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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Organization of African Unity (OAU)
Twenty-Fifth Anniversary Summit Conference

Addis Ababa, Ethiopia
26 May 1988

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Mr. Chairman,
Your Excellencies,
Mr. Secretary-General,
Distinguished Participants,
Honoured Guests:

With your permission, Mr. Chairman, I would like to introduce the African child, Miss Selamawit, of Addis Ababa, who has done more than perhaps any other child to promote the well being of all children in the past 5 years. When, with the encouragement of the Secretary-General of the United Nations, we launched the Child Survival and Development Revolution in December 1982, UNICEF needed a child symbol for the new worldwide effort. This photograph taken in late 1982 of a four-year old child found on the streets of Addis Ababa was chosen. Today, her picture has been seen by - and warmed the hearts of - hundreds of millions of people the world over who are working for child survival. Selamawit is now nearly 10, fully immunized of course, and number two in her third grade class of 100. Mr. Chairman, with your permission, she would like to say a few words in Amharic.

[Ms. Salamawit: "A few years ago, someone asked me what I wanted to be when I grew up. I answered, I want to be "alive". Today I am "alive". Now I wish the same for all children in Africa. So please, help them survive. Thank you."]

I am greatly honoured to address you in Addis Ababa in this Year of the African Child. It was here in July 1987 that the OAU Summit, cognizant of the fact that human resources in general and children in particular constitute the main wealth of the continent, and recalling the proclamation of 1986 as Africa Immunization Year, declared 1988 as the "Year for the Protection, Survival and Development of the African Child" and called on Member States to actively play

a role in mobilizing national communities with a view to creating more awareness on the need for resources aimed at achieving the goals of Child Survival and Development in general and, in particular, the 1990 Universal Child Immunization targets. The Summit requested the UNICEF Executive Director to facilitate the implementation of the resolution through the mobilization of the necessary resources and to compliment the national and international efforts.

This Summit gathering on the 25th Anniversary of the OAU occurs at a crucial moment for this continent and particularly for its children. The bad news since the last Summit is, of course, that the economic difficulties of the 1980s as a consequence of the debt crisis, low prices for primary commodities and civil strife often supported by external sources as in the Frontline states, have continued. The net transfer of resources leaving Africa is now greater than the inflow, with the difference measured in the billions of dollars annually.

A few years ago, then President Julius Nyerere asked "Must we starve our children to pay our debts?" I regret to say that actual practice has all too often answered with a "Yes", and many hundreds of thousands have died as a consequence in Africa, Latin America and Asia. And while there are encouraging prospects for some improvements in the mobilization of resources for Africa, I agree with Ambassador Stephen Lewis of Canada, the Special Advisor to Secretary-General Javier Pérez de Cuéllar, that they are too little, too late, and too slow.

It is against this background that the U.N. demographers have continued to support their mid-1980s projection that Africa will be the only continent in 1990 and again in the year 2000 which, as in 1980, will show a greater number of child deaths than a decade earlier - up from 4 million in 1970 to 4.25 million in 1980, and to 4.46 million in 1985. This is more than double the figure of 2 million child deaths if Africa were to achieve the target established for the year 2000 for each country in the world of an under-5 mortality rate of 70 per 1000 births or half the 1980 rate, whichever is lower [see table attached]. If the global projections of the demographers on trendlines calculated even before the AIDS crisis emerged were to prove correct, Africa, with only about 14 percent of the world's total population, in 2000 will account for over 40 percent of all infant and child deaths worldwide, up from 15 percent in 1950 and 31 percent in 1986.

Must we accept that these grim projections describe the future of this noble continent, the birthplace of mankind?

We all hope that the global economic and political climate will change - and many of us in the United Nations, let me assure you, lose no opportunity to press the need for more creative steps on a much more adequate scale by the industrial countries. Prudence requires, however, that we who are concerned with the well-being of the people of Africa - with the health of children and their mothers - and with the very future of this continent - must assume that the climate will remain very difficult indeed.

Mr. Chairman, Excellencies:

What then can be done under these continuing difficult circumstances? Given what we have and know, what is possible? Let me at once pay tribute to the impressive leadership shown and to the actions already underway by many, many African governments to implement the strategy and elements of UNPAAERD to fulfill Africa's part of the bargain with the international community. But let me also report that there is one arena in which your generation of political leadership can go down in history; where tremendous potential exists despite the severe restrictions of these times - and that is in improving the conditions for the children of Africa, particularly regarding their health, and thereby constructing a sound foundation for coming generations.

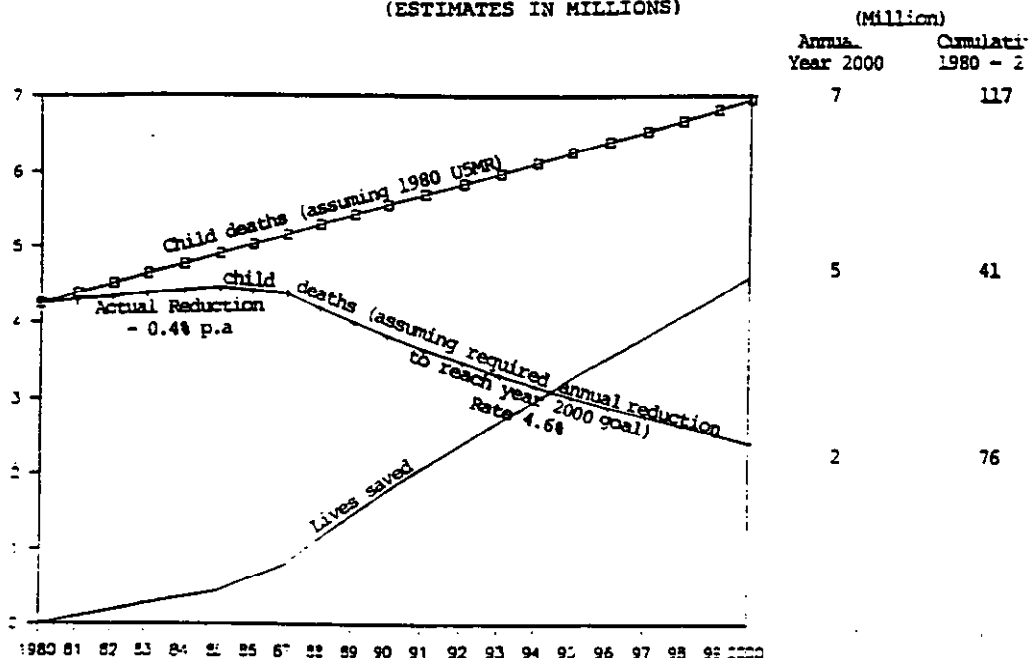
What can we reasonably expect to achieve in this realm? Can we responsibly hope to achieve the year 1990 goals of universal child immunization and virtually universal access to ORT? Can we hope to achieve the even more difficult goals for the year 2000 of reducing child mortality rates to 70 per 1,000 live births?

My message to you today involves some critical issues which, properly handled under the personal leadership of Heads of State and Governments, will result in the "nearly impossible" becoming possible. The health of African children can be so improved that the 1980 child death rates will be halved by the year 2000 saving the lives of 5 million children annually as compared to a continuation of 1980 under-5 child mortality rates, while slowing population growth rates in the process, as parents develop confidence that their first children will survive.

The good news supporting this belief is that due to extraordinary measures already initiated by African countries in the mid-1980s and described by Secretary-General Pérez de Cuéllar, the numbers of African child deaths had started falling in 1986 and 1987, thereby proving wrong, for these years at least, the projections of demographers based on past trend lines. As compared to 1985, in 1987, despite increasing economic and other difficulties, and a larger population, 100,000 fewer children died and millions more children were healthier due to progress on immunization and on oral rehydration therapy against diarrhoea. The lives of 2.7 million African children have been saved since 1980 due to progress in the health field. Far more will have to be accomplished to achieve the year 1990 and 2000 goals, but we now can see from recent African experiences how this might be accomplished. [See charts on following page.]

One major factor which has been the basis of a flood of progress for children in Africa is the realization that developmental advances and technological developments of recent years have vastly increased the capacity to communicate important knowledge to families. There is today a rapid and continuing increase in the ability to communicate with the world's poor - through radio, press, TV, schools in almost every village, churches and mosques, thousands of new farmers', women's, and business associations, and so forth - and a whole new perception in the world community of what can be done with programme communication as a powerful tool for education of the public concerning prevailing illnesses and controlling them.

ALTERNATIVE PROJECTIONS OF CHILD DEATHS AND LIVES SAVED IN AFRICA
CHILDREN UNDER 5 YEARS OF AGE: 1980 - 2000
(ESTIMATES IN MILLIONS)



- Projection A deaths
The 1980 under-five mortality rates (USMR) remain constant to the year 2000.
- + Projection B deaths
Up to 1987 the under-five mortality (USMR) rates are as estimated by the United Nations Population Division. From 1987, countries make sufficient progress to reach their CSDR targets by the year 2000 i.e. either an under-five mortality rate of 70 or half their 1980 rate whichever is lower.
- Project C Lives saved
The difference between projection A deaths and projection B deaths.

Deaths of children under 5 years of age in Africa

1980	4.25 million
1981	4.29
1982	4.34
1983	4.38
1984	4.42
1985	4.46
1986	4.41
1987	4.36

Under-5 lives saved in Africa (1980 U-5MR vs. actual figures)

1980-1987	2.7 million
1982-1987	2.6
1985-1987	1.8

This new capacity gives the potential, with vigorous national leadership, to take newly developed, improved or rediscovered low-cost/high-impact medical techniques and knowledge readily at our disposal - such as vaccines and ORT - and accelerate their use to reach an entire population, rather than just the privileged few who traditionally enjoy relatively easy access to health support systems. The United Nations has called this approach the potential for a Child Survival and Development Revolution (CSDR). The actual medical techniques are, of course, familiar to you by now, and include immunization against six child-killing diseases, Oral Rehydration Therapy, a return to the practice of breastfeeding with proper weaning, growth monitoring, and family spacing. Combining the new capacity to communicate with these techniques and technologies has allowed the mid-1980s to see in many countries a very sharp expansion of the immunization and ORT programmes in particular.

The ability of African countries to make progress in the survival and development of their children through dramatically accelerating their expanded programmes for immunization despite extremely constrained resources has demonstrated truly quite brilliant utilizations of limited resources. In the early 1980s, of the 25 million children born each year on this continent, more than one million were dying, and a comparable number were being crippled for life, from one cause alone - because they were not immunized against six diseases at a cost of some US\$5-15 per child. Today, Africa is clearly committed to preventing this tragic waste through achieving the goal of Universal Child Immunization by 1990 - ensuring coverage of at least 75 percent of Africa's under-ones.

Between 1984 and 1987, more than 40 African countries have sharply accelerated their immunization programmes - the majority of them with the active leadership of the head of state or government in mobilizing all sectors of society. Indeed, I am honoured to say that I have had the privilege to personally participate with a number of you attending this Assembly, including President Mengistu of our host country, in launching accelerated immunization programmes in your countries. Major acceleration is evident in many countries in all sub-regions of the continent. Seven Sub-Saharan and four North African countries, with a population totalling over 100 million, have already achieved the 75% coverage goal, and another two have achieved it in all but measles. Several countries expect to meet the mark before the end of this year. Major cities such as Cairo, Addis Ababa, Harare, Algiers, Maputo and Dakar have achieved levels of immunization for infants under one equal or superior to those of New York and Washington. UNICEF is confident that with sustained and creative efforts led by each nation's leaders, the goals can be achieved by virtually every country in Africa by 1990.

Such communication efforts have received a sturdy buttress from the newly unleashed resource of support by African artists and intellectuals which has been generated and focused through major conferences in Dakar in March 1987 and Harare in March of this year.

I urge each Head of State and Government to think even more deeply of the many children who are unreached in your own country - to think of what it would require to reach them with the means to meet basic human needs,

including, and perhaps starting with, their very survival and development. I challenge you, with the support of the international community including UNICEF, not only to prove the demographers wrong when they project that the absolute number of child deaths will increase, but also to achieve the full goals for 1990 and 2000.

What will it take in each of your countries to achieve the year-2000 child mortality goal? It can be done, but it can be done if - and only if - the political will to do it exists. Perhaps every Head of State might call a meeting of its own experts. I attach to my statement a table showing the progress made in each country since 1960 and the progress required in the future to reach the year 2000 goals.

Because of the success of Africans in mobilizing for child health, there is a confidence in your capabilities in the field of health. This is symbolized not only by the considerable external financing which has been made available for immunization and oral rehydration therapy programmes, totalling more than \$200 million to date, but also by the enthusiastic response in Africa and internationally to the initiative proposed by your Health Ministers last September in Bamako in a session opened by the President of Mali and now recommended to you by the 48th Ordinary Session of the Council.

The "Bamako Initiative", which was strongly endorsed for support by the Executive Board of UNICEF this past April and by the World Health Assembly this May, basically outlines a new compact for mobilization of resources to achieve universal primary health care for women and children by the mid-1990s. The crux of the Initiative is a new way of funding and managing essential drugs and maternal and child health care for each community. The drugs, bought in bulk at low cost and with the help of external assistance for a period of years, would be sold at prices which, while much lower than the local retail cost, would be sufficient to finance not only the replenishment of the drugs themselves, but also the development of district health services to the point at which maternal and child health care is available to all.

The tremendous potential of the Bamako Initiative creates an extremely provocative opportunity to attract major new foreign aid to support primary health care in Africa of up to \$100 million annually, analogous to that successfully achieved for UCI/1990, as well as to mobilize a still larger amount - more than double - of resources from local communities in support of maternal and child health care, including continued support for universal child immunization.

This meeting is auspiciously situated in time to celebrate the accomplishments of a quarter of a century of the OAU. It is also posed at the threshold of the last decade of this century ... indeed, of this millennium. The combined human resources of you gathered in Addis Ababa today is formidable. As you plan the prioritization of your efforts for the upcoming historic decade, I commend the recommendation of the 48th Ordinary Session of the Council of Ministers that, in addition to all else that you aim to accomplish, the last decade of this century should be designated as the "Decade of the African Child".

I urge you to consider favourably deciding at your Summit in 1989, which is the 10th anniversary of the International Year of the Child, that, during the 1990s, you will achieve the breakthroughs in child health which are now so clearly within reach. And I urge you to determine to apply the same social mobilization techniques which have been so successful in child health, to secure a breakthrough in achieving basic education for all by the year 2000. Explore what is do-able for children, given a creative examination of what is available, and see that it is done.

In keeping with this developmental focus on the child as the foundation for a solid future, timely adoption by the United Nations General Assembly in 1989 of the "Convention on the Rights of the Child" will be a major step forward for human civilization. Africa can take a lead in this. Most African countries have regained their independence less than 30 years ago, yet you can help lead the entire world in the concept of the rights of children.

A new awareness is also evolving that young children ought to be put above politics. Immunization is an arena with the potential for all countries to demonstrate how people of every party and view can collaborate. Today we can apply the lessons of countries-in-conflict which have effectively co-ordinated measures to allow safe conduct of immunization programmes - lessons learned recently in such countries as El Salvador, Lebanon, Afghanistan and Uganda.

Allow me to assure those gathered for this Summit conference that UNICEF is acutely aware of the fact that ultimately, the health of children cannot be separated from the well-being of the rest of society. UNICEF's voice can be heard loud and increasingly on the need to address broader development issues, including those of debt, better prices for primary commodities, and increased development assistance, and especially on the specialized needs of least developed countries. We emphasize that the needs of least developed countries in Africa are more urgent than those of poor countries in other continents which are surrounded by or adjacent to economically healthy neighbours. The global community must assume a strong responsibility to a group of contiguous states, all of which suffer extreme circumstances.

Finally, I should stress that increased African leadership for children is being paralleled by leaders in Asia and Latin America in providing leadership to a "Grand Alliance for Children" throughout the world. Thus, last November, the Heads of State and Government of the South Asian Association for Regional Co-operation (SAARC) also devoted special attention to children, including calling for early ratification of the Convention on the Rights of the Child. This past Sunday, I was with President Alan Garcia of Peru when he, in a new self-help housing area outside Lima, immunized children including his own 3-month old son, and signed an historically unprecedented national law supported by every political party in Peru requiring the reduction of infant mortality by at least 15 points before the end of 1990.

Mr. Chairman, Excellencies:

These are undeniably difficult times for Africa, and several aspects of your circumstances are controlled externally - from global economic conditions to periods of bad weather. Yet remarkable opportunities exist, if the political will and sophistication exist to use them. I urge you to seize the opportunities inherent in these challenges:

- 1) Wage an all-out effort from now through 1990 to achieve UCI in your country, and to dramatically increase awareness and use of oral rehydration therapy. Full success in these efforts will save the lives of more than 2 million African children annually in the 1990s.
- 2) Put the Bamako Initiative to work in your country. Actively seek and support measures which work out the details necessary in your particular situation to achieve maternal and child health care coverage for more than 80 percent before 1995.
- 3) As Head of State, consider personally holding meetings of key officials, or a wider group including leaders from the private sector, on priority actions and goals in your country to implement challenging but possible goals.
- 4) Speak out during 1988, the Year of the African Child, in support of early action on the Convention on the Rights of the Child and instruct your representatives in New York and Geneva to do everything possible to enable the United Nations General Assembly to act favourably on the Convention in the fall of 1989, the tenth anniversary of the International Year of the Child.
- 5) As you restructure your annual budgets in the face of continuing economic difficulties, follow the policy of "Adjustment With a Human Face" in order to protect investment in the social sectors so important to each country's future while requiring these sectors such as health and education to become more effective in reaching those most in need, as through giving increased priority to child survival measures.
- 6) Consider at your next Summit meeting what a "Decade of the African Child" will mean for the 1990s.

I join the United Nations Secretary-General and many others in being encouraged by the leadership you are now taking in spearheading a Grand Alliance for Children in Africa - a Grand Alliance beginning with the Chairman of the OAU and other heads of state and even a child - Selamawit - from the streets of Addis Ababa, to liberate African children from the current daily toll of 10,000 preventable child deaths.