The proposals touched on in this leaflet are described in detail in the latest issue of The State of the World's Children report from UNICEF. The report, with its message of hope for a drastic improvement in the health and survival of the world's poorest children, has met with an enthusiastic response from around the world. Some examples:-

"... the world-wide response has been encouraging. There are unmistakable signs that a veritable child survival revolution has begun to spread across the world and offers the hope that the rates of infant and child mortality, still deplorably high, may be reduced drastically in the foreseeable future.

Perez de Cuellar, Secretary-General of the United Nations

"The techniques articulated by UNICEF in its report entitled The State of the World's Children represent an unprecedented low-cost opportunity to significantly reduce child mortality and morbidity throughout the world, and have the full support and encouragement of the Congress at a time of economic difficulty and constriction for all countries.

loint Resolution of the United States Congress

"... WHO and UNICEF are closely collaborating on the pursuit of this goal - protecting the survival and healthy development of children – and have many joint programmes in support of it. I warmly commend the 1984 report on The State of the World's Children to the attention of all concerned with measures to accelerate primary health care toward the goal of Health for All by the Year 2000.

Halfdan Mahler, Director-General of the World Health Organization

"This document informs on four recent scientific advances and offers the hope that, with a great effort by governments and communities, the outlook (for children) by the end of this century will be much better. All of these techniques will be applied here in Colombia."

Belisario Betancur, President of Colombia

"The State of the World's Children report 1985 proves that the goal to have all children in the world immunized by 1990 is not only attainable but can also be reached before that date, provided the political will of Governments concerned can be counted on, support to the programme is obtained internationally and adequate resources are made available to the programme, as proposed by UNICEF."

Fidel Castro, President of Cuba

"UNICEF's 1984 report is indeed a message of hope - a message that despite troubled economic times, spectacular improvement in the health of our children is still possible. The report points the way to the effective mobilization of all organized resources - not just the official health services - to spearhead a revolution in children's health.

R.I.L. Hawke, Prime Minister of Australia

"In the next few years, ORT has the potential to save the lives of enormous numbers of people around the world. It is truly an incredible concept that something as simple, inexpensive and effective has emerged from the laboratory into people's homes on such a large scale."

> William B. Greenough, Director of the International Centre for Diarrhoeal Disease Research, Bangladesh

"Practical programs . . . in a growing number of developing countries, as the report documents so convincingly demonstrate that literally millions of children's lives can be saved at a cost that is so low and so affordable that to deny the help needed to do it would be a denial of the moral basis of civilisation."

M.F. Strong, Executive Co-ordinator of the UN Office for Emergency Operations in Africa

"The entire Catholic aid network in the various countries of the world, and especially in the developing nations, will lend its maximum support to these important simple proposals to improve the health of hundreds of millions of children."

The Holy See, Vatican City

"The State of the World's Children report vigorously refutes the argument that promoting health and development in the poorest countries results in catastrophic population growth.'

Le Monde, France

220-3rd AVENUE SASKATOON, Sask.,

FURTHER INFORMATION

The State of the World's Children report is published in Arabic, English, French, Portuguese, Spanish and 18 other languages. The full text can be obtained from bookshops or by contacting UNICEF offices.

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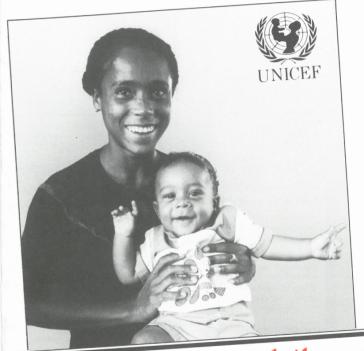
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40,000 children are dying every day in the developing world. Millions more live on with ill health and poor growth.



Now a low-cost revolution in child survival and development is possible... IF THE WORLD WANTS IT

A CHILD SURVIVAL REVOLUTION ... IN ACTION

Recent advances in knowledge and technique have made it possible to halve the rate of child deaths in the modern world at a relatively low cost and in a relatively short period of time. The way is therefore open for a revolution in child survival which could save the lives of approximately 20.000 children - EVERY DAY.

Apart from saving lives, these advances could help to protect the normal mental and physical development of many millions of children in the world's poorest communities. And paradoxically, such a change could also help to slow down population growth - by increasing the confidence of parents in the survival of their existing

Some of the techniques by which this child survival revolution might be achieved - oral rehydration therapy, immunization, growth monitoring, breast-feeding and improved weaning - are set out below

But why should these breakthroughs be any different from other medical advances which have so often failed to reach the majority of the poor?

The answer is that they are relatively simple and inexpensive and therefore not totally dependent on the availability of hospitals, doctors and advanced technology. Vital health steps such as oral rehydration, and the application of new knowledge about the weaning of infants, can be managed by parents themselves in the child's own home - IF those parents have both the information and the support necessary to put those strategies into

A beginning has been made. In the last twelve months, the lives of approximately half a million children have been saved by the new oral rehydration therapy alone.

To fulfil the present potential for a revolution in child survival means reaching out to parents by every possible means of communication and support - by all government services, by the print and electronic mass media, by the schools, by the religious leaders, by the community organizations, by the voluntary groups, and perhaps above all by primary-level health care workers in the community

In recent years, many nations have made great strides in developing their communications and support capacity. And it is this new capacity, as much as the low-cost techniques themselves, which now makes possible a revolution in child health and survival.

In short, it can now be done - if the world wants it.

Survival and development

The issues of women's rights, land reform, disarmament, income distribution, job creation, and fairer aid and trade policies, remain fundamental determinants of child health. But while that struggle is being waged, most parents in

poor communities could now be given the knowledge and support to enable them to protect their children from the worst effects of that poverty in their most vulnerable years of growth. An important break could therefore be made in the cycle of poor growth and lowered potential which is one of the means by which poverty perpetuates itself from one generation to the next.

The more government provides the services which support this parental action - by the training of community health workers, or the deployment of referral services, or the installing of clean water supply, or the promotion of female literacy, or the provision of family planning services - the more dramatic the results will be. But the process clearly begins with the empowering of

This process has already begun in several nations of the developing world where low-cost child protection strategies have gone into action on a large scale (see panel opposite).

But it is only a beginning. Over the next few years, it will not be easy to bring about this revolution. It 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. In our national societies and in the international community we have the knowledge, we have the low-cost techniques, we have the organizational capacity. We are therefore confronted with a stark question. Do we have the will?

Several nations are now taking steps to drastically reduce infant deaths and to promote healthier child growth. Among them:-

Algeria

The Minister of Health has pledged to halve the nation's infant death rate in five years beginning with a nation-wide ORT programme to combat the diarrhoeal dehydration which now kills 18,000 Algerian children each year.

Bangladesh

Over 2.5 million women have been taught how to make and to use ORT against the diarrhoeal dehydration which now kills 250,000 Bangladeshi children each year.

Brazil

In 1984, over 400,000 volunteers manned 90,000 vaccination posts to immunize almost 2 million young children against measles, diphtheria, whooping cough and tetanus. Virtually all children are already protected against polio.

Colombia

In 1984, over 100,000 volunteers helped to immunize three-quarters of the nation's children in a campaign to bring about a revolution in child survival.

Egypt

A \$50 million campaign to promote ORT has been launched nation-wide - aimed at preventing the deaths of up to 59,000 Egyptian children each year.

El Salvador

In 1985, cease-fire was declared for three national vaccination days - so that 20,000 health posts could vaccinate 400,000 children. The aim is to halve the country's infant death rate.

The proportion of mothers now using ORT has risen from 2% to over 60% in only two

Using a similar range of low-cost techniques, the programme for Integrated Child Development Services is now reaching almost 10 million of the poorest Indian children. By 1990, the ICDS programme will be doubled - to cover 60% of India's children at risk. The aim is to cut infant deaths by half over the next fifteen years.

Indonesia

400,000 kaders in over 31,000 villages are managing a child survival and development programme aimed at reducing the infant death rate by 50% over the next fifteen years. The methods include regular growth monitoring, the promotion of ORT, education about breast-feeding and safe weaning, and a much higher rate of immunization

Nicaragua

Oral rehydration centres have been set up nation-wide and 80.000 volunteers have helped to take the ORT message to every community.

Nigeria

A campaign has been launched to repeat on a national scale the successes of vaccination campaigns in the Owo area – where immunization coverage has been lifted from less than 10% to well over 80% in less than

Pakistan

To help save the 500,000 children who are dying every year from diarrhoeal dehydration or vaccine-preventable diseases, an Accelerated Health Programme has already lifted the country's child immunization rate from 5% to more than 50% and produced 2 million sachets of oral rehydration salts.

Thailand

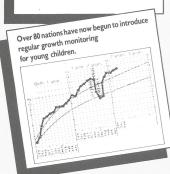
400.000 Village Health Volunteers have helped to make ORT available to 50% of all



Low-cost ways to save life and protect growth.

Growth monitoring

Regular monthly weighing - and the use of a 10-cent growth chart - can help mothers and health workers to prevent child malnutrition. The growth chart warns a mother long before serious malnutrition begins. And with simple basic advice on what is now known about feeding and weaning young children, most mothers could maintain their child's healthy growth - even within limited resources of food and money



Oral rehydration (ORT)

Almost 5 million young children die each year from the dehydration caused by diarrhoea. Previously, dehydration could only be treated by expensive intravenous therapy. Now it can be prevented or treated by parents in the child's own home - using either a 10-cent sachet of oral rehydration salts or a home-made mixture of sugar, salt and water in the

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Annual numb diarrhoeal de India I./ Bangladesh Pakstan Nigeria Indonesia Ethiopia Brazil Zaire Mexico Kenya Burma Philipipines	er of child of hydration:- 860,000 251,000 240,000 153,000 112,000 109,000 94,000 62,000 90,000 63,000 59,000	Egypt Sudan South Africa Thailand Viet Nam Iran Afghanistan Colombia Tanzania Morocco Algeria Turkey	59,000 53,000 34,000 15,000 16,000 45,000 50,000 52,000 27,000 18,000 28,00

Breast-feeding

In poor communities, infants who are bottlefed are two or three times more likely to die in infancy. Promoting breast-feeding is therefore vital for child survival and health. Similarly, lack of information about weaning and young-child feeding is a major cause of malnutrition. Vitamin A deficiency, for example, lies behind the deaths of up to a million children a year. With today's knowledge, most parents could prevent this - at an almost negligible cost.

To protect breast-feeding and stop the irresponsible promotion of artificial baby-milk, many countries have now ot in legislation. Among them:-

Argentina Brazil Denmark Finland Guinea Indonesia Mozambique Peru Tunisia	Belgium Chile Egypt France Haiti Israel Nicaragua Sierra Leone Venezuela Zimbabwe	Botswana Colombia Ethiopia Guatemala India Italy Papua New Guinea Sri Lanka Zaire
Tunisia Zambia		

Immunization

A \$5 course of immunizations could prevent six common childhood diseases which now kill an estimated 5 million children each year and leave 5 million more mentally or physically disabled. Improved vaccines are now available. But creating the demand for immunization is just as important as increasing the supply.

Annual number of child	deaths fron	n illnesses	1
Annual number of child which could be prevent	ed by immu Viet Nam	77,000	

Thailand 78,000	India Pakistan Bangladesh Indonesia Nigeria Mexico Ethiopia Zaire Philippines Brazil Burma	1,269,000 361,000 361,000 352,000 303,000 107,000 101,000 85,000 83,000 79,000 78,000	Viet Nam Kenya South Africa Sudan Afghanistan Iran Algeria Morocco Turkey Colombia Tanzania	61,000 61,000 60,000 59,000 49,000 45,000 43,000 36,000 29,000 19,000
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