

THE STATE OF THE WORLD'S CHILDREN 1980-81



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From here to 2000

Of the 122 million children born last year – the International Year of the Child – one in every ten is now dead.

Almost all of those 12 million infants died on the knife of poverty: a poverty so absolute that the bare necessities of life are beyond its reach; a poverty so stubborn that a trebling of world output has failed to loosen its grip on one-fifth of the world's people; a poverty so unnecessary that it mocks any pretensions to planetary civilisation.

At the heart of what follows in these pages is the belief – and the evidence – that the worst aspects of this poverty can be banished within the remaining years of this century. It is UNICEF's view that, perhaps for the first time, the world stands poised, possessed of the resources and of the knowledge, to mount a decisive push against mass-hunger, ill-health and illiteracy. It is not over our capacity to achieve this goal that the question mark now hovers. It is over our wisdom and our will to do so.

Our tempered optimism is rooted in recent history and example. In the short span since the end of the Second World War, the economically poor nations of the world have doubled their average incomes and halved their rates of infant mortality. In the same period, they have increased average life expectancy from 42 to 54 years and average literacy rates from under 30 per cent to over 50 per cent. Over the last two decades alone, by dint of colossal effort and in the face of rapidly rising numbers, they have pushed the school enrolment rates for their six to 11 year olds from 47 per cent to 64 per cent and substantially increased their per capita food production.

By any historical standards, these are impressive achievements. And in the industrialised nations, where one sometimes detects a tendency to regard the Third World as a vacuum waiting to be filled with development from the outside, they deserve fuller recognition. In the 20 years between 1955 and 1975, for example, the people of Africa, Asia and Latin America brought 150 million hectares of new land into production – more than the entire present crop land of the United States, Canada, Japan and Western Europe combined. As a result of such efforts, and of a doubling of land under irrigation, only one tenth as many people have died from famine in the third quarter of this century as in the last quarter of the last century.

Exaggeration of the Third World's problems and

minimisation of its achievements is unjust to the past and unhelpful to the future. It encourages only hopelessness to say that 'half the world's children are starving'. Unacceptable as it is for even one child to starve, the facts suggest that the number of children now in the grip of severe protein malnutrition is approximately ten million – less than two per cent of the world's under fives. If that definition is widened to 'moderate malnutrition', then the number rises to 100 million or approximately 20 per cent of the world's young children. It is an appallingly high proportion. But it is almost certainly smaller than at any other time in history.

The poorest people

The message of these two decades is not that the problem of world poverty has been or is being solved, but that it *can be* solved. For within these great achievements reside great disparities in the benefits they have conferred.

In the poorest nations, and for the poorest people within nations, average incomes over the last two decades have risen by approximately one dollar a year in real terms. And their share of attendant benefits has been similarly small. Four fifths of their income is spent on food. Water supply is neither dependable nor safe. Average life expectancy remains below 50 years and infant mortality remains above 150 deaths for every thousand live births.

In numbers, such problems are concentrated in South Asia, where half of the world's hungry now live, where eight million children under the age of five have died in the last 12 months, and where 77 million 6-11 year olds are not in school. In percentages, the problems are most acute in sub-Saharan Africa, where one child in two is inadequately fed and one child in five dies before his or her fifth birthday.

Also masked by these aggregated statistics is the fact that the actual number of people afflicted by hunger, ill-health and illiteracy has risen even as the percentage has fallen. The total of the malnourished in 1970, for example, stood at an estimated 400 million. Today that figure is probably 450 million. Similarly, the actual number of illiterate people was estimated at 700 million in 1960, 760 million in 1970, and has almost certainly passed the 800 million mark this year. Future illiterates

– the six to 11 year old boys and girls who today are not in school – total 128 million. By 1985, that figure is expected to increase to 137 million.

Percentages are not people. Therefore it is not by percentages that the scale of any problem must be gauged, but by the question 'how severely does it affect how many?'

Overall, the number of men, women and children now living out their lives in absolute poverty is estimated at 780 million out of a total world population of 4,400 million.

More than 300 million of these 'absolute poor' are children: children whose mothers received no pre-natal care, children whose birth was not attended by any trained person, children who are not eating enough for the growth of their minds and bodies, children who are not immunised against the preventable diseases of childhood, children who will never see a health worker, children who have less than a 50-50 chance of ever going to school, children whose enjoyment of childhood today and whose capacity as adults tomorrow is withered by the poverty into which they were born.

In taking stock of the present position and future prospects of the world's children, recent history is therefore both inspiring and humbling, demonstrating both the possibility of a decisive push against absolute poverty and the elusiveness of the goal itself.

In sum, the picture which emerges from the achievements and the failures of recent decades is of a world population divided into quarters. Roughly one quarter of the world's people have seen their lives change from material well-being to unprecedented affluence; roughly one quarter have made the transition from hardship to relative comfort; roughly one quarter have seen the promising beginnings of an improvement in their lives; and roughly one quarter have been left behind.

The plainest lesson which the past brings to the future is that progress does not automatically benefit the poor and that if absolute poverty is to be shed then it is the by-passed people of the earth who must now be placed first.

The future

The 20 years to the end of this century are not beyond the reach of forecast. Yet history has a habit of humbling the extrapolators of trends. For trends, like rivers, follow the contours of the political and economic landscape through which they flow.

In 1945, for example, when the United Nations was founded with 51 member states, few imagined that it would today embrace 154 independent nations and that hardly a tint of empire would remain on the map of the world. Nor would many at that time have predicted that the economies of Japan and the Federal Republic of Germany would now be among the world's strongest, or that India would be the world's sixth largest industrial power, or that the per capita GNP of Libya would be greater than that of the United Kingdom. Nor is there any convincing evidence that scientific analysis of trends is any more reliable than creative leaps of the imagination. Harold Nicholson, who wrote novels, predicted the atomic bomb. Ernest Rutherford, who split the atom, did not.

Having bowed to caution, we turn to the future. An important part of UNICEF's task is to monitor the trends which affect the world's children, to extrapolate those trends into a picture of the future, to re-examine them in order to determine what kinds of changes in the present might improve that future, and to allocate its resources to the points of maximum leverage in bringing those changes about.

Taking into account recent birth-rate declines of at least ten per cent in many of the world's nations, including the two most populous, the United Nations Population Division now estimates that the year 2000 will see a world population total of approximately six billion people.

The profile of that total, by region, by age, by income and by level of well-being, is perhaps more easily drawn if the world of the year 2000 is reduced to a global village of 100 people. Approximately 58 of that 100 will be living in Asia, 13 in Africa, ten in Latin America, nine in Europe, five in the Soviet Union, and five in North America. (Less than one will be living in Australasia.) And on present trends, half will be living in cities.

By age, six out of those 100 people will be 65 or older and 33 will be 15 or younger. And of those 33 children, 29 will be living in the developing world.

When it comes to that population's level of well-being – its income, its nutrition, its health, its education – the crystal ball begins to cloud. For human well-being is affected by ideas and events which are vulnerable to unforeseen change. One year before the Russian Revolution, Lenin predicted that it would not come about in his lifetime.

The task is made the more difficult by the interlocking complexities of a world shrunk by the centralisation of decisions and the extension of their outreach. In the corridors of capital cities, in the boardrooms of large corporations, in international rounds of tariff negotiations, today's decisions stretch out to touch the lives of individual families in almost every part of the globe.

The economic order

Of direct importance to families in the developing world, and to the prospects for their children, are the discussions on the New International Economic Order which have been the subject of three Special Sessions of the United Nations General Assembly and of many other international conferences and commissions of which the Brandt Report is a recent example.

The issues at stake include the prices to be paid for the Third World's raw materials, the lowering of customs barriers against the Third World's manufactured products, and changes in the international monetary system within which the Third World must earn its living. Also under discussion are levels of aid from industrialised countries, new codes of conduct for multinational corporations, guidelines for the transfer of technology, and increases in economic and technical co-operation between the developing countries themselves.

If such issues seem remote from the lives of the world's poorest children, then consider this discussion of the same issues 2,500 km south of the U.N. General Assembly – in the village of Coolshare, Jamaica:

The price for bananas at present is very bad. They are paying us about six cents a pound. Usually we get a ton, sometimes maybe even two tons. The farmers are asking the Banana Board for a processing plant. Until then we will not be able to pay our debts. If we could use the bananas to make vinegar, or rum or chips, there would be lots more things to make and for people to eat. At present all that happens is that just all the best bananas go for export.

The greatest problem we have is the price. If we can get the price, we can make the grade. Today for example, we have to sell a pound of bananas at six cents and then go to the shops and buy a pound of rice for 41 cents. A medium size box of

soap powder is 59 cents. But still only six cents for the bananas. Well, I am going to tell you, sometimes I think it is a miracle each year. It is only through the mercy of God that we survive each passing year. We are having a bad time right now because our dollar has been devalued and the price of everything is going up. We are in the Blue Mountain area, so we get a good price for our coffee.

If you get a good price you can make a much better livelihood for your kids. They all help to carry the bananas down to the valley and the little children help us with the peas. Coffee time they help to pick the coffee. There's not much for the children. If you have a good farming programme with roads, if we have a truck and the products to sell, if we get a good price, then there is something here for the kids.

It is very expensive to send children to school. Marlene is going to the secondary school in September and she told me she needed eight exercise books. She needed to lodge five dollars for books as soon as she was in school. She needs pen and pencil and her uniform is six dollars per yard. She has to wear black socks, so you can see what it is just for one child.

Thomas and Icilda Japp

(Statement to a UNICEF representative, October 1979)

The year 2000

Negotiations on the New International Economic Order will affect the livelihoods of millions who, like the Japp family, are struggling to earn a better living for themselves and their children. Yet progress is painfully slow. And the broad economic brush strokes in our picture of the year 2000 do not point to a significant improvement in the well-being of the poor.

Specifically, 1980 World Bank estimates suggest that the middle-income developing countries can expect to see their GNP per head (in 1977 dollars) go past the \$2,000 mark by the end of the century. For the low-income countries, on the other hand, the increase in wealth, although significant in itself, will be very much less – taking their GNP to between \$215 and \$260 per person (which in real terms is less than the per capita GNP of Europe or North America two centuries ago).

The message of these estimates is clear. The poorest nations, and the poorest people, stand to be by-passed by the next 20 years of development just as surely as they have been by the last. And in our global village of the year 2000, approximately 30 out of 100 people will be living in those poorest countries.

For the richer developing nations – mainly in North Africa, the Middle East, Latin America and the Caribbean – a per capita GNP of over \$2,000 should put the elimination of absolute poverty within their grasp. Latin America in the year 2000, for example, should be at the same level of GNP per head as Western Europe was in 1960.

South Asia is likely to remain the home of over half the world's poorest people. Yet India, with its large reserves of trained men and women, and with the inflow of more than a billion dollars a year in remittances from its migrant workers in the Middle East, may be poised for a far more rapid advance in the well-being of its people than is hinted at by present trends.

The bleakest growth prospects are faced by the nations south of the Sahara, where GNP per head grew by 1.6 per cent a year in the 1960s, fell to 0.2 per cent a year in the 1970s, and is unlikely to rise above one per

cent a year until the second half of the 1980s. Sub-Saharan Africa is also the only major region of the world where the rate of population growth has shown no signs of decline and where food production per head is falling.

In sum, present economic trends suggest that the proportion of the absolute poor will decline from 18 per cent of world population in 1980 to around 11 per cent in the year 2000. The actual number, which according to World Bank conclusions now stands at 780 million, will fall to 720 million if things go well and rise to 800 million if they do not.

For our global village of 100 people in AD 2000, these trends suggest that 13 will still be left behind in absolute poverty, their lives dominated by frequent malnutrition and ill-health, by the lack of opportunities to escape, and by the early deaths of three out of every ten of their children.

For a much larger number – approximately two billion people – GNP per head is likely to be somewhere between \$200 and \$300 a year.

Translated into the indicators of human well-being which would normally be expected at that degree of wealth, these figures mean that for approximately one third of the world's people, literacy will not surpass 50 per cent, life expectancy will only just exceed 50 years, and infant mortality rates will not fall below 100 deaths per thousand live births.

Changing trends

The response of UNICEF to this brief statistical portrait of the next 20 years is that such figures are unacceptable. And they are unacceptable because the suffering they foretell is unjust and unnecessary.

The first and most important point to be made about the trends which yield this picture of the year 2000 is that trends are functions of present policy and not expressions of inevitable destiny. And the task before us now is to go back along those trends to find out where and how the points might be switched in order to arrive at a new and better future.

In recent years, UNICEF and other members of the United Nations family have been deeply involved in just such a re-examination. It has ranged from set-piece world conferences on Environment, Population, Food, Water, Employment, Agrarian Reform, Technical Co-operation, and Primary Health Care, to smaller working groups such as the Tinbergen Report on Reshaping the International Order, or the U.N.'s own Committee for Development Planning. This re-examination has had at its disposal the experience of two decades of development effort and an avalanche of recently published research. And to all of this, UNICEF has brought more than 30 years experience of working with communities in more than 100 developing countries.

Out of this re-examination, a new consensus is being born. And its cutting edge is that the needs of the great majority for food, shelter, health care and education can be met by the year 2000.

This image of a new future is not vague. Life expectancy of 60 or more, infant mortality rates of 50 or less, literacy rates of at least 75% and school enrolment for every child, are the specific indicators of the progress which we believe can be made by the poorest nations and peoples over the next two decades. Such achievements would also imply that almost every family has reasonably productive and remunerative work to do, that nutritional levels in all nations reach at least the recommended minimum calorie intake, that communities have adequate health care and water supply, that virtually all young children are immunised

against the most common preventable diseases of childhood, and that 6-11 year olds are enrolled in school for at least four years.

Cheating destiny

The question arises of whether these goals are a mere whistling into the wind of economic reality. Are they launched with no more than a wing and a prayer or are they validated by hard evidence that they can be achieved?

The evidence that these targets can be reached, and that the 'destiny' of economic extrapolations can be cheated, exists in the example of nations and regions which have already achieved such targets and have done so at a level of economic development close to that projected for the world's low-income nations in the year 2000.

Pre-eminent among those examples is the Peoples' Republic of China. And, as an example of how 'inevitable' trends can be changed, it was written only 20 years ago, that 'China quite literally cannot feed more people. Millions are going to die. There can be no way out.' Since that time, the number of people in China has approached 1,000 million, virtually all of whom appear to be adequately fed.

In 1950, average life expectancy in China was less than 45 years. Today, it may surpass 70 years. In that same period, primary school enrolment rates have risen from 25 per cent to 94 per cent and the infant mortality rate, which was one of the highest in the developing world, is now one of the lowest. And yet the GNP of China today, estimated at under \$300 per head, is close to the level which most low-income countries can reasonably expect to achieve by or before the year 2000.

Were China the only example of a different gearing between GNP per head and the level of human well-being, the case for the viability of the 'new future' would not perhaps be convincing. For the circumstances under which it was achieved were certainly unique. Yet also from Asia comes the quite different example of Sri Lanka.

With a per capita GNP today of under \$200 – again less than the low-income countries can expect to reach over the next twenty years – Sri Lanka has also surpassed the 'new future' targets for the year 2000. And with a literacy rate of 80 per cent, an infant mortality rate of less than 50 per thousand and a life expectancy of 68 years (as opposed to 46 years only 35 years ago), Sri Lanka too has shown how much human progress can be achieved on how little economic wealth.

A third powerful example is the South Indian State of Kerala. Similar in population size to the nations of Argentina, Colombia or Zaire, Kerala is one of the poorest states in India. Its per capita GNP of \$135, for example, is below the \$180 average for India as a whole. At this economic level, and with a growth rate of only just over one per cent per person per year, Kerala would not normally be expected to reach the proposed social targets by the year 2000. Yet Kerala has already reached those targets. Almost all of its children attend primary school and threequarters of its adults are literate. Infant mortality rates are approximately 50 per thousand and life expectancy averages 61 years.

Clearly Kerala has also altered the seemingly rigid gearing between the level of economic performance and the level of human well-being.

Similar, if less clear-cut examples, are Costa Rica, Cuba, Barbados and Jamaica, all of which have rates of literacy, life expectancy and infant mortality which are among the best in Latin America and the Caribbean but

none of which has a GNP per head higher than the regional average.

By contrast, there are several middle-income developing countries whose GNP per head exceeds \$600 or \$700 a year but whose literacy rates are below the average for the low-income countries in which the average GNP per head is only \$200 a year.

Each of these examples is set in its own unique circumstances of history, culture and political relationships, and the separate strands of their successes can not be pulled out and woven into one portable formula for development. Yet the sum of their evidence would suggest that the relatively low levels of economic growth which the poorest developing nations can expect to achieve over the next 20 years need not leave them locked into malnutrition, ill-health and illiteracy. In short, a new future is achievable.

Growth from below

Underlying this consensus on what can be achieved in the next two decades are certain general principles which have been learnt from the last two.

The first is that economic growth is a necessary but not sufficient condition for the eradication of poverty. The second is that policies aimed at directly meeting the needs of the poor are a more promising way forward than reliance on the trickle-down of growth. The third, and perhaps most controversial, is that the redistribution of resources and incomes implied by such policies need not detract from, and may even enhance, the prospects for economic growth itself.

The conventional approach has long been that inequality is necessary in order that some might have the capacity to save and invest, so creating the economic growth which would increase the employment opportunities and the incomes of the poor. In practice, according to studies undertaken by the International Labour Organisation:

'Too small a fraction of the savings of the rich are channelled into investments designed to produce goods and services for the poor. One important reason for this is that, as a consequence of the unequal distribution of income, the poor have little purchasing power and hence there is little incentive to produce for them. Finally, the savings potential of the poor has probably been underestimated, and such saving and investments as they do undertake have the virtue of being directed towards the production of commodities which satisfy their basic needs.'

In other words, the kind of economic demand which results from the concentration of incomes, investment and credit, creates too little employment for, and confers too few benefits on, the poorest sections of the population. Putting a smaller amount of extra purchasing power into the hands of a much larger number of people, on the other hand, could create a different kind of economic demand – a demand for improved food, health care and schooling; for better farm tools, seeds and fertilizers; for improved transport, clothes and homes. Such a demand would be more capable of being met by local skills and local resources, so creating more employment and incomes for the poor in the very process of meeting their needs and investing in their productivity.

Succinctly summing up this turnabout, the economist Mahbub ul Haq has said: 'We were taught to take care of our GNP and that this would take care of our poverty.'

Let us reverse this and take care of the poverty – and let the GNP take care of itself.

This is the kind of approach which the late Senator Hubert Humphrey had in mind when he spoke of the 'veritable intellectual revolt amongst scholars of development who are turning against the long held view that growth alone is the answer that will trickle benefits to the poor majority. . . the poorest majority must share in the work of building a nation and must share more equitably in the fruits of development at the outset. Greater equity and greater participation, instead of taking a toll on growth, support and reinforce it'.

International inequality

The practical significance of these examples and principles is that progress towards meeting the human needs of all people can be greatly accelerated even though the engine of economic growth is only slowly increasing the wealth of nations.

But whilst it may be true that low growth does not a prison make nor GNP a cage, it is also true that the eradication of poverty is unlikely to be achieved without an acceleration in the rate of economic growth itself. Without increased growth, the redistribution of resources and opportunities within the developing world would not be enough to bring a new future within reach. To steeply increase taxation on the upper 20 per cent of income earners in the developing world, for example, would affect almost every employee in the car factories of Sao Paulo or the textile mills of Calcutta.

It is equally clear that the necessary acceleration of growth in the developing world is unlikely to be achieved without a restructuring of international economic relationships which presently retard that growth. Progress in present negotiations for structural changes in the world economy is therefore also essential if the needs of the poorest peoples and nations are to be met within the next two decades.

Under the banner of the New International Economic Order, over a hundred nations of the developing world are now campaigning for such a change. Their claim is that the existing economic order discriminates against the developing countries. And their evidence is that almost 80 per cent of the annual increase in the world's wealth accrues to the already rich industrialised nations containing only 15 per cent of the world's people, and that less than two per cent accrues to the world's poorest nations containing more than 30 per cent of the world's people.

Such a polarisation does not happen by accident. It happens principally because the concentration of economic power has enabled a minority of nations to lay down the rules of the world's trade, regulate the world's monetary system, decide what investments will be made where and for what purpose, steer the course of science and technology, and organise the international division of labour in their own interests.

In other words, many developing countries feel almost as dominated today as they were in the days of direct colonial rule. The price of the raw materials they sell, the value of the foreign currency they must use, the cost of the industrial goods they import, the terms of the aid and investments they seek, and the kind of technology available to them, are all determined by forces which they can do little to affect.

The concept of a New International Economic Order is therefore not merely an assemblage of economic nuts and bolts. It is an assertion of will and self-esteem which amounts to an economic counterpart of the drive for political independence which so many developing countries sought and gained in the 1950s and 1960s.

Nationally and internationally, therefore, greater equality of opportunity and more equitable distribution of growth are among the most sensitive levers in determining whether or not the needs of the poor are to be met. And social development must now assume its rightful place alongside economic development if a new future is to be brought within reach.

Investing in people

THE task of moving from today's world to a world in which the suffering of mass poverty is a thing of the past, requires more than encouraging example and thoughtful reappraisal. It requires particular strategies, worked out nation by nation and community by community.

Such strategies cannot be mechanically transplanted or magnified merely by money. Nor can they be centrally imposed on the passive periphery of the poor. But the lessons of their successes and failures can be assimilated and recreated.

In the main, these lessons lie in the field of social development – in the devising of new structures which more effectively gear resources generated by economic growth to improvements in the lives of the majority. In particular, new strategies are needed for health, nutrition and education. And it is to what has been learnt about this great trilogy of human development that this report now turns.

HEALTH

It is 2,500 years since Heraclitus wrote that 'when health is absent, wisdom cannot reveal itself; culture cannot become manifest; strength cannot fight; wealth

becomes useless and intelligence cannot be applied'. For precisely those reasons, the improvement of health is both a means and an end of development. And any strategy for the eradication of poverty must eventually be measured against it.

It is sometimes said that standards of health in the world today are higher than at any other time in history. Whilst that may be true, it is also complacent. For health must surely be measured not against the horrors of the past but against the possibilities of the present.

The lottery of birth shows the width of that gap between what is and what could be. For a child born in Sweden, the chances of dying before the age of one are less than one in a hundred. For a child born in the developing world, the chances are approximately one in ten. In the poorest countries, the odds fall to one in six.

If the 12 million babies who died during the International Year of the Child has been born in Japan or Finland, then 11.88 million of them would still be alive today.

For those who survive their first year, the struggle for life and health is far from over. In the poorest countries, only one child in ten will ever see a trained health worker or be immunised in its first year against diphtheria, tetanus, measles, tuberculosis, pertussis or poliomyelitis

– the six most common preventable diseases of childhood.

As these children grow, crawl, walk, run, play and work, they enter into an environment which is a minefield for their health. In the rural areas of the developing world, almost threequarters of all children have no dependable supplies of water and even less have safe sanitation. As a result, environmental diseases flourish. Schistosomiasis, the debilitating illness which goes under the alias of bilharzia in Africa and snail-fever in China, affects between 180 and 250 million people. Ascariasis (round-worm) weakens an estimated 650 million. River-blindness darkens the lives of 20 million more. Malaria kills an estimated one million children a year in Africa alone. And inadequate diets sap the strength of people and of nations.

World-wide, one in every five children suffers from malnutrition, the beconer of disease. And two out of every hundred are so badly undernourished that their bodies have to draw on the protein reserves in their muscles – including their heart muscles – in the fight to stay alive.

The net effect is that almost 15 million children under the age of five die every year – accounting for more than one third of all the world's deaths.

Respiratory infections and diarrhoea are the most prevalent killers, claiming the lives of more than ten million young children every year. Their closest accomplice is the malnutrition which has been found to be an underlying or associated cause in one third of all deaths among the under-fives.

An ounce of prevention

To cope with such problems, the health budgets of the developing nations amount to only one-hundredth as much per head as is spent on health in the industrialised world. In Africa and Asia, for example, health spending, including private expenditure, rarely exceeds \$5 per person per year.

If this picture of health is to be dramatically altered by the year 2000, then the resources devoted to that end will have to be increased. But as those resources are obviously limited, there is also an urgent need for strategies which will improve the ratio between money invested and improvements made.

Central to such strategies is the old adage that an ounce of prevention is worth a pound of cure.

It is estimated, for example, that up to 80 per cent of illness in the developing world could be prevented by a combination of improved nutrition, adequate water supplies, personal hygiene, family and community health education, safe sanitation and immunisation campaigns. In view of that fact, apportioning the bulk of slender resources to the training of medical doctors and the building of hospitals would not seem to be the way of securing the greatest health for the greatest number at the least cost. Yet under the influence of standards set and aid given by the industrialised countries, three-quarters of all health spending in the developing world is now devoted to high-cost cures for the few rather than low-cost prevention for the many. In Africa, for example, approximately 70 per cent of the doctors are working in cities where approximately 20 per cent of the population lives.

An alternative strategy, most dramatically pioneered by China and its 1.6 million 'bare-foot doctors', is the primary health care approach. And it was under this banner that the World Health Organization and UNICEF convened the World Conference on Primary Health Care at Alma Ata in the Soviet Union towards the end of 1978.

Primary health care

To Alma Ata was brought the experience of many pioneering efforts to improve public health for the poor. And from Alma Ata came a consensus endorsed in principle by more than 130 governments of the world.

First, it was recognised that to invest in improved nutrition, water supply and sanitation for all is to lay the foundations of mass health. Secondly, it was agreed that those who work under the names of bare-foot doctor, health promoter, para-medic, rural medical aid, or primary or community health worker, embody part of a strategy which can help to change the picture of world health over the next 20 years.

It requires neither seven years of training nor costly pieces of technology to prevent or cure most cases of ill-health. It is estimated, for example, that four fifths of all ailments in children can be treated by primary health care workers at very low cost.

In different countries of the developing world, the tasks of such primary health care workers include: nutrition and water supply advice; sanitation and hygiene education; maternal and child health care; immunisation campaigns; family planning services; water quality monitoring; essential drugs distribution; oral rehydration for diarrhoea in children; and treatment for common illnesses and injuries.

The aim of primary health care is not to make hospitals and doctors redundant but to link them to the needs of the majority at a sustainable cost. Trained to identify health problems requiring more specialist knowledge and treatment, and backed by a referral system which can provide it, the primary health care worker can give a new relevance to conventional health services. In turn, it is the strength of those health services which gives the community health care worker credibility and prevents primary health care itself from becoming a second-class service to the poor.

UNICEF has both contributed to and learnt from the world's experience in primary health care. And today, helping to train and equip primary health care workers is at the centre of UNICEF's 'Strategy of Basic Services', a strategy which aims to meet basic human needs at low-cost by supporting initiatives which are of, by and for the communities with which UNICEF works.'

Mother and child

One of the strongest levers by which community health workers can raise the level of human health is increased care during pregnancy, childbirth, and the first years of life.

World-wide, 25 million women every year suffer serious illness or complications during pregnancy or in giving birth. In Africa and Asia alone, 500,000 women die of 'maternal causes' each year – leaving behind one million motherless children. Anaemia, which is estimated to affect two thirds of pregnant women in developing countries, is a major cause of half those deaths.

Because of maternal ill-health and malnutrition, 21 million low birth-weight babies are born into the developing world every year. And in one WHO study of seven developing nations, low birth-weight babies accounted for four to 11 per cent of all births but 43 to 74 per cent of all peri-natal deaths (deaths between the 28th week of gestation and the end of the first week of life). Mortality rates for those low birth-weight babies who do survive their first week of life are also 20 times higher than for babies of normal weight at birth.

Overall, that brief, vulnerable peri-natal period –

lasting only about two months – accounts for one third of all infant deaths in the developing world.

In the crucial first few months of life, breastfeeding is usually the young child's life-line. And the recent drift towards the bottle feeding of babies, a drift for which the industrialised world has provided both the example and the means, has cost tens of thousands of young lives.

Sadly, therefore, 'advertising' the fact that breast milk is best is now also a necessary step in improving child health. For, as WHO Director-General Halfdan Mahler told the 32nd World Health Assembly: 'Evidence from the developing countries indicates that infants breastfed for less than six months, or not at all, have a mortality five to ten times higher in the second six months of life than those breastfed for six months or more.'

In part, the campaign for breastfeeding must also be a campaign to regulate those who promote and sell commercial infant formula to mothers who do not need it, cannot afford it, and are unable to safely use it.

The World Health Organization and UNICEF are now completing a Code of Conduct designed to support breastfeeding and to regulate the marketing of artificial baby-foods in the developing world. Early next year, that code will be put before the World Health Assembly for ratification. If implemented by governments, and observed by the commercial world, it might mean that infants in many developing countries need not fall victim to the fashion for bottle feeding.

Family planning

The health of mothers and children is also intimately related to the spacing of births. Yet this link has sometimes been obscured by the controversy which surrounds the issue of family planning.

Too often, family planning has been preached at the poor in the name of the population problem and for the sole purpose of reducing their numbers. From the point of view of the poor, such preaching has sometimes been insensitive to their circumstances and contemptuous of their rights.

Where there are no old-age pensions, no medical services, and no unemployment pay, children are often the main source of economic security. Where the tasks of fetching wood and water and tending animals can take up to 12 hours a day, children are often an asset in the family's struggle for economic survival. Where infant mortality rates are high, many children are often necessary to ensure the survival of some. As these economic conditions begin to improve, the motivation towards smaller families begins to increase.

Yet family planning has another context and another purpose. The context is maternal and child health care and the purpose is the spacing of births.

Nutritionists call it the 'maternal depletion syndrome'. Village women in Bangladesh call it 'shutika'. But both are talking about the same thing – the fact that being pregnant and giving birth are exhausting processes for a woman's body. And it takes time to recover.

If the recovery time is too short, then health pays the price. Babies are more prone to low birth-weights; infants are more likely to be malnourished; and mothers are more likely to suffer from anaemia and toxæmia or just plain exhaustion. Often, the next youngest child is also affected: 'kwashiorkor', the wasting disease of malnutrition whose symptoms are known throughout the developing world, is a Ghanaian word meaning 'the illness of the baby deposed from the breast too soon'.

The women who are at the sharp end of this 'depletion

syndrome' know better than anybody how it affects their own and their families' health. And it is not just the lack of family planning advice which prevents them from taking their own fertility and their own health into their own hands. It is often the fact that they live in societies where men take the decisions and women take the consequences.

Every day, in the developing world, 300,000 women have a baby and 120,000 have an abortion. Those two abortions for every five births are brutal evidence for a better way for women to avoid unwanted pregnancy. More evidence, if more were needed, is now beginning to emerge from the World Fertility Survey, the largest survey into human behaviour ever undertaken. Its preliminary results show that in most developing countries half of the married women between the ages of 15 and 49 do not want more children. Yet of this number, only half are using any modern contraceptive method.

The realisation that the means of spacing births is an essential part of maternal and child health services, combined with the realisation that rising living standards increase the motivation towards smaller families, adds up to a new perspective on the population problem. Just as it has been said that looking after poverty will look after the problem of GNP, so it might now be said that looking after the people will look after the problem of population.

Childhood disability

Increased knowledge of, and care for, this same brief span of time which covers pregnancy, childbirth, and the first few months of life, could also reduce the incidence and severity of the disabilities which now afflict an estimated 150 million of the world's children.

In the setting of the Third World's overall health needs, the problem of disability is often relegated on the grounds that the high costs of doing anything about it are not justified by the small numbers it affects. One of the major tasks of the International Year of Disabled Persons (1981) will be to challenge this assumption on two counts.

First, the numbers of the disabled are not small. According to estimates by Rehabilitation International, some form of physical or mental disability affects ten per cent of any given population. Such a percentage brings the world total of the disabled to about 450 million people of whom approximately one third are children under the age of 15.

Secondly, the costs of preventing disability and rehabilitating the disabled are not necessarily prohibitive. As dietary deficiency, specific diseases, and general ill-health among pregnant women and young children are major causes of disability, so immunisation and improved maternal and child health care, which brings so many other health benefits to the community, could reduce its incidence.

Similarly, checking the development of young children, which is often one of the responsibilities undertaken by primary health care workers, could lead to the early identification of impairments. And early identification is a pre-condition for preventing such impairments from interrupting the normal processes of child development and thereby escalating into multiple disability.

By integrating disability prevention and rehabilitation into primary health care strategies, the lives of large numbers of people can be served at low cost. A

recent study in Mexico, undertaken by WHO and the Pan-American Health Organisation has reported, for example, that 80 per cent of disabled persons can be significantly helped by resources existing within the community.

The most poignant example of how much can be achieved for how little is the balance of costs to benefits in the prevention of blindness. It is now estimated that 250,000 children lose their eyesight every year for the lack of Vitamin A. The cost of meeting Vitamin A needs is usually less than five cents per child per year provided that the child is within reach of a community health worker.

The main themes of the International 'Year of Disabled Persons' are that high-cost technological solutions to disability are of little relevance to the disabled who also happen to be poor; that prevention and rehabilitation of disability can be integrated into primary health care strategies; that disability should not be a reason for separating a child from the normal processes of child development; that public attitudes towards disability are often as disabling as the disability itself; that the emphasis should be placed on what a disabled person can do rather than what he or she can not do; that expenditure on prevention and rehabilitation is economically feasible as well as morally necessary; and that the primary resource for helping the disabled to live lives which are as normal and productive as possible is the well-advised and well-supported family.

By the year 2000, present trends suggest that the global village of 100 people will contain seven disabled adults and three disabled children. If the aims of the International Year of Disabled Persons can be even partly achieved, then the Year could change those trends and set a course for the future which would drastically reduce that toll of human lives and social costs.

Health for all

The different strategies of primary health care now being evolved can help to improve the ratio of resources invested to health gained in all of these areas of need. But it would be a mistake to see the primary health care worker as a mobile magician who can make health problems disappear with the wave of a syringe. Without training and re-training, without efficient renewal of essential drugs, without investment in nutrition, water supply and sanitation, without community involvement and trust, without referral support from sophisticated government health services, and without a great deal of financial and administrative support, the primary health care strategy is devoid both of effectiveness and credibility.

With that support, primary health care can dramatically alter the health of the human family by the year 2000.

Achieving the targets of an infant mortality rate of 50 or less and a life expectancy of 60 or more for all societies would prevent between five and six million young deaths a year. This in turn would mean that five or six million more people would survive to have children of their own. And it has therefore been argued that reducing the rate of infant mortality would increase the rate of population growth. In the short term, saving infant lives is indeed likely to increase the number of surviving children per family. But in the longer term, it may have the opposite effect. For if fewer children die, parents have more confidence that their children will survive. As that confidence grows they tend to reduce the number of births to the number of children desired

rather than overcompensating for the threat of high infant mortality.

The result is the 'population paradox' by which the steps which lead to a lowering of infant mortality rates also lead—after a short time-lag—to a lowering of birth-rates. Furthermore, many of the social improvements, such as the education of women, which are required to reduce infant deaths (particularly those improvements which help bring a nation's or community's infant mortality rate down to below 75 deaths per 1000 live births) also have a marked impact on attitudes towards limiting the size of families.

Few of the computerised mathematical models which have been constructed to predict trends and guide policies have taken this paradox into account, preferring the simpler procedure of extrapolating present population trends independently of social improvements. An important exception is the CELADE (Centro Latinoamericano de Demografía) model which builds into its analysis the assumption that reductions in infant mortality will eventually lead to a fall in the rate of population growth.

Although the exact relationship between infant deaths and infant births is still a matter of detailed demographic dispute, it remains a fact that in no country, and at no time, has there ever been a significant and sustained fall in birth rates which has not been preceded by a significant and sustained fall in infant mortality rates.

But the health improvements which are necessary to reduce infant deaths also represent investments in infant lives. And it is because improvements in health enrich almost every other human activity, from progress in school to productivity in work, that UNICEF and the World Health Organization have called for a global commitment to 'health for all by the year 2000' and described progress towards that goal as the 'lever for world development'.

NUTRITION

Like progress in health-care, nutrition is so basic to development that no attempt to 'change the world' can hope to succeed unless there is enough to eat.

Today, that basic need remains unmet for perhaps 450 million people. The extrapolation of present trends along straight lines leads to an increase in that number by the year 2000.

Yet the experience and knowledge wrung from recent decades suggests that there is nothing impossible about the target of banishing mass malnutrition once and for all.

The major lesson of the last 20 years is that reductions in malnutrition cannot be achieved only by increases in food production.

To meet nutritional requirements the world needs to produce 2,354 calories per person per day (ranging from 820 calories per day for a baby to 3,500 for a 16-year-old male). In round figures, this means that the world has to produce the equivalent of 500 pounds of grain per person per year. On average, over the last few years, the amount of marketed grain in the world has been 1,300 million tons a year—enough to provide the necessary 500 pounds for more than five billion people. And this equation does not include the food which is grown and eaten without ever being bought and sold in the marketplace.

Nor is the earth's physical capacity to meet the needs of its future population in any serious doubt. A recent study, undertaken at the University of Wageningen in the Netherlands and based on the new UNESCO/FAO soil maps of the world, suggests that the earth can sustain

the production of over 32 billion tons of grain per year – almost 25 times the amount presently produced.

If the world is producing enough food to give everyone an adequate diet – and can continue to do so despite the anticipated population growth of the next 20 years – then the fact of 450 million malnourished people demands a different explanation.

Again, distribution is the mechanism which seems to have failed.

India, for example, has increased its grain production over the last 15 years at a faster rate than has ever been achieved by China or the Soviet Union or the United States. Yet malnutrition does not appear to have receded. In the Congo, and in Sierra Leone, food production has also been rising faster than population growth. Yet the poor do not seem to be eating better.

With each new example comes a strengthening of the consensus around its logical conclusion. It is a conclusion dourly summed up by Harrison Brown, Chairman of the U.S. National Academy of Scientists' World Food and Nutrition Survey: 'doubling food production next year, on the present pattern, would not materially change the status of the great majority who are hungry or malnourished today'.

Other studies have arrived at the same destination from different directions – for example, a report in the November 1978 issue of 'Food Policy' which concluded: 'the notion that increasing world food production will result in a significant reduction in hunger seems hard to support'.

As economic growth has failed to substantially increase the incomes of the poorest, and as the training of doctors and the building of hospitals has failed to significantly improve their health, so increases in food production have failed to significantly alleviate their hunger.

If the worst aspects of poverty – including malnutrition – are to be overcome within a reasonable time, then such needs must now be addressed directly rather than as a by-product of increases in overall production.

Food for the poor

Kerala and Sri Lanka again provide examples of low-income regions in which the nutritional needs of the poor have been addressed directly and met quickly.

In both, domestic food production has been increased and distributed. Rice production in Sri Lanka, for example, increased by six per cent a year in the 20 years between 1950 and 1970. In the same period, Kerala boosted rice output by 80 per cent. In both, this has meant focusing on the smaller and poorer farmers who have been both the creators and beneficiaries of that increased output. Guaranteed farm prices, the availability of credit, government help with irrigation and fertilizers, have all redistributed resources to the smaller farmer – and been amply rewarded by increased production. Evidence from India also suggests that when small farmers with less than five acres have the inputs which the land needs, their productivity per acre is nearly 50 per cent greater than farms of over 50 acres.

The resulting increase in incomes for Kerala and Sri Lankan small farmers has helped to create demand, employment, and incomes for others. And in both cases, part of the increased food production has been levied by government and distributed through licensed retail outlets at controlled prices. In Kerala, for example, 97 per cent of the population can buy up to half of their grain needs from 'fair-price' shops at almost 50 per cent below

the open market price. In Sri Lanka, the distribution programme has been even more ambitious – moving almost one third of the country's calories and proteins through its public food distribution programme.

Meanwhile, in many regions of the developing world, the emphasis and the inputs have gone to larger land holdings growing cash crops to sell abroad. Costa Rica, for example, has doubled its meat exports to the United States and seen its own meat consumption fall by one quarter. Similarly, Dominica has doubled its acreage under sugarcane and seen its food production decline. In Mali, during the Sahel drought in which so many thousands died from malnutrition, the export of cash-crops to feed European cattle actually rose. In Central America and the Caribbean, where at least one fifth of the children are malnourished, half of the agricultural land grows cash crops for export.

The scope for increasing food production by and for the poor has been amply demonstrated by nations and regions from China and Sri Lanka to the State of Kerala and the Republic of Korea. Half of India's arable land is lived on, and worked by, very poor people who, given the necessary support and investment, could make that land every bit as productive as the farmlands of the United States. In neighbouring Bangladesh, average rice yields amount to about 15 per cent of what has been shown to be possible.

People go hungry because they do not have the land and the means to grow food or the money to buy it. The fact that malnutrition could be solved by switching only two per cent of global grain production – much less than is presently fed to cattle in the northern hemisphere – to those most in need, demonstrates that the problem is not one of too many mouths to feed and too little food being grown. Yet the only sustainable solution to the problem of mass hunger is to increase the incomes of the hungry. And there is no physical reason why the global village of the year 2000 should contain one malnourished child.

EDUCATION

Education is the third force in the trilogy of human development. Like improvements in health and nutrition, it is an enrichment of life, an investment in people, a lever for development.

By doubling school enrolment rates between 1960 and 1975, the developing world achieved what many thought to be impossible. Even in the low-income countries, eight out of ten children at least start school and four out of ten adults are literate.

As the 1980s begin, spending on education in most developing countries seems to be nearing a ceiling of about five per cent of GNP. The number of children to be educated, on the other hand, continues to increase. One of the first effects of a fall in birth rates is a slower increase in the number of school-age children. In the Republic of Korea, that number has now stabilised as a result of a marked fall in fertility. In India, where the birth rate has fallen by one tenth, the number of 6-11 year olds is expected to rise by 20 per cent between now and the year 2000. But in Pakistan, their number will probably increase by 40 per cent and in Bangladesh by 60 per cent.

In view of these figures, it has to be considered unlikely that a further rapid expansion of enrolment rates can be sustained over the next two decades.

Within the resources which are, or are likely to be, available for education, some difficult choices, and some political decisions, will have to be made.

Emphasis on higher education, particularly, tends to

smile on the rich whose children often go to secondary schools or universities and to frown on the poor whose children often do not. In Tunisia, for example, the proportion of children from high-income groups is nine times larger in universities than in primary schools. In Colombia, investment in university education during the mid-1970s, amounted to approximately \$46 for each household in the richest 20 per cent of the population, and approximately \$1 for each household in the poorest 20 per cent.

Emphasis on primary education, on the other hand, tends to redistribute resources from the rich to the poor. It also represents a direct approach to meeting the needs of the majority of children and a direct investment in 'growth from below'.

The general trend in the developing world is for college education to expand faster than secondary education and for secondary education to expand faster than primary education. Yet according to World Bank studies in 30 developing countries, the economic rate of return on investment is higher for primary education than for secondary education and higher for secondary education than for college education.

The estimated rate of return which a developing country can expect from investing in primary education, in purely economic terms and based on the same study, is 24 per cent, compared with 15 per cent for secondary and 12 per cent for higher education. The productivity of farmers with four years of primary education, for example, was estimated at more than 13 per cent higher than the productivity of those farmers who had never attended school (where the necessary farm inputs were available in both cases).

Despite such evidence, less than half of all educational spending in the developing world, and only six per cent of official aid for education from industrialised nations, is devoted to primary education.

If the poor are to contribute to and benefit from the process of development, rather than being by-passed by it, then universal primary school enrolment for at least four years would seem to have a fair claim to a greater share of both internal and external resources.

UNICEF's policy is that education is an essential link in the chain of its 'Strategy of Basic Services'. In line with that policy, UNICEF, in 1979, helped to train more than 64,000 primary school teachers and to equip more than 83,000 primary schools in 99 countries of the developing world.

The poor at school

Primary school education for all is a principle easier to espouse than to implement. Building schools and recruiting teachers for the often-remote rural areas where many of the poor live can be an expensive investment. The Government of Nepal, for example, has estimated that the cost of building and equipping a school in its mountainous regions is approximately double the cost of a school on the plains.

Parents, as well as governments, make investments in education. For the relatively well-off, sending a child to school can make the parents' lives easier. For the poor, it can have the opposite effect. It may mean foregoing the contribution of children in homes and fields, in fetching wood and water, in tending animals and supervising younger brothers and sisters, in helping with harvests or fodder collection. And the demands which seasonal agriculture makes on poor rural families may not be compatible with the fixed hours and holidays of formal schools.

In consequence, the school drop-out rate in poor areas is frustratingly high. In the north-east of Brazil, for example, primary school enrolment rates have reached 46 per cent of 6-11 year olds, yet nearly two thirds leave before the end of their second year and only about four per cent complete four years of elementary education. For the developing world as a whole, only half of those who entered primary school in the year 1970 were still there in 1974.

Educating girls

Of all the opportunities which might be available for 'switching the points' in order to arrive at a better future than is promised by the extrapolation of present trends, perhaps none has more potential than increasing educational opportunities for girls.

One study has shown that, within each income level, infant mortality falls as a mother's level of education rises. A similar study in Nigeria also concludes that 'maternal education appears to be the most powerful determinant of the level of child mortality'. In Sao Paulo, household surveys have shown, again within each income group, that the higher the mother's level of education the higher the family's level of nutrition. In the Middle East and North Africa, countries such as Tunisia which have boosted the enrolment of girls in primary schools to 80 per cent or above, are the countries which now have lower levels of fertility than their neighbours.

Correlation does not always imply cause, but there is ever-increasing evidence to suggest that education for women is one of the most powerful forces for improving the well-being of people.

The evidence for the importance of educating girls holds good even if women never enter the labour market. It is mainly in their role as mothers, nutritionists, health care workers and home-makers that their levels of education result in the social improvements indicated by the surveys quoted.

Equal access to income-earning opportunities and to decision-taking within the family and the community, would not only provide a stimulus to the enrolment of more girls in schools, it would also increase still further the social and economic value of that investment.

In the low-income countries today, 90 per cent of the 6-11 year old boys but only 64 per cent of girls are enrolled in primary schools.

Basic education

Where resources are insufficient to provide full educational opportunities, low-cost strategies for meeting basic educational needs have begun to emerge.

Under the various names of mobile training schools, or village polytechnics, or brigade schools, or 'modulo' systems, or farm schools, and collectively known as 'basic education', such strategies have usually taken curriculum reform as their starting point.

Instead of providing elementary education with a curriculum geared to examinations for secondary school and largely irrelevant to the needs and opportunities of the 75 per cent of children in low-income countries who leave school before the age of 12, 'basic education' aims to equip them with the knowledge and skills to earn a living via realistically available opportunities. The common denominators in 'basic education' curricula

are: functional literacy and numeracy; knowledge of preventive health care and nutrition; constructional and agricultural skills; child care and family planning; environmental understanding; and the knowledge to participate in the political and economic life of community and nation.

Basic education, which is often 'non-formal education' provided outside normal school hours for those who have passed primary school age, is playing an increasing role in linking community resources to educational needs. Resources other than conventional schools include: mobile film and library services; women's societies; youth groups; radio listening groups; community newspapers; religious organisations; social sections of political parties; co-operatives; agricultural extension centres; in-job vocational training; community centres; health clinics and dispensaries; local government information services; trade craft centres; television and video tape; and community involvement in the education of children.

'Basic education', it must be said, has its share of critics. Children and parents can resent the thought of being excluded from the chance of a place in secondary school – with its hint of well-paid jobs in cities. And, in some few cases, 'basic education' experiments have even collapsed because both parents and children wanted education to provide a means of escaping from the land, not a means of staying on it.

Overall, it seems unlikely that strategies of basic education will succeed if they are, or are perceived to be, education for second-class citizenship. Education can be one of the most powerful mechanisms for either excluding or involving the poor in the process of development. And school systems which do not accept, at least in principle, that the sons and daughters of the poor should have as good an education as the sons and daughters of the rich are likely to be themselves rejected by the poor who observe such things with understandably cynical eyes. Therefore basic education needs to include bridges for children to cross into the secondary system.

In most regions, the possibility of universal school enrolment within the next 20 years has not been ruled out. And again, the developing world has provided examples of what can be achieved in education even under severe financial constraints. Burma, Vietnam, Sri Lanka, and Tanzania – all low-income countries – have achieved adult literacy rates of 60 per cent or more and primary school enrolment rates of 80 per cent or more. And, once again, Kerala provides an example of how much can be achieved at an economic level lower than the poorest countries can expect to achieve by the year 2000.

Kerala spends about 20 per cent more per primary school pupil and about 50 per cent less per university student than the all-India average. As a result of sustained emphasis on children of low-income families and on their education, almost all of Kerala's children attend school; 80 per cent of the boys and 90 per cent of the girls complete at least three years; and over half are at school for seven years or more. At the turn of the century, five times as many men as women were literate. Today, the proportions are almost equal. Indeed the progress of women in Kerala is often suspected of being one of the deepest roots of its social achievements.

Without increased resources for education, and without greater emphasis on low-income families in the allocation of those resources, the goal of at least four years primary education for every boy and girl by the end of this century is unlikely to be realised. To the extent that it is not, the costs to at least two generations of children will be inestimably higher than any price

which the achievement of that goal now demands. As education can equip the individual with the means and the mentality to adapt, so it can bring out the ability to change the environment of poverty. As it can release an individual's sense of power over his or her own life, so it can uproot fatalism and resignation. As it can help to release the potential for development by and for the poor, so it stands as both a target and a trigger for improvements in the quality of life.

STARTING POINTS

Health, nutrition and education are more useful categories to those who write about poverty than they are to the poor themselves. And the past has lessons which these categories cannot capture.

One of those lessons is precisely that development does not come in individually-wrapped parcels. Improved water supply, for example, may be a condition of improved health. But without improved sanitation its effect may be slight. Similarly, the combination of primary health care with a nutrition programme is likely to be many times more effective than either in isolation. The whole is usually greater than the sum of the parts.

Jobs, incomes, food, health care, water, education and the advancement of women are linked in complex and mutually reinforcing patterns which are themselves inextricably woven into the fabric of individual societies.

The tracing of relationships, between land-holdings and incomes, incomes and education, education and nutrition, nutrition and infant mortality, infant mortality and land-holdings... is invariably endless and occasionally instructive. But the hands which hold the cat's cradle of correlates are the hands of poverty itself. The people who are malnourished, or illiterate, or homeless, or unemployed, or who see their children die, have one overriding thing in common: they are usually the same people.

And it is because the different aspects of poverty are usually found not singly but together that absolute poverty is so difficult to break. The poorer a society is, the less able it is to benefit from any single improvement. The outstanding contribution which UNICEF has made to water supply in Bangladesh by helping to drill hundreds of thousands of tube wells, for example, will remain only a marginal influence on that country's infant mortality rate until community health education liberates its potential. In almost any society the effectiveness of almost any improvement is largely determined by the level of overall development within that society.

In part, this explains why past rates of progress in increasing life expectancy and reducing infant mortality are now slowing down. During the 1950s and 1960s, annual gains in life expectancy in the developing world have fallen from 0.64 years to 0.40 years – a drop of more than one third. Gains against infant mortality have slowed even more sharply.

At least half of the rapid gains in the past were attributable to technological solutions, such as anti-malarial campaigns, which functioned with relative independence from social and economic factors. That technological 'slack' has by no means been fully taken up. But the re-acceleration of progress necessary to meet the goals of a new future by the year 2000 will depend much more on integrated strategies by which communities raise their overall levels of social and economic development to a point where the potential of any one improvement both magnifies, and is magnified by, another.

'Where to begin?'

This 'seamlessness' of the development process has often given rise to the question of where to begin. If difficult choices have to be made within limited resources, then there is a need to know which points of intervention will yield the greatest benefits at the least cost.

Perhaps the most important lesson from two decades of development is that the 'where to begin' question itself is wrongly framed. The development process is not just beginning; the struggle for improvements in the quality of life is as old as life itself. And the villages and communities of the developing world – as complex and intricate as any communities anywhere else in the world – are not blank slates on which those who wish to assist in the development process may begin where they wish and write what they like.

The question is therefore not one of where does development begin but how best can those who are able and willing to assist become helpful participants in the efforts of the poor.

With each passing year it has become clearer that the efforts and resources available for development should be placed at the disposal of those who have most to contribute and most to gain. In other words, the most important development workers are the poor themselves and it is their initiatives, their priorities and their involvements which determine the starting points of development assistance.

A woman's work

Of all the initiatives taken and efforts made by the poor to improve the quality of their lives, none is more selflessly sustained than that of the mother in the context of her family. She is the most important primary health care worker, nutritionist and educator: and to the

extent that the needs of the world's young children are met, they are in the main met by their mothers.

If the task is to meet human needs and to invest in the future productivity of the poor, and if the starting point is the efforts being made by the poor themselves, then assisting mothers to achieve their own goals and priorities is at the heart of development.

But if the injustices which women now suffer are not to be perpetuated, then such assistance will have to include reducing the mother's workload and increasing her economic power. For the woman's role in the home is only half the picture. Throughout the Third World, women are responsible for half of all the agricultural work. It is not uncommon for women to work half as long again as men in the fields and still store and cook the food, wash the clothes, clean the house, carry the wood and water, tend to the animals and look after the old, the sick and the children.

It is, therefore, much more than the mother and homemaker who is ignored if development by-passes women. It makes little sense, for example, for agricultural training and technology to be given only to men if women are responsible for at least half of the land's productivity. Yet in a now well-known study, Esther Boserup noted that in villages where modern technology had been introduced, the woman's share of agricultural labour rose, on average, from 55 per cent to 68 per cent.

Similarly, emphasis on the production of cash crops has often undermined the power and status of rural women by depriving them of the means to grow their own food, to raise their own animals, and to have an independent say in family and community decision-taking. To take away time and power and resources from women who already have too little support and too much work, is to lower the productivity of half the population, to undermine the health of their children, and to disinvest in the development of their communities.

Commitment and conclusions

LIKE all attempts to bring about change, UNICEF's work is founded on a criticism of what is, on a vision of what should be, and on a strategy for moving from one to the other.

Our criticism is clear: as the twentieth century draws to its close, our planet is still deeply stained by the suffering of one billion people, many of them children, living in absolute poverty. Our vision is equally clear: it is of a world from which that stain is expunged.

The chief restraints on achieving that aim within the next 20 years are clearly political. Nationally and internationally, success depends on a long-term political commitment strong enough to transcend cherished economic interests.

UNICEF is in a very special position in this process. Among members of the United Nations family, UNICEF has a unique presence in the consciousness of both developing and industrialised countries, a presence which stems, most obviously, from the universal concern which we all feel for our children's well-being.

In developing countries UNICEF's experience is based on an all-round concern for children and their families, and from our preoccupation with, and an awareness of, the need to generate greater self-help capacities among the poor and their communities. The

essence of UNICEF's operations is that they are 'people oriented'.

Similarly, in industrialised countries, UNICEF has the signal advantage of having an enormous network of like-minded partners and supporters in countless child-related activities, primarily through the National Committees for UNICEF which exist in more than 30 countries.

Generating involvement with, and commitment to, the well-being of the world's children has been a keystone in the work of UNICEF and our partners for the last 34 years. And it is through this 'people to people' character of our activities that we can harness even greater involvement and commitment to affect global political actions.

The industrialised world

The current appeal to the industrialised world for increased aid and lower tariff barriers has been based on enlightened self-interest. But with more than 20 million unemployed in the industrialised countries, the lowering of tariff barriers is understandably a sensitive issue. The benefits to many developing countries, in increasing

employment opportunities and foreign earnings, are obvious. But there are also advantages to industrialised countries.

Firstly, the increased purchasing power of the developing countries could stimulate exports and growth in the northern world. The export orders which resulted from the borrowing of OPEC funds by better-off developing countries between 1973 and 1977, for example, are estimated to have created a demand equivalent to 900,000 jobs a year in the industrialised nations.

Secondly, cheaper goods from the developing world can help to keep down inflation. The overall consumer price index in the USA, for example, rose by 60 per cent between 1970 and 1976; yet prices for apparel rose only 26 per cent in that period because of increased imports of cheaper clothes from developing countries.

There remains the question of unemployment in the industrialised countries. Yet there is no evidence that competition from developing countries is a major cause of present unemployment. What evidence exists, suggests that more jobs are created through exports to the Third World than are lost through imports from it.

Such a view, however, is a view from the top. And it does not solve the problems of particular workers in particular regions of the industrialised world to whom increased imports are an unignorable threat. And it is both unjust and unrealistic to expect low-paid or unemployed people in the industrialised nations to pay the price of benefits accruing to the developing world through the lowering of tariffs and quotas. The answer, argues the Third World, lies in the reinvestment in new industries and the retraining of workers – an investment which the industrialised world can afford.

And there the debate is poised.

Aid

The benefits of increased access to the rich world's markets would accrue principally to the more industrialised developing countries. And just five countries account for almost half of the Third World's industrial output. Africa, which contains some of the world's poorest nations, has less than one per cent of the world's industry.

Aid is therefore essential to the poorest countries, and to the poorest peoples, if their poverty is to be ended.

The extra resources which the low-income countries would need – even given redistributive policies and increased social investment – in order to meet the minimum needs of all by the year 2000 have been estimated at between \$12 billion and \$20 billion a year for the next 20 years (in 1978 dollars). At the same time, it would also be necessary to redirect a greater portion of that aid to the low-income countries which contain the large majority of the world's poorest people but which receive only 40 per cent of the rich world's aid.

\$12 to \$20 billion dollars is a vast sum of money. Yet it is no more than the world spends on armaments every 15 days.

With the notable exceptions of Scandinavia and the Netherlands, the aid record is a sorry one – and offers little evidence of an emerging commitment to the eradication of poverty.

Involvement of people

The level of support for the goals of ending world hunger, ill-health and illiteracy remains high amongst large

sections of the population in industrialised countries. Contributions to voluntary agencies, for example, are increasing rapidly even at a time of economic recession.

But the more significant change in the last decade may be the number of voluntary agencies which have come to see public education as part of their mandate. An increasing number of people and organisations in the industrialised nations are now involved in campaigning on behalf of the world's poor. And increasingly those campaigns are not just appeals for money but appeals for justice.

Long-term changes in the direction and values of societies – whether they be in the field of freedom from colonial rule, or civil rights, or environmental protection, or equality for women – have more often come from the ground up than from the top down. And it may be that the political will to eradicate world poverty will come more from the moral commitment of peoples than from the economic calculations of their governments.

UNICEF's advantage

From its origins as a relief agency created to serve children in the aftermath of the Second World War, UNICEF has been honoured to enjoy a very special relationship not only with the governments of industrialised countries but also with millions of individual citizens.

Even though UNICEF's prime operational responsibilities had shifted by the 1950s to the children in developing countries, the people of the industrialised nations have continued to support UNICEF's activities in a manner quite unparalleled among U.N. and other international organisations.

Three excellent examples of this support are that contributions from individuals and non-governmental sources were the largest single category of contributions (\$50.2 million) to UNICEF's resources in 1979; that the success of the International Year of the Child was due in large measure to the support it attracted from millions of individual citizens; and that the continuing, and increasing, activities of the National Committees for UNICEF are a vital bridge between a member of the U.N. family and the popular conscience. Such a history offers enormous possibilities for the future – based on UNICEF's unique capacity within the U.N. system to relate to people at the grass roots in both industrialised and developing countries. This 'people to people' potential of UNICEF is a comparative advantage which deserves advancement at every opportunity. And such opportunities continue to occur not only through the traditional activities of National Committees for UNICEF (for example, sales of greeting cards, and the mobilisation of support for children – especially in emergencies – which have helped make UNICEF a household name in many countries) but also in new fields of co-operation with individuals and organisations concerned with the well-being of children. Recent activity in the field of development education – which seeks to sensitise children of the industrialised world to the lives of children in the developing world and to the fact that their futures are inextricably linked – is an excellent example of this co-operation.

Similarly, one of the major consequences of the International Year of the Child, which greatly extended UNICEF's networks of co-operation with non-governmental organisations and concerned individuals, was that UNICEF has assumed a responsibility for drawing attention to certain needs and problems of children which are common to all countries, not only those in the developing world. The impact of infant

formula products on breastfeeding practices, and the problems of the families of migrant workers, are particularly good examples of this concern. By working directly and with others on such problems, UNICEF and its partners are contributing both to the solution of the problems themselves and to a greater awareness that co-operative mechanisms can lead to pragmatic actions which help the world's children.

This 'people to people' activity is especially important at a time when it is increasingly apparent that future world progress – survival, in fact – is dependent on the strengthening of global structures and processes. The fact that this activity continues to increase, despite many economic and social upheavals, is cause for solid optimism that greater involvement can lead to greater commitment which *will* forge a better world.

The developing world

As a broad generalisation, the governments of most developing countries would need to allocate at least 20 per cent of GNP for social investments in, for example, primary education, water supply, health care and nutrition, if the worst aspects of poverty are to be overcome in this century. Such moves are likely to be resisted in countries where the poor are politically weak.

The political will for the redirection of resources towards the poor has traditionally been generated either by revolution, or by the fear of revolution, or by the exercise of political power by the poor themselves through democratic processes. All of these remain powerful forces today.

Yet ideas and their communication have their own role in the world of events. The very act of publicising what has been achieved, of comparing it to what could be achieved, of making known the successes and failures of past attempts, of demonstrating that an ideal can be realised, can in itself stimulate new actions and generate new commitments.

Today, there is an urgent need for such ideas in the world of economics. When accelerated economic growth was widely equated with development, for example, then increasing GNP per head was taken as both the target and the measure of that development. Accordingly, development economists began to acquire the tools of their trade, building input and output models to measure the likely effects of specific policy interventions on the rate of growth of GNP.

As a result of two decades of development successes and failures, the relationship between economic growth and human progress has come to be seen as a much more complex equation. At the same time, a consensus is emerging that development must include a *direct* attack on the worst aspects of poverty through the redistribution of resources – including land, credit, farm inputs, food, education and health care.

If the aim of development is to improve incomes, nutrition, health and education for the poorest nations and peoples, then new measures of progress towards that goal are needed. In short, the need now is for what the late E.F. Schumacher wryly called 'a study of economics as if people mattered'.

The measures of progress most commonly referred to in this report, literacy, life expectancy and infant mortality, are fundamental to such a new economics. For they measure not the inputs to the development process but the end results of those inputs and are therefore capable of directly recording progress against poverty.

The nation-by-nation data on these three indicators – although uneven in quality and completeness – are

widely available and constantly being improved. They also have the advantage of representing universal aspirations rather than particular cultural values.

Finally, they are surrogates for wider progress as well as measures of specific achievements. The infant mortality rate, for example, sensitively reflects the availability of clean water, the health and nutrition of mothers, and the physical quality of the home environment. Similarly, life expectancy at age one speaks to the quality of life as well as to the chances of death. It is dependent on, and therefore a reflection of, levels of nutrition and the clemency of the economic climate. Literacy rates, also, are a guide not only to the percentage of the over-15s who can read and write but also to the capacity of the poor to contribute to and benefit from the process of development. Not until other social and economic advances have made reading and writing widely desired skills does literacy itself become widespread.

In response to this need for directly measuring progress against poverty, the Washington-based Overseas Development Council has, in recent years, pioneered the concept of a Physical Quality of Life Index (PQLI).

The PQLI fuses the rates of literacy, infant mortality and life expectancy at age one into a single composite index with a high of 100 and a low of zero. For each of these three individual indicators, a rating of 100 represents the highest point which any country in the world can expect to achieve by the year 2000. A rating of zero, at the other extreme, represents the lowest rate prevailing anywhere in the world of 1950. One hundred on the life expectancy scale, for example, represents the 77-year average which a country like Sweden can expect to reach by the end of the century, whereas zero represents the 38-year life expectancy which prevailed in very poor countries 30 years ago.

The PQLI gives equal weight to all three indicators and averages them to provide a measure of the physical well-being of a given population. And its use reveals a different image of development progress from the picture painted by economic growth alone. In the mid-1970s, for example, Brazil had a per capita GNP of \$912 and a PQLI of 66. In Sri Lanka, at that time, the per capita income was very much lower at only \$179 but the PQLI of 82 was significantly higher. For India, the corresponding GNP per head and PQLI figures were \$133 and 40; for Mali, \$90 and 14; for the United States, \$7,000 and 95.

The comparison of PQLI and GNP per head therefore shows again that no fixed ratio exists between the economic progress of a nation and the level of well-being of its people. For some nations, such as Sri Lanka, the level of well-being is higher than that which could be expected from per capita GNP. For others, such as Brazil, the level of well-being is lower than GNP per head would suggest.

Disparity reduction rates

As a complement to the PQLI, the Overseas Development Council has also introduced the concept of Disparity Reduction Rates (DRR) with the aim of measuring the rate at which progress is being made in improving the physical quality of life. Used with any of the three indicators which make up the PQLI, or with the composite PQLI itself, DRR measures the rate at which the gap is being narrowed – or widened – between present levels of well-being and the most favourable levels which any country can expect to reach by AD 2000. And again the DRR can be used in tandem

with the rate of growth in GNP per head to reveal more than either measure used independently of the other.

Between 1960 and the 1970s, for example, the Republic of Korea made rapid progress on both fronts, increasing its rate of growth in GNP by 6.9 per cent a year and reducing its PQLI disparity by 6.8 per cent a year. In that same period, Brazil achieved a rate of growth in GNP per head of 4.22 per cent a year—but its progress in reducing its PQLI disparity was a more modest 0.8 per cent a year. In Sri Lanka, where growth in GNP per head was only 1.7 per cent a year, its progress as measured by DRR was a marked 3.5 per cent a year.

The PQLI and the DRR are contributions towards a new economics which is still very much in its infancy. Much more research is needed before even a basic consensus can emerge on the principal variables of the development process and on the specific circumstances which have allowed such rapid progress in regions as diverse as China, Sri Lanka, Cuba, Jamaica, Costa Rica and the State of Kerala. Just as economists have constructed input and output models to describe and determine the policy decisions which most effectively stimulate economic growth, so new studies are needed to discover the kind of interventions which will most effectively raise the physical levels of well-being of peoples. Studies might be instigated, for example, to estimate the effects on infant mortality of food distribution and public health programmes, such as those in Sri Lanka or Kerala, or of well-supported land-reform programmes such as those in China or the Republic of Korea.

If the worst aspects of poverty are indeed to be abolished within 20 years, then there is an urgent need not only for new strategies to change the gearing between resources available and improvements possible, but also for new techniques for gauging and guiding those strategies.

The direct indicators of peoples' well-being need to be extended and refined. In particular, there is a need for methods of measuring the well-being of the poorest people as well as of the population as a whole.

Average life expectancy in Honduras, for example, has reached 57 years. Yet for the nation's low-income population, life expectancy is only 48 years as opposed to 66 years for high-income groups. Similarly, in Maharashtra, average nutrition levels disguise the fact that, according to one study, those whose income exceeds 75 Rupees per month had a daily calorie intake of almost 3,000 whilst the corresponding figure for those earning less than 25 Rupees per month was only 1,540.

School enrolment rates may also need to be measured by income groups if the progress of the poor, or the lack of it, is to be seen. Again in Maharashtra, the primary school enrolment rate for boys living in urban areas and belonging to the richest ten per cent of households was 86.3 per cent. The rate for girls living in rural areas and belonging to the poorest ten per cent of households was 16.6 per cent.

In Bangladesh, according to another study, the child mortality rate for rural families owning less than one acre of land was more than twice as high as for families owning three acres or more. In New Delhi, yet another research project has revealed that, for families in which income per person is less than 20 Rupees per month, the infant mortality rate exceeds 180 deaths per thousand live births. As monthly income rose towards 50 Rupees per person, the infant mortality rate fell to 82. At over 300 Rupees per month, infant mortality had fallen to 12.5—less than the average for Europe.

The fact that infant mortality rates among the highest income groups in developing countries can be lower than

among low-income families in industrialised countries, suggests that the idea of the 'Third World' cannot be geographically defined. Studies in the United States for example, have shown a close relationship between rising unemployment levels and rising infant mortality rates. And in the United Kingdom a recent government report revealed that a child born into a low-income family is twice as likely to die in the first month of life as a child born into the professional classes.

Whilst revealing aggregated wealth and income, GNP per head is a measure which can hide the poverty which is clearly visible under the lens of the new economics. The poor of Washington D.C., for example, have a higher rate of infant mortality and a shorter life expectancy at age one than even the average rates prevailing in Costa Rica. And the rate of infant mortality in Bradford, England, is close to the Sri Lankan or Jamaican average.

Directly measuring changes in the level of well-being of the poor could in itself increase political commitment to improving those levels. As increases in per capita income have been a source of pride in achievement for governments and for nations, so increases in life expectancy and literacy and decreases in infant mortality rates in relation to that GNP might also become a standard of judgement, a source of pride and a stimulus to action.

UNICEF's tasks

The increasing recognition of the importance of social development brings with it an increasing recognition of UNICEF's mandate and an increasing scrutiny of its work. With an impending increase of almost 500 million in the world's child population by the year 2000, and a New International Development Strategy which calls for a doubling or a trebling of the rate of progress achieved over the last 20 years, it is an understatement to say that the next two decades will be challenging years for UNICEF.

To meet that challenge, UNICEF's present resources amount to less than one per cent of all aid for development. In practice, this means 21 cents for each child in the countries with which UNICEF works.

The implications are clear. It is by our contribution to such targets as reducing today's tragically high levels of infant mortality from well over 100 deaths per thousand babies born to less than 50 in all countries by the end of the century, that our work must be judged.

To achieve this aim, UNICEF too must seek to increase the ratio between money spent and benefits brought to the children it exists to serve. UNICEF, to use the recent words of World Bank President Robert McNamara, must help to re-think social programmes 'to reduce their per capita costs while expanding their coverage' and to help in 'the restructuring of the total set of social sector programmes to establish priorities which take advantage of the linkages and complementarities between them'.

Unless the costs of social development programmes are reduced, governments will not be able to afford them and peoples will not be able to participate in them, particularly in periods of austerity. And one of the greatest opportunities for increasing the efficiency with which resources are deployed, thereby lowering per capita costs, is the synergistic relationship between the different elements of social development. Water supply and health education, for example, catalyse each other's potential benefits. Devoting resources to either, in the absence of the other, therefore leads to a 'leakage' of potential improvement.

By a closer understanding of the subtle relationships

between social development programmes, and by bringing that understanding into decisions on the allocation of resources, the whole can be several times greater than the sum of the parts.

The art of development today is to make one and one add up to three.

UNICEF seeks to put these principles into practice through its 'Strategy of Basic Services'. Our starting point is the initiatives being taken in the communities of the developing world. Our approach encourages greater use of para-professionals in government programmes. Our method is to help train and equip community development workers – more than 350,000 of them in 1979 alone.

Such a strategy builds on effort from within communities rather than imposing developments from without. And as those being trained are more likely to be knowledgeable about the community's skills and resources, more in tune with the community's priorities and needs, more sensitive to its beliefs and values, so they are potentially more able to enhance the human initiative and skills which are the prime resource for the eradication of poverty itself.

Putting its resources behind its stated priorities, 80 per cent of UNICEF's aid for education goes to primary schools – a contribution which amounts to over 40 per cent of *all* official aid received for that purpose.

Similarly, one quarter of UNICEF's total expenditure in 1979 was allocated to low cost water and sanitation programmes which, along with the larger inputs of governments and communities, served a total of 15 million people. Community efforts in planning, constructing and maintaining water supplies were backed by UNICEF rigs, pumps, pipes, casings, and fittings which helped to provide over 75,000 small-scale water supply systems during 1979.

To all these tasks, UNICEF brings the experience and expertise accumulated over 34 years of 'people-to-people' involvement with and concern for the world's poor.

UNICEF works primarily, of course, with the governments of countries. Each country can best appreciate the situation of its own children. Each country can best assess and address the needs of its own children.

In the supply of materials, in the offer of advice, in the provision of information and the sharing of experiences, UNICEF has an important contribution to make. In the 1980s, UNICEF, which for many years has encouraged technical co-operation within and between developing countries, will strive to make a still greater contribution to this process. And our approach to development will continue to be based not on abstract concepts but on 'learning by doing'.

Emergencies

Whilst being deeply involved in the long-term development process, UNICEF continues to respond to natural and man-made disasters – disasters which tend to strike first and hardest at the young child.

By far the largest operation in UNICEF's 34-year history was its commitment to minimising the sufferings of Kampuchea. In co-operation with the International Committee of the Red Cross, UNICEF co-ordinated a \$500 million relief operation including several hundred thousand tons of food.

Towards the end of 1979, when UNICEF and the ICRC, with the endorsement of U.N. Secretary-General Kurt Waldheim, issued their appeal for help, the survival of a large proportion of the Kampuchean

population was in doubt. Even the most elementary functioning of its village society, including the availability of rice seed for future crops, was threatened; and up to one-fifth of its population was heading towards Thailand in a desperate march for survival. Today, in late 1980, the future prospects for Kampuchea are greatly improved thanks to unprecedented public, private, and local authority actions. The great majority of Kampuchean were able to survive with minimal, if not ample, supplies until the harvesting of the major wet season rice crop beginning this November: the rice crop, while still short of the needs for 1981, will be more than double the rice crop last year, assuming that weather conditions hold to seasonal averages; more than 5,500 primary schools with more than 900,000 children have been re-opened under the most difficult circumstances.

Major problems – particularly political and security problems – remain in late 1980. But the international community, its governments, agencies, and private citizens, can take major satisfaction in what has been achieved during the brief space of one year.

At the same time as responding to such 'loud' emergencies, UNICEF also has a responsibility to focus world attention, and its own resources, on the 'silent' emergencies of poverty and underdevelopment which affect children in larger numbers and often with equal severity.

The fact that children are suffering in a particular place at a particular time as a result of a particular event does not make it any more of a tragedy than the equal if quieter suffering of children dispersed throughout the poorest regions of the world. Perhaps as many as half a million young children, for example, have died from a combination of malnutrition and disease in Kampuchea. Yet in the poor countries as a whole as many as 12 to 13 million children die every year from essentially the same causes – the equivalent of a Kampuchea every two weeks.

Conclusion

On present trends, the number of people who live and die without adequate incomes, food, water, health care or education is likely to increase.

Yet past achievements and present knowledge demonstrate that the suffering inflicted on almost 800 million people by the poverty in which they live is both unjust and unnecessary.

Specifically, the targets for a new future have been realistically set, by the New International Development Strategy, at reducing infant mortality in all countries to 50 or less, increasing life expectancy to 60 or more, enrolling all children in primary schools, and eradicating mass-illiteracy by the year 2000.

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 realisation is the will and the commitment to achieve them.

UNICEF for its part, commits itself to continue its efforts for children now, to work with governments and communities to pioneer new ways of increasing the ratio between resources available and improvements possible, to share that experience with all who work towards that goal, to campaign for the redistribution of resources both within and between nations in order to meet the needs of the poorest people, and to help their children to lead a fuller life. In short, our task is to demonstrate that trends can be changed, that progress can be accelerated, and that the ideal of eradicating the worst aspects of poverty over the next two decades can and should be reached.

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