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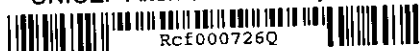
Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Task Force for Child Survival and Development

"Onward Toward World Summit Goals – for 1995 and 2000"

New Delhi, India
4 February 1994



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Colleagues. And colleagues we all are: administrators, Director Generals, ministers, secretaries, assistant administrators, bilateral agencies, health experts, we are all colleagues on a unique mission and we have been -- almost all of us -- for some years. This has been a good meeting. We can feel it through our pores.

The pre-meeting field trips were a very good preparation and we owe our thanks to the Indian government for making possible our diverse opportunities. Tamil Nadu was different from Madhya Pradesh, and Madhya Pradesh from Rajasthan, and each part of Madhya Pradesh was different from the others. But we shared one common reaction -- a certain sense of euphoria -- from seeing all the things that are happening on so many fronts.

As we look up from the trees that we are daily tending and look at the forest (something we don't have an opportunity to do too often); and when we look at the forest and see how it compares with the forest of child health and well-being as it existed ten years ago, we see many differences. And if we look forward to how the forest might look two years from now -- by mid-decade -- and seven years from now, by the end of this decade, we also can see tremendous potential positive contrast.

Looking back, we can sense what we have all accomplished together by having a shared vision, and by working together as developing countries... international organizations... bilateral donors... to achieve that vision of better health for children. It was a vision that seemed utopian to many in 1984, when we had our first gathering. A global recession had set in. In most countries, children were clearly the most neglected part of society. They had no legal rights -- they were the property of

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their families. Even readily preventable and curable diseases like measles, tetanus and diarrhoea were still taking the lives of more than ten million children annually. Only a very small proportion of the world's children were being served by the new vaccines, or benefitting from the new knowledge of how to deal with diarrhoea. Some ten million children were dying needlessly each year -- 30 thousand daily -- from causes for which the life-saving knowledge was there and readily available. Millions, scores of millions of children -- two thirds of them girls -- were out of primary school. And everywhere in the early 1980s, health and education budgets were being cut under the impact of the global recession and debt crisis.

Against that dreary and discouraging landscape in 1984, we did build "castles in the sky" -- in that week in Bellagio, Italy -- with a little over a score of people that had gathered. There were Robert McNamara and Jonas Salk -- the instigators of the meeting -- who were talking about the obscenity of our not moving on the vaccine front. There was the Director General of the World Health Organization, Halfdan Mahler -- one of the principal fathers of primary health care -- who first agreed to McNamara and Salk's proposal for holding such a meeting. There was the Executive Director of UNICEF, the organization which had been arguing for more than a year about the potential for a Child Survival Revolution, even in those dark times. The irrepressible then Administrator of UNDP, Bradford Morse, brought his energy and good humour to the meeting. The group also involved the Administrator of USAID, Peter McPherson; the President of the World Bank, Barber Conable; and the new President of the Rockefeller Foundation Dr. Richard W. Lyman. Then there was the veteran of the smallpox eradication efforts and Head of the Center for Disease Control (CDC), Bill Foege, who is with us today. There were three leading representatives from the developing countries in Asia, Africa, and Latin America, one of whom -- Dr. Ramalingaswamy -- is with us here. They were accompanied by a small handful of staff; one of them, Ralph Henderson, then the forceful head of EPI, is also here with us today.

The biggest "castle" was for immunization -- EPI. The World Health Assembly had spoken in 1978 of Universal Child Immunization by 1990. This group decided to put that castle up front in the sky -- the actual achievement of UCI by 1990. The second was oral rehydration therapy.

The reference to "castles," comes, as you know, from Henry David Thoreau, who said: "If you have built a castle in the air, you need not be lost. That is where they should be. Now put the foundations under them." And put the foundations under them we did, with haste, with energy, with creativity -- most conspicuously for EPI, but also for ORT.

The key was mobilising political will at the very top. Heads of state and government in particular, but ministers, media leaders, religious leaders, NGO leaders as well. They were needed because the success of these castles in the air depended upon multi-sectoral action. And we could get the multi-sectoral action only with leadership from the top that commanded a following from the many sectors whose involvement was needed. But the key to mobilising political leaders was to give them doable -- albeit ambitious -- politically rewarding packages... packages that made political sense to them. That, I must say, we did -- first in Colombia, then in Pakistan, Turkey, Egypt, India, Bangladesh, and China.

It was sufficiently so that in November 1986 -- in Bangalore at the second summit meeting of the new SAARC organization -- the heads of state and government took up children as a major issue and spoke out in favour of universal child immunization by 1990; primary education and water and sanitation by the year 2000; and -- early on -- the Convention on the Rights of the Child. It was the first time a meeting of heads of state and government had ever spoken out on issues of children. Others, such as the OAU Summit, were soon to follow their example.

Today, largely as a consequence, we see many of the traditional enemies of children on the run: measles... tetanus... dehydration from diarrhoea. More than four million children didn't die last year who were dying early in the 1980s from these causes. Polio -- then half a million cases a year, now down to close to a hundred thousand, and three million children running around today without paralysis.

Equally important (some would say even more important) has been the favourable impact of our success in child survival on other crucial sectors for children. Today we have a Convention on the Rights of the Child that has been ratified by more countries than any other human rights convention in history. We had the Education for All Conference, patterned after Alma Ata, which came as a result of Barber Conable of the World Bank asking at Talloires: "Why are we making all this progress just in health? Why don't we have something comparable in education?" -- and out of that comment came Jomtien, and a month ago the summit of the nine most populous developing countries on education. The World Summit for Children resulted from those regional summits and from successes in child survival, notably UCI. The Rio Earth Summit (UNCED) incorporated all the goals of the World Summit for Children in Agenda 21.

The lesson here is the importance of quantified, time-limited, doable but ambitious targets. First, to get the mobilization of the actors themselves. Second, to provide inspiration for other actions. Dr. Nakajima spoke of this.

The World Summit for Children provided us with a genius document. It was built on the Child Survival Task Force document of 1988 at Tallories. It set year 2000 goals -- 20-odd doable goals. It specified detailed requirements for National Programmes of Action from each country -- and more than 80 per cent of the children of the world (86 per cent of the developing world's children) are now covered by National Plans of Action. It required periodic global monitoring by the United Nation Secretary-General -- we now have had two reports submitted reviewing progress, covering each nation. UNICEF has issued the first of its annual reports, called "Progress of Nations". We obviously need better data, a topic which we have been discussing here.

We have seen the requirements for reaching the mid-decade goals -- both for pacing and for getting the political responsibility of leadership to take hold. We have also needed mid-decade goals to give us and the general public the reassurance of success that is required for the Grand Alliance to proceed to the year 2000. Dr. Nakajima touched upon the importance of achievement of these goals to create a sense of confidence to mobilize many sectors.

These mid-decade goals -- I think it's worth noting -- were hammered out in the first place at meetings of the developing countries on their National Programmes of Action, beginning in Colombo in September 1992 at the SAARC Ministerial meeting on the follow-up to the World Summit for Children. Then came the League of Arab States Conference on the Arab Child and OAU-sponsored International Conference on assistance to the African Child ICAAC, in November 1992. It was from this base, that primarily started with the developing countries, that we moved on to have the Joint Committee on Health Policy (JCHP) of WHO and UNICEF endorse them at the international level.

We have a number of issues before us that we have been discussing. First: How to maintain and secure the political will for achieving these mid-decade goals. The regional summit forums have proved very useful. The SAARC Summit in Dhaka endorsed the goals set out in Colombo. The OAU summit in June last year in Cairo endorsed the goals set out by the countries in Dakar in November 1992. The JCHP has played a very useful role, both in 1993 and 1994, giving its endorsement and ratification of these goals. The letter that Dr. Nakajima referred to (from the WHO Director General and the UNICEF Executive Director) to all heads of state, adds to this endorsement. We have raised all or some of these mid-decade goals in meetings with heads of state; for example, I personally, in the last six months of 1993, have talked to more than 50 heads of state and government about different aspects of the mid-decade goals.

The upcoming World Summit for Social Development provides us with a major opportunity, just as the Children's Summit provided a major additional impetus for both the Convention and the UCI 1990 goals. We can learn from that.

A second question is how to get international organizations to work in greater harmony. We have heard from Gus Speth, the UNDP Administrator. He has recently sent a guidance to the resident coordinators in the field instructing them to provide leadership and support to the achievement of the mid-decade goals. This should prove of great help.

Third, how to get more funding -- a major topic for all of us. We have a proposal now that is called 20/20 which says that 20 per cent of each donor's ODA should go to investment in meeting priority human needs -- programmes in primary health care, basic education, family planning, nutrition and water and sanitation -- as compared to the 10 per cent now devoted to priority human needs. And 20 per cent of national government budgets should go to meeting these basic needs.

There has to be more cost sharing with beneficiaries, and we have the Bamako example of this in the health field.

There is also an opportunity and a need to co-opt existing systems. For example, how do you get radio and television and school systems to do our work for us within their present budgets? This was a major topic at this meeting... how to use school systems as a mechanism for advancing our common goals.

We need to do more private fundraising. UNICEF is learning that these types of programmes generate substantial financial support. Save the Children, World Vision, Oxfam, and all of the NGOs in this field are raising significantly more money. We are also beginning to learn how to raise substantial amounts of private money in many developing countries. In countries like Brazil, significant sums are now being raised privately to support programmes for human development.

Fourth, how do we secure a balance between the 10 to 12 priorities that have been designated as mid-decade goals? Clearly the answer to that is that we have to work on all of them, giving priority emphasis to those goals which, as Dr. Nakajima noted, are the most clearly doable at this point -- goals for which we have packages that are ready-to-go. For the others, such as Safe Motherhood, we need to develop a consensus so that in 1995 and 1996 we can go to the heads of state of the world with the same kind of doable packages that we are now have for measles, polio, iodine deficiency and others.

And, of course, each country can adapt some of their own targets to the mid-decade goals. India has done this by making their goals on HIV and Safe Motherhood part of the mid-decade package.

Fifth, how to use goals to build systems? This is the question we have been discussing throughout this process, as well as how to use systems to better advance the goals. I would say that the key question we face here is the former: How to get the goals to reinforce the system? Clearly, you also need the systems if you are going to maintain the goals and provide the broader range of services that are ultimately needed.

I think EPI provides us with the best example of how this objective can be achieved. In EPI we set our goal for 1990 and then the moment that the goal was achieved, the world community set a new and higher set of goals... so that there'd be no quitting! Each country has to keep progressing, and if it has to keep moving, it has to build a sustainable system. We are now seeing this in EPI Plus. For the first time, having reached every hamlet and village in the world, we can "retro-fit" other programmes onto it and thus greatly extend and strengthen the existing primary health care system.

The 1993 World Development report is most useful in this regard, with its "Well Child" and "Sick Child" packages, and here, too, I would say we need to get our political package together so it can be sold in 1995-96. We don't yet have a politically saleable package. But it's clear we will need one.

Let me close by saying that we in this room are engaged in the greatest revolution in history. This revolution, really, is the revolution to put people first. Down through the centuries, in most countries, people have been essentially servants of the State and the elite of that society. In the past 50 years, for the first time, the focus has been how, increasingly, we get the State to put people, individuals, at the centre of the purpose of the State. This flows, of course, from what Arnold Toynbee stressed more than half a century ago: ours is the first generation in human history in which it is possible to think of bringing the benefits of progress to everybody. This is the result of advances in science and technology, the industrial and communications' revolutions.

A hundred years ago we could not have thought of health for all. Today we can. A hundred years ago we could not have thought of adequate food for all. Today we can. And morality does -- must -- march with changing capacity. It is in this framework that we are seeing the dramatic transformation of the world that is in

process. And as a result we have seen the end of colonialism, the massive change in attitudes towards racism, the change of attitudes towards women, and the change of attitude toward authoritarianism, and the enhancement of freedom of speech, freedom of religion, freedom of political participation, democracy. And of course there is the end of want, which is at the heart of our work -- to meet the material needs of people, to provide a safety net for all. In this revolution to bring an end to human want, health is the currently the pioneer. It is contributing not only to solving health problems through a multi-sectoral approach, but it is very clear that as we achieve the goals in health, we'll make a massive contribution to solving the population problem and enhancing economic growth. People need to be confident their children will survive before they really engage in having much smaller families. And we know that economic progress is greatly enhanced when the work force is healthy and not ridden with disease. We in this room are key to that process.

Individually, yes, we can do some important things. The Director General of the World Health Organization is a very powerful man. The Administrator of UNDP is a very powerful man. The Ministers of Health in this room are very powerful men. But we are setting out to do something that is beyond the powers of any of us individually. What we have been demonstrating in the last ten years is that when we work together, we really can begin to change the face of global society, the face of the world. That's both a very challenging opportunity and frankly a very great responsibility.

I want to thank you all for being here and for this opportunity to join with you.