century is to invite the charge of naivety.

It is a 'naivety' which UNICEF intends to pursue with the utmost vigour. Working with communities and families to provide for the health and education of their children is not only a matter of justice. It is also a productive investment in the world's economic and social future.

The 'Realism' of meeting children's needs

The realism or naivety of any goal is almost always as much a question of priorities as of possibilities. And it is not the possibility of achieving primary health care and primary education for the great majority of children which is in question. It is its priority.

Such goals could be achieved, for example, for less than the industrialized world spends on alcoholic drinks each year. Similarly, the broader goals of meeting the basic human needs of the overwhelming majority of men, women and children on earth could be realized by devoting as much each year to the task of achieving them as is now devoted every six weeks to the task of maintaining and increasing the world's military capacity.

However uncomfortable such comparisons may be, they are necessary to put into perspective the accusation that the goal of making significant improvements in the lives of the world's children by the end of this century is 'naive', and to put in its place a decision about priorities.

In dark times, children need priority. And while there will always be emotion behind that statement, it is also an appeal to reason.

More specifically, it is an appeal to two reasons – one of which is timeless and one of which is particular to this, the last quarter of the twentieth century.

Ninety per cent of the growth of the human brain and 50 per cent of the growth of the human body occurs in the first five years of the human life. The corresponding susceptibility of those years should alone argue that priority be given – in family affairs and in world affairs – to the needs of the young.

In the acquisition of their needs, and in the defence of their rights, children themselves are relatively powerless. They have neither physical strength, nor economic sanction. They have no unions, and no votes.

Usually it is the parents who are empowered to protect and provide. But if parents are deprived of that power, then the responsibility falls to the community of which the child is part.

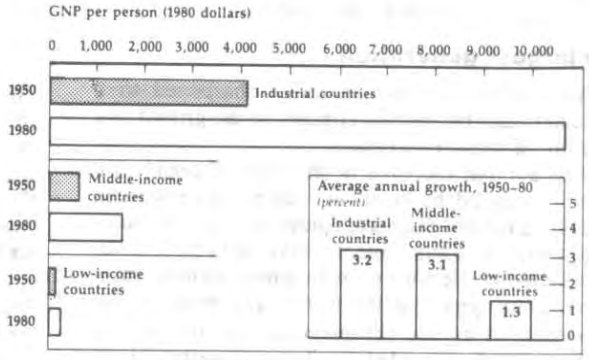
In the very earliest human societies, as Richard Leakey has shown, average life expectancy was probably little more than 20 years and many children were deprived of both their parents before they were of an

Three decades of progress: income, health, education, 1950-80

Income

GNP per person (1980 dollars)	*1950*	*1960*	*1980*
Industrial countries	4,130	5,580	10,660
Middle-income countries	640	820	1,580
Low-income countries	170	180	250

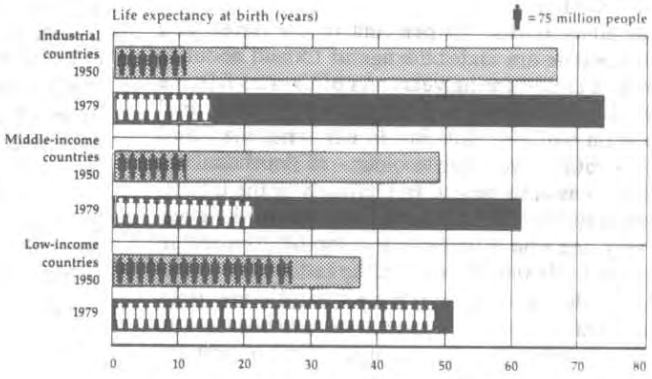
Average annual growth (percent)	*1950–60*	*1960–80*
Industrial countries	3.1	3.3
Middle-income countries	2.5	3.3
Low-income countries	0.6	1.7



Health

Life expectancy at birth (years)

	1950	*1960*	*1979*	*Increase 1950–79*
Industrial countries	67	70	74	7
Middle-income countries	48	53	61	13
Low-income countries	37	42	51	14
Nonmarket countries	60	68	72	12

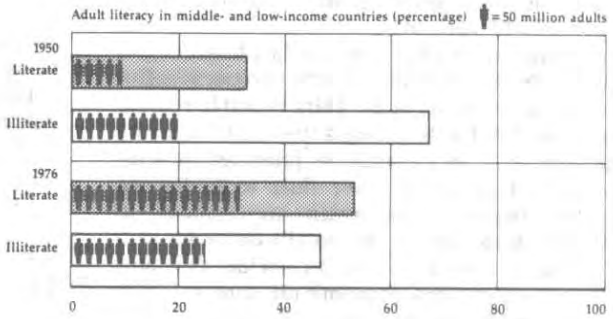


Education

Adult literacy rate (percentage)

	1950	*1960*	*1976*
Industrial countries	95	97	99
Middle-income countries	48	53	72
Low-income countries	22	28	39
Nonmarket countries	97	97	99

Note: All tables exclude China.



Source: World Development Report published for the World Bank by Oxford University Press, New York. Reproduced by kind permission.

age to provide for themselves. The survival of the child, and the continuing survival of the community, therefore depended upon the assumption of that responsibility *by* that community.

However large and complex the community may have grown, that special relationship of responsibility to its children is still an indispensable ethic of civilization. Indeed it is an increasingly relevant ethic as science and technology increasingly invest the earth with the attributes of a global village. And in this century there has been a growing recognition that if a local community is unable to meet the needs of its children then the responsibility extends to the national and international community.

In 'loud' emergencies, such as starvation in Kampuchea, the world community does respond, often magnificently. Indeed the mass starvations in the Ireland of 1846-7 or in the Bengal of 1943 – both of which occurred despite sizeable local food stocks – are much less likely to happen today. But in 'silent' emergencies – the more dispersed and less dramatic toll of hunger and illness and child deaths which add up to a Kampuchea every few weeks – the international response is also more muted. Like an echo of the paradox, the traditional cry of 'women and children first' applies only to such 'loud' emergencies as fire and shipwreck. In the silent emergencies of everyday need, the reality is usually 'women and children last'.

In the 1980s, there are many millions of parents – and especially mothers – whose power to protect and

provide for children has been eroded or washed away by unemployment or landlessness, by poverty or by lack of knowledge, by sickness or disability, by oppression or by demoralization. And in exercising its responsibility to those children, the task facing both national and international communities is to find ways of restoring that power to their parents.

The largest generation

This timeless concern is today sharpened to a particular edge by specific changes in the growth and structure of world population.

After a rapid increase in the rate of population growth – caused by relatively sudden successes in controlling certain diseases, epidemics and faminines which meant that more infants survived to have children of their own – fertility rates have now begun to fall in almost every region of the world. The beginning of this decline is as unprecedented as was the surging increase which preceded it. Taken together, both forces now have a special bearing on the state of the world's children.

One effect is that 40 per cent of the developing world's people are under the age of 15 and about to enter their child-bearing years. As birth rates fall, the numbers of children as a proportion of the total population will also fall. But in our time, the Third World's ratio of younger to older – of dependants to providers – is at its height. In Germany or the USSR, for example, there are now two people of working age for every one who is too young or too old to work. In Bangladesh Mexico or Nigeria, the ratio is one to one.

The result is a temporary but powerful extra strain on the Third World's capacity to provide for its children. In education, for example, those of primary school age now amount to 25 per cent of the population. In the industrialized world, the corresponding figure is only 15 per cent.

The decline in fertility which is just beginning to become visible will in time lower that proportion. But meanwhile the capacity of the Third World to provide essential services for the young is stretched to the limit – and beyond – by quantitative pressures on low-income countries which leave little room for the qualitative improvements which are required to improve the well-being of the world's children.

When these internal pressures coincide, as is now happening, with external economic pressures resulting from world-wide recession, then the welfare of the largest generation of children in history is further squeezed.

As nutrition, health, education and the normalcies of childhood are usually preconditions of successful parenthood, it is vital to both this generation and the next that the children of today be protected against the present economic weather.

The welfare of children – and future parents – is not the only issue at stake. For the question of whether or not improvements in the lives of the young are brought about in the 1980s is also crucial to the slowing down of population growth itself.

Acceptance of family planning and a decline in birth rates is closely connected with such changes as the improvement of health care, the decline of infant mortality, and the spread of education (especially for girls). A setback in progress towards these social goals is, therefore, likely to also be a setback in the trend towards lower population growth – so increasing the numbers of children in future generations at the same time as decreasing their parents capacity to provide for them.

Conversely, the stepping-up of national and international efforts to meet such needs would have the opposite effects of both improving life for the children of today, investing in their capacity as the parents of tomorrow, and creating the conditions necessary for a further slow-down in population growth itself. Extrapolating the experience of those developing countries which have lowered death rates, for example, suggests that the very same improvements in human welfare which would be required to meet the International Development Strategy's year 2000 target of reducing infant mortality to 50 per 1000 births or less would also result in 12 to 20 million fewer births each year. History demonstrates that when overall death rates make that first precipitous fall from around 40 per 1000 as a result of eliminating mass famines and epidemics, then the decline in birth rate lags far behind. And in that space between the fall in death rates and the fall in birth rates, the 'population explosion' takes place. But history is equally conclusive that those countries whose death rates stood at around 15 per 1000 in 1960 – which is around the average for low-income countries *today* – have since seen their birth rates fall by several points for every one point fall in the death rate. Colombia's 6 point fall in death rates (from 14 to 8 per 1000) during the first two development decades was answered by a 15 point fall in the birth-rate (from 46 to 31 per 1000). Over the same period, a three-point fall in Jamaica's death rate meant a ten-point fall in birth rates and in South Korea a five point fall in the death rate found echo in a 20 point fall in birth rates.

The commonly held view that reducing infant mortality only stores up more births and more trouble for the future is, therefore, a mistaken one. Meeting basic human needs is not only necessary to prevent human suffering in the present, but also to reduce the growth of population itself, thereby avoiding more human suffering in the future. Whether today's world population of 4.5 billion eventually stabilises at 10-11 billion or 13-14 billion sometime around the end of the next century depends heavily on what happens to birth rates in the last two decades of this century.

Present and future needs, therefore, cry out with one voice. And each decade into that future will see a magnification of either the successes or the failures of the world community's response to the needs of the present times.

This choice between compound failure and compound success is made the more crucial by the numbers involved. We can allow the largest generation of children to grow up malnourished, unhealthy and uneducated in order to become the parents of another generation of malnourished, unhealthy and uneducated children. Or we can accord to our children the priority they deserve by increasing efforts and resources to a maximum, rather than a minimum at this time when such a large proportion of the world is young. Paradoxically, the present sees the future at its most vulnerable.

In sum, bringing about a significant improvement in the lives of children by the end of this century will certainly need a significant increase in the resources available for the task and in the effectiveness with which they are deployed. But it is a question of priorities not possibilities. It is a matter of choice in which both reason and emotion argue for children. And it is a crucial moment at which to decide. For between the vicious and the virtuous spiral, a choice must now be made.

Wanted: more benefits per dollar for children

THE PLEA for priority for children – and for resources – has been made. But if another 'realism' dictates that the resources available nationally and internationally for meeting the needs of children are to remain close to present levels then the only possible response is to seek to increase the ratio between resources and results. Somehow, ways must be found to get more development per dollar.

Learning from experience, better use of available knowledge, wisdom, research, and most important of all, the *will* – these are the qualities which can convert additions to economic resources into multipliers of human benefits. And, in an increasing number of cases, social improvement programmes are coming to be seen not as an inevitable drain on national budgets, nor even as just cost-effective welfare expenditures, but as productive investments in themselves.

In the United States for example, it has been shown that for every $1 which government invests in rehabilitation for the disabled, $9 comes back in taxes paid by disabled people who get jobs as a result.

In Egypt, the ten-year campaign to control the water-borne disease known as schistosomiasis is likely to save a multiple of the investment in curative costs and lost productivity.

In Venezuela, the government has estimated that its scheme to bring water and sanitation to large areas of the country will pay for itself five times over within a decade.

In New York, a recent study has concluded that an investment of $2.7 million a year to improve pre-natal care for low-income women could save between $10 million and $12 million a year in high-cost intensive care for premature babies – not including the savings in lifelong support for children born with mental or physical disabilities.

Internationally, the successful campaign to eradicate smallpox, to which the U.S.A. contributed $50 million, is already saving the United States more than double that amount each year in immunization, quarantine and surveillance costs.

In 1981, the ratification of the WHO/UNICEF 'International Code of Marketing of Breastmilk Substitutes' by the World Health Assembly represents one of the greatest opportunities of recent times to effect a change which would combine improvements in human life with reductions in economic costs. The improvement for infants can be illustrated in a single fact – because of the nutritional and immunological properties of mother's milk, those who are breastfed for less than six months, or not at all, are five to ten times more likely to die in the second six months of life than those who are breastfed for more than six months. But for a Third World currently spending $1 billion a year on infant formula products, and for low-income families spending $3.50 out of a weekly wage of $15 to buy it for their children, the switch from the promotion of bottlefeeding to the promotion of breastfeeding could also mean a very significant economic saving.

The scope for such combinations of social progress and economic gain is clearly far from exhausted. It cannot make economic sense for one third of all children's hospital beds in the developing world to be occupied by children suffering from cheaply preventable diarrhoeal diseases. It is neither socially nor economically acceptable to have 500,000 children a year being affected by poliomyelitis when 20,000 shots of vaccine cost less than $1,000. Nor is it either humane or sensible to have allowed over 500 children to lose their eyesight every day during 1981 when Vitamin A tablets costing only a few cents could have prevented it.

Meeting the most basic needs of the majority of the world's children is a less direct and self-contained task than these examples imply. But in the wider arenas of nutrition, health care and education, ways have to be found of using human wit and wisdom as much as money itself in bringing about improvements in the lives of the world's children.

Such breakthroughs rarely happen by accident. They happen by an interaction between the experience of the past, the opportunities of the present, and increased priority to the needs of children and low-income families. It is that interaction which UNICEF seeks to catalyse. And it is to that experience, and to those opportunities that this report now turns.

Recruiting an army of paraprofessionals

In the task of providing basic services to meet the greatest needs of the greatest numbers, past experience suggests that an army of paraprofessional development workers – backed by more specialized government services and stimulating the people's own involvement in the creation of those services – is probably the only way forward for the 1980s.

From one point of view, the use of paraprofessionals is an economic necessity. To train, equip and install a fully qualified medical doctor in every Third World community (even if such doctors were prepared to serve there, which the majority are not) is an impossibility for the foreseeable future.

From another point of view, the use of paraprofessionals is also more appropriate. The essential requirements of 'health for all' as set out by the World Health Organization, for example, are: 'adequate food and housing, with protection of houses against insects and rodents; water adequate to permit cleanliness and safe drinking; suitable waste disposal; services for the provision of ante-natal, natal and post-natal care (including family planning); infant and childhood care, including nutritional support; immunization against the major infectious diseases of childhood; prevention and control of locally endemic diseases; elementary care of all age groups for injury and diseases; and easy access to sound and useful information on prevailing health problems, and the methods of preventing and controlling them.'

The appropriate response to such health needs is not to devote available resources exclusively to the training of more doctors to cure disease. It is a combination of social and economic development plus the training

of literally millions of primary health care workers or community development workers who can advise on nutrition, water, hygiene and waste disposal; provide maternal and child health care, promote breastfeeding and advise on family planning; organize immunization campaigns; work with the people towards preventative public health; deal with common local illnesses and injuries; and refer more serious cases to more qualified people.

From yet another point of view, the use of paraprofessionals is also a virtue. Even in the industrialised world there is today a growing disillusionment with the over professionalization of social services. Sweden, for example, is now requiring two out of every five new doctors to commit themselves to primary health care and general practice. And in Finland the proportion of the national health budget allocated to hospitals has fallen from 55 per cent to 43 per cent while the proportion spent on primary health care centres – governed by locally elected health boards – has increased from 11 per cent to 24 per cent. In the Netherlands, which has achieved one of the lowest infant mortality rates in the world, the great majority of babies are delivered at home and attended by mid-wives at a fraction of the cost of births in most industrialized countries.

In the Third World, paraprofessionals chosen for training by and from the communities which they will serve are likely to be more knowledgeable about local skills and resources, more sensitive to local culture and tradition, and more at home with, and acceptable to, those whom they will serve.

In this way, paraprofessional development workers can blur the alienating distinction between experts and people and help to involve rather than exclude the poor from the process of change.

Participation: the foundations of development

If the potential importance of paraprofessional development workers is one of the 'legs' of a strategy of 'more development per dollar', then the concept of people's participation is the other. Indeed without the organized participation of the poor, no community development project has more than the dimmest hope of lasting success. If, amid the scattered hopes of a failed development project, there were a little 'black box' to record what had gone wrong, it would almost always turn out to be the case that, somewhere on the way, the people for whose benefit the project was intended had found better things to do with their time.

That is why 'people's participation' is currently the most popular phrase in the dictionary of development. And although it sometimes seems that the concept is it is to be found, its virtues are always to be seen.

As the 1981 World Development Report from the World Bank points out, for example: 'The quality of life for the bulk of the Chinese people is strikingly better than in most low-income countries.' Looking at what lies behind this achievement, the Bank concludes that 'every level of society from the production team to the commune to the national level plays a role in providing social services. Production Brigades may finance the training of one or more "barefoot" doctors, who provide primary health care and often participate in the Brigade's work as well. State subventions pay for some of the programme, but participating groups also provide support, and participate in decisions concerning them.'

Of equal importance is individual participation. A mother who knows the benefits of breastfeeding or of boiling contaminated water before drinking, for example, greatly reduces the need for subsequent and costly curative measures.

But the necessity of people's participation can sometimes obscure the fact that being involved in the decisions and processes which affect one's own life is an end as well as a means and that people's participation therefore has a double valency with the development process. As Denis Goulet has observed: 'Development is not a cluster of benefits "given" to people in need but rather a process by which a populace acquires greater mastery over its own destiny.'

This virtue, as distinct from the necessity, of participation is, again, increasingly being rediscovered in the industrialized world itself. Whether it be through self-help preventative health, or the growing of natural foods, or sweat-equity housing, or home-energy saving, an even larger number of people are becoming re-involved in the process of meeting more of their own and their family's needs.

And as this process of re-involvement gets under way, that same combination of financial and human gains which is so crucial to progress of the developing nations, is beginning to show itself in the industrialized world.

On the food front, for example, American citizens saved $14 billion in 1977 by growing vegetables rather than buying them. For the average gardener, that meant a saving of $375 a year in addition to the benefits of more exercise and better food. In health, the University of California's Self-Care Programme for diabetics has halved the incidence of diabetic emergencies over two years whilst saving $1.7 million in hospital and patient fees.

Paraprofessionals and people's participation therefore represent virtue as well as necessity. But as an