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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
United Nations Association of Sweden Symposium on
"United Nations Development Work in the 1990s"

"Putting Crises to Work for People:
Challenges of Global Development in the Years Ahead"

Stockholm, Sweden
30 June 1988

[Talloires Declaration and Tables attached]

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Stockholm - 30 June 1988

"PUTTING CRISES TO WORK FOR PEOPLE:
Challenges of Global Development in the Years Ahead"

I am very pleased to be among you in Stockholm today, and to address this symposium on United Nations development work in the 1990s. Sweden and your Nordic neighbours play, as you know, a very special role in the United Nations system. This region of 22 million people produced the first two Secretary-Generals of the UN - Trygve Lie of Norway and Dag Hammarskjöld of Sweden. Stockholm was the site, in 1972, of the first World Conference on the environment, and Prime Minister Gro Harlem Brundtland of Norway has carried on Nordic leadership on the global environment through her chairmanship of the World Commission on Environment and Development, which last year issued its report on Our Common Future. (In fact, my current travels in Europe will bring me in ten days to Oslo for a conference on further consideration of the Brundtland Report, also chaired by the Prime Minister.)

And there is, of course, the unique financial contributions that your countries make to the development effort. The most current OECD figures show that in 1986 Norway contributed 1.2 per cent of its GNP to overseas development assistance (ODA). Sweden contributed .85 per cent in 1986, and in 1982, you exceeded 1 per cent. This compares with .23 percent in 1986 from the United States, .32 from the United Kingdom, and .29 per cent from Japan.

Nordic support for the UN system has been wide-ranging, from peacekeeping to policy inputs. A strong UN system is a cornerstone in Nordic foreign policy and is integrated into your priorities as in few other countries. It is not coincidental that the service of two Swedes is memorialized in plaques

at United Nations Headquarters - Count Folke Bernadotte, killed on a peace mission in Jerusalem, and Dag Hammarskjöld, whose mission was cut so sadly short.

In fact, the contributions of the Nordic countries to UNICEF, which receives voluntary rather than assessed allocations, is an excellent indicator of Nordic priority to the U.N. In 1987, together Denmark, Finland, Norway and Sweden contributed more than one-third - \$152 million - of UNICEF's total income from governmental, intergovernmental, and inter-agency sources. Your assessed contribution would be a mere three per cent - \$13.5 million. This is an impressive testament to Nordic priorities and commitment.

	<u>Assessed versus actual contribution</u>	
	<u>IF ASSESSED</u>	<u>ACTUAL</u>
Denmark	US\$3.2 million	US\$11.6 million
Finland	2.2	22.8
Norway	2.4	39.1
Sweden	5.6	78.8
Total:	<u>13.5</u>	<u>152.3</u>

Hard choices

In my remarks today, I would like to stress two areas of action which have emerged in this latter part of the 1980s as principal challenges before us.

As a preface, there have been three historic factors which have contributed to the very possibility of these challenges. First, the unprecedented progress of the past 45 years is now not only dangerously stalled - but, in the 1980s, we have seen major areas of actual retrogression, most notably in Latin America and Africa, and among the most vulnerable groups, including women and children.

A second historic factor is that a new morality has been gradually evolving in the four decades since the end of World War II which compels many of us to seek remedial action to restore momentum and a more holistic, sustainable approach to development. It was over half a century ago that Arnold Toynbee said, "Our age is the first generation since the dawn of history in which mankind dared to believe it practical to make the benefits of civilization available to the whole human race". This has become increasingly true in the years that have passed, and as it has become a part of our reality, it has become increasingly apparent that morality must be made to march with the new capacity. If 40,000 children were dying each day from causes which we could not do much about, that would be tragic and regrettable. But when nearly 40,000 children die every day for largely avoidable reasons, then it becomes not only tragic but also obscene.

The third historic factor is the harsh reality that few of the hard choices that have led to major advances in the past century have been made without there first having been tragic, severe crises which provided the tremendous energy required to overcome the inertia of prevailing policies.

Thus, it took the Great Depression to achieve the breakthrough in the United States to the New Deal. World War II preceded the establishment of the United Nations and the Bretton Woods institutions. World War II and the awful, often painful struggles of whole peoples to control their own countries and their own destinies preceded the end of colonialism. World War II and the advent of the Cold War were the background for the unprecedented act of international economic cooperation known as the Marshall Plan. Crises, of course, are dangerous - they are not only costly themselves, but they can lead to still more costly crises. We saw this in the 1930s, during which the Great Depression that brought on the New Deal also contributed to the rise of fascism and World War, and we have seen it in the past three decades, during which the Cold War that has encouraged economic assistance by both blocs has cost the tremendous price of the global arms race and externally supported regional conflicts. In all of these cases, we paid dearly - in terms of massive human suffering - before finally facing up to the fact that true innovation was required. Only then did choices which were difficult to push through on the short-run come to be recognized as not only essential but reasonable for our humane survival as a civilization.

Our challenge today is to determine, first, whether the present multiple crises are sufficiently severe to stimulate a major new opportunity for creative approaches. Or perhaps stated more accurately, it is to determine whether we have developed, or are on the verge of developing, the political will and sophistication to react to the present multiple crises - without the further catastrophic suffering of a world war or a major depression - by making the hard choices to exploit new development opportunities.

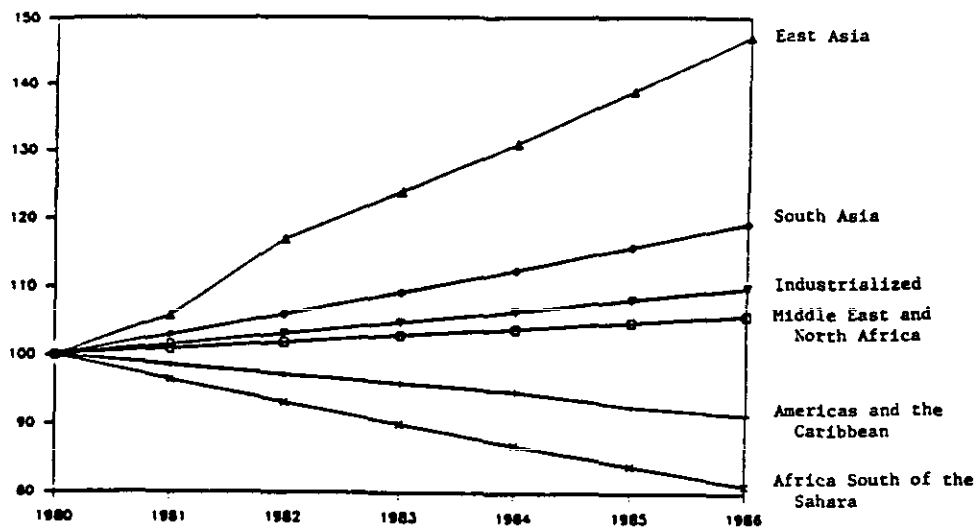
If, indeed, we are up to this challenge of political will, then we must face a second: how to use that precious political will effectively, to determine whether we can present creative, do-able plans of action to take advantage of the new will to support opportunities for progress in overcoming poverty and to restore development momentum on a sustainable basis.

Darkness before the dawn

The first question is, of course, whether we have reached that "darkness before the dawn" - that point at which we have tolerated all that we will, and at last have the political will to support major new policies.

We certainly have ample evidence of the dark times currently everywhere around us. The financial crises of much of the Third World are very real indeed. Latin American per capita income is significantly down. African per capita income is down even more. The impact is heaviest on the poorest countries, and even within them, a disproportionate share of suffering is borne by the most vulnerable.

GROSS DOMESTIC PRODUCT PER CAPITA 1980-1986
(1980=100)



A few years ago, Tanzanian President Nyrere 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 possibly some millions have died as a consequence. The strategies followed in the past six years may have brilliantly succeeded in containing the Third World external debt problems, but at the cost of tremendously increased human suffering in many developing countries. It has kept the Third World part of the international financial system, and banks have had time to strengthen their balances. But make no mistake: the costs of this "success" for many developing country debtors has been appalling. Living standards are down 15 per cent in many parts of Latin American and 25 per cent in Africa south of the Sahara, and relevant debt ratios were worse in 1986 than in 1982.

Mike Faber of IDS in Sussex recently depicted the image of Sisyphus with this sad but appropriate rendering for the 1980s: "The Third World debtor is the Sisyphus of the modern age - but with this difference from the tragic hero of antiquity: every time this Sisyphus' rock rolls down to the bottom of the mountain, he finds that it has become heavier, and each time that Sisyphus looks up at the top, behold the mountain has become higher!"

The Front Line states of Southern Africa confront the additional major special problem of apartheid. More than 140,000 children died in Angola and Mozambique in 1986 as a direct and indirect consequence of the conflict over the apartheid policies of the South African Government.

Furthermore, we see arms expenditures still rising - now to more than one trillion dollars - with many claiming that these are already beyond the sustaining point for most countries, including the two superpowers. Environmental degradation is still accelerating, as is so usefully documented and analysed in the "Brundtland Report", Our Common Future: the Report of the World Commission on Environment and Development. AIDS is a new problem - an actual threat in itself - but also a great threat to other necessary

programmes as increasingly large sums are diverted to the necessary fight against this new and growing danger.

Crises in the North; solutions in the South

Two additional major areas of deterioration which will contribute further to this darkness before the dawn deserve more attention than they have yet received in terms of their potential for releasing creative pressure in the near term to overcome the inertia of past policies. It is these two which hold the potential to reveal, against the horizon, rays of a greater hope for the future than the other crises which we have been discussing, because they directly and significantly affect the well-being of the North.

The first is the emerging economic crises of the Western industrial world, in which far more difficult circumstances exist than surface appearances indicate. The United States needs to reduce its great balance of payments deficit by more than US\$100 billion a year if it is not to acquire the altered standard of living, status, and power of an international debtor society. Japan and Western Europe, notably the Federal Republic of Germany, need to restructure their economies to reduce their surpluses by almost a comparable amount.

The economic crisis of the West has been largely concealed and ameliorated in the mid-1980s by virtue of the U.S. becoming the "engine of growth" for much of the world, but at the cost of more than doubling its national debt and shifting from being the world's largest creditor nation to the world's largest debtor. This is a role which is no longer sustainable. The October stock market plunge was one manifestation of the weakened economic foundation, and, frankly, candid discussion of this problem has been restrained by the U.S. elections.

We are faced with two alternatives. One is for the United States - and its trading partners in the industrial world - to get out of their present situation through massive changes in currency values and recession. However, this would bring incalculable disaster to the entire world. It would constitute a modern day Samson bringing down the pillars of the temple.

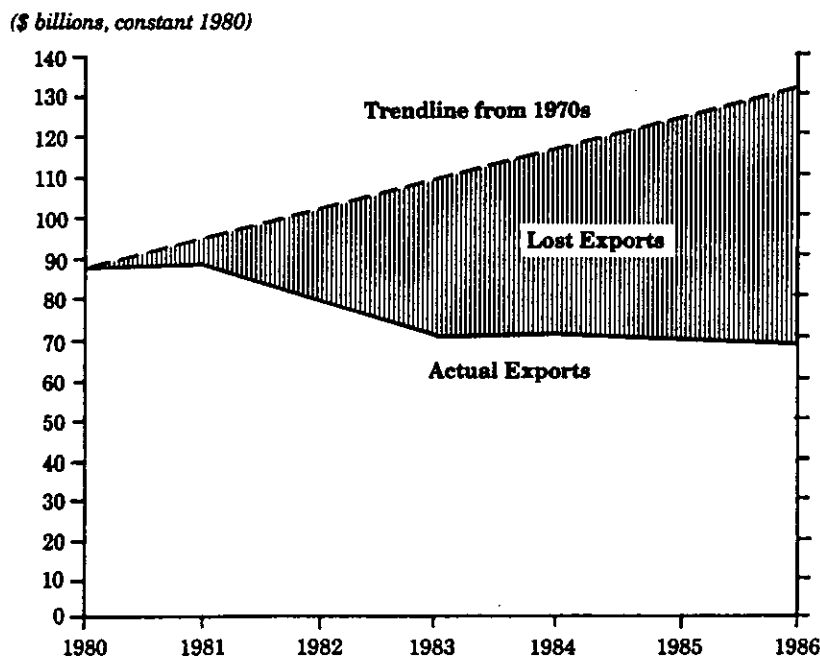
There is another alternative, however: to restructure in the context of growth - to design the entire progressive restructuring of the imbalances between the United States deficit and the Japan/Western Europe surpluses in the context of global growth. The prospect of restructuring the United States external deficit through growth is not new; it has, however, been interpreted to date primarily within the context of the United States, Japan and Western Europe. Frankly, it probably will not work within that limited framework. This is because the democratic political processes in the United States, Japan and Western Europe at this point do not allow the rapidity of structural response within each society which would be needed to restructure the Western industrial world within an acceptable time frame of, say, five years.

Restructuring through growth does have the potential to work, and could help us avoid major catastrophic economic upheaval. But it can work if - and only if - we can involve the Third World in a major way with this restructuring. The Washington-based Overseas Development Council (ODC)

earlier this year issued the most trenchant discussion I have seen of this problem in its Agenda 1988: Growth, Exports and Jobs in a Changing World Economy, which stated that, for the economic well-being of the United States and the North generally, it is imperative to restore economic progress in the South. In the report, ODC President John Sewell said:

"The negative impact of the economic downturn in the developing countries on the U.S. economy was direct and measurable: U.S. exports to all developing countries dropped from US\$88 billion in 1980 to US\$77 billion in 1985. If exports had grown in the first half of this decade at the same rate as in the 1970's, the exports would have totalled about US\$150 billion in current dollars. The impact on employment also was dramatic. The actual and potential employment loss (if exports had grown as they did in the 1970's) amounted to 1.7 million jobs - or nearly 21 per cent of total official unemployment in 1986. In addition, the global recession cast doubt on the ability of the middle-income debtor countries to make their debt service payments to commercial banks in the industrial world."

U.S. Exports to the Third World in the 1980s: Lost Opportunities (\$ billions, constant 1980)



Source: ODC calculations from *U.S. Department of Commerce, Highlights of U.S. Export and Import Trade*, various December issues.

The economic downturn in so many developing countries had significant adverse effects on the exports of other industrial nations as well, including those of the Nordic countries.

So we are seeing the entry into our calculations of a really major new factor of crisis for the North which highlights the depths of global interdependence - including the dependence of the western industrialized countries (really the North-West) within the rest of the world. While the reverse situation of Southern dependency on the North has long been all-too-evident, without yet evoking an appropriate policy response from the North, today it is becoming undeniable that in order to address the problems of the North, the North will be required to focus on restoring development progress in the South.

The other major new area contributing to the darkness of our times, and which warrants heightened attention, is that the USSR, and virtually all socialist countries of the industrialized East (really the North-East), are nations faced with the necessity of massive change. This, of course, is one of the major reasons for General-Secretary Gorbachev's initiatives. Consequences can already be detected in the arms race - nuclear and conventional - as well as in regional areas of conflict, such as we see in Afghanistan and other areas. And consequences can be seen in hopeful prospects for increased Soviet participation in the United Nations where the USSR has now paid its back debts. Major possibilities are opening up for a whole new participation by the socialist countries of the North-East in the United Nations and its associated Bretton Woods institutions.

In short, both industrial East and industrial West have increasingly inescapable reasons for a global restructuring. The time may soon be coming for a call by the North as well as the South, and by the West as well as the East, for a new global economic order - an "NGEO".

Prioritising what is do-able

Let me shift quickly to focus on the second aspect of the challenge before us - ie, whether we can present creative, do-able plans to restore development momentum in the social sectors. The present economic crises are providing, in addition to their tragic negative effects, a major beneficial impact - a "silver lining" - in terms of creating a new political will for highly cost-effective social action which could well lead toward overcoming the worst aspects of absolute poverty by the year 2000. We all have known for many years that it is possible for a low- or low-middle-income country or region to overcome the worst aspects of poverty, if it only has enough political will. This has been demonstrated in the 1950s and 1960s for low-income areas by China, the Koreas, Taiwan, Sri Lanka and Kerala, and for middle-income countries by Cuba and Costa Rica.

The 1980s have forced a re-examination of the approaches to meeting basic needs and of the assumption that the ever-growing size of the pie would carry with it, like a boat on a rising tide, improved conditions which would encompass the meeting of human needs. That growth has now slowed, stopped or retrogressed in a majority of the world's countries.

A keen look at today's situation reveals two arenas in which we can respond quickly with a redirection of approach. The first has come to be called "adjustment with a human face". To have developing countries modify their structure to meet human needs while adapting to the new circumstances

inherent in economic adjustment is one way to protect their most vulnerable human resource side while developing their more directly productive side. Such policy is an investment in a country's human resources - which ultimately are its most precious economic resource.

Our second avenue of approach for the years ahead involves redoubled commitment to and acceleration of social sector programmes that work. And it implies a tremendous creative challenge: to adapt new and successful methods - such as the breakthroughs in the field of maternal and child health experienced in the CSDR - to new areas of health and social development. For today I will focus on the child health sector where we now have the clearest vision of what needs to, and can, be done.

The potential for progress in child health in the context of Primary Health Care was confirmed recently (March 1988) at a meeting in Talloires, France, convened by the international Task Force on Child Survival (often referred to as the "Bellagio Group"), which gathered a dozen health ministers and health secretaries from most major developing countries of the world (Brazil, China, Colombia, India, Mexico, Nigeria, Pakistan); heads of major international organizations such as Barber Conable of the World Bank, Halfdan Mahler of WHO, and myself; plus major bilateral aid agency administrators such as Margaret Catley-Carlson of CIDA (Canada), Carl Tham of SIDA (Sweden), and Alan Woods of USAID; and private leadership from the Rockefeller Foundation and Rotary International (which has almost doubled its goal of raising US\$120 million to support the world-wide polio immunization effort, and has accomplished this ahead of its original target date!). Out of this review of the world immunization/child survival effort came the exciting conclusion that, with a modest additional amount of political will, it is do-able - by the end of this century - in twelve years - to reduce the 1980 child death rate by more than half, saving from death or disability in this process well over one-hundred million children over the period, while slowing population growth as well, as families gain the confidence that the children they have will live. Such historic progress will be possible, however, only if - armed with the new low-cost/high-impact health tools, and our new ability to communicate with the world's poor - we double child mortality reduction rates of the first half of the 1980s [see required reduction rates for all countries on table attached].

The "Declaration of Talloires" [attached] begins with the statement:

"Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability of financial support and appropriate technologies."

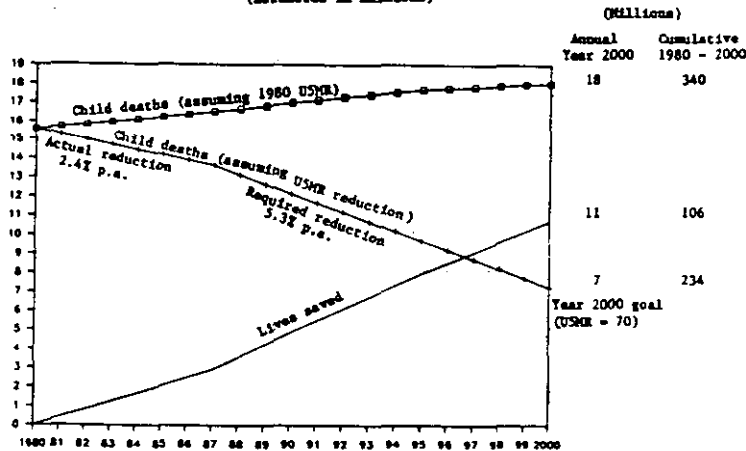
The Declaration proposes Year 2000 health goals which received consensus approval of participants at Talloires. Of these goals, a useful "short-list" of do-able Year 2000 goals could be capsulized to include:

- 1) halving 1980 under-5 mortality rates, or reducing them to 70 per 1,000 live births, whichever is less;
- 2) eradication of polio (endorsed by The World Health Assembly earlier this month);
- 3) achieving universal primary education (to which I would add 80 per cent literacy among women of child-bearing age);
- 4) achieving less than 1 per cent severe malnutrition; and
- 5) promoting expanded coverage of water supply and sanitation.

The mobilization of this new capacity for the health sector is already resulting in major achievements. The "twin engines" of universal child immunization and oral rehydration alone saved two million child lives in 1987, and the total could reach five million annually by 1991, thus providing a whole new emphasis to primary health care. This, in turn, could be saving the lives of some 11 million children annually by the year 2000 as compared to rates prevailing in 1980.

ALTERNATIVE GLOBAL PROJECTIONS OF CHILD DEATHS AND LIVES SAVED

Children under five years of age: 1980-2000
(Estimates in millions)



- Projection A deaths
The 1980 under-five mortality rates remain constant to the year 2000.
- + Projection B deaths
Up to 1987 the under-five mortality 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.
- Projection C lives saved
The difference between projection A deaths and projection B deaths.

We are finding, furthermore, that reducing child mortality has a favorable impact on reducing population growth as well, as families rapidly increase their confidence in the survival of their first children because of the means largely in their own control.

Special attention needs to be given to analyze these goals on a country-by-country basis. The attached table, which includes child mortality

reduction rates required to reach the Year 2000 goal, is a useful tool toward these ends.

We are also learning in the health sector that major expansion of primary health care infrastructure is possible through new forms of social organization that mobilize greater local and financial participation. The Bamako Initiative, launched just last September by the Health Ministers of Africa and now approved for support by the UNICEF Executive Board, the World Health Assembly, and the Organization of African Unity (OAU) Summit, is a major new initiative for achieving universal primary health care for women and children by the mid 1990s. The mainspring of this initiative is a new way of funding and managing essential drugs for each African community. The drugs, bought in bulk at low cost for approximately 50 cents per year per person covered, and largely financed through development assistance, would be sold at prices which, while much lower than the present local retail cost in their foreign-exchange-short societies, would be sufficient not only to finance the local currency cost of replenishing the drugs themselves. They would also finance the development of district health services to the point at which maternal and child health care is available by the mid 1990s to more than 80 per cent of mothers and children - even in the difficult times of our present era. This method of increased external assistance for maternal and child health, possibly reaching \$100 million annually by the early 1990s, will leverage increased African domestic private support several times larger than that which would otherwise be available.

It is this background of a child health breakthrough, a "revolution" in process under U.N. leadership, which gives special significance to the following statement in the recent Moscow Summit joint communique:

"Both leaders reaffirmed their support for the WHO/UNICEF goal of reducing the scale of preventable childhood deaths through the most effective methods of saving children. They urged other countries and the international community to intensify efforts to achieve this goal."

At this historic juncture, we must act quickly not only in the health and nutrition sectors. We must also explore the applicability of lessons learned in the Child Survival and Development Revolution to other fields essential for meeting the basic needs of the world's poor: to the low income food producers - particularly to women food producers; and to meeting literacy and education needs. As we apply these approaches we must also remember that we are finding that the present trend toward increased democracy is a very major and effective supportive means for securing increased basic services and redistribution for the poor if only we in the development field can come up with workable proposals, as in the Child Survival and Development Revolution, that empower families to do more without requiring massive increases in governmental expenditures.

A related glimmer of hope in these dark times is that we are also seeing a changing attitude towards efforts on behalf of the rights of children. Poland in 1979 proposed that there be a "Convention on the Rights of the Child". At the time, I thought that such a legally binding convention was not feasible in my life-time. Today, prospects are quite good - if we can continue the

intensity of present efforts - that the Convention will be adopted by the United Nations General Assembly in 1989, the tenth anniversary of the International Year of the Child.

(I cannot mention that draft Convention without acknowledging that many Swedes have played particularly leading roles in nudging the drafting along over the past decade - and, I will add, in nudging UNICEF along to a more active leadership role in this process. And I am grateful that Mrs. Lisbet Palme is helping us in our leadership efforts).

In fact, what we are witnessing is a new effort emerging - worldwide and at all levels, from international to village - for seriously addressing one aspect of human society's portfolio - children and mothers. A long-overdue shift in priorities toward children and mothers is clearly beginning to take place, in industrialized countries (often following Nordic example) as well as in the Third World, because of a synergistic combination of crises and creative responses.

Planning to meet the challenge

In conclusion, I will focus on how we might organize and prioritize that which is do-able at this moment of history. First, the world economic crisis is now becoming sufficiently serious for all, rich as well as poor, West as well as East, to think of a new Global Summit - an enlarged Cancun - which would draw on the major regions of the world: the European Community, North America (U.S., Canada, Mexico), South America, Eastern Europe, Southeast Asia (ASEAN), Japan, China, South Asia (SAARC), the Arab world with its oil reserves, and the Organization of African Unity (OAU) with its special problems.

The agenda for this Summit should include:

- first, restoring development momentum for the global community, and giving particular attention to the fact that a most rapid and economically feasible leading edge could be gained through restoring development progress to the Third World;
- second, focusing on environmentally sustainable means of development, which will carry us well into the next century;
- third, mapping out the strategy to overcome the worst aspects of absolute poverty by the year 2000, including for each country reducing severe malnutrition to less than one per cent, and halving the under-5 child mortality rates of 1980 or reducing them to 70 per 1,000, whichever is less; and
- fourth, exploiting the linkages between disarmament and development to move toward increased global co-operation on the only war we all seek - that against the evils of disease and the worst consequences of poverty.

The new global summit might be convened in 1990, on the eve of the Fourth Development Decade - which will take us to the end of this millenium.

Such a meeting should be preceded by intergovernmental consultations during 1989, through all channels - through the U.N., and through the OECD, and other regional groupings.

Are we, at this conference, alone in these aspirations? I would say "no". For example, among the many important proposals and analyses which came out of the recent watershed World Conference of the Society for International Development (SID) in New Delhi, one stands out. K.B. Lall proposed that, after an enlarged Cancun-type summit, such efforts should be regularized into the U.N. system by creating an "Economic, Environmental, and Social Security Council" - an EESSC - to parallel the Security Council that now exists for political/conflict issues. I strongly endorse this proposal. I further support the proposal that there be a special early warning group set up to advise this developmental security council. This, too, warrants vigorous follow-up at this time.

This conference in Stockholm meets at a propitious moment which may be characterized as the best of times and the worst of times. We are all sorely aware of the threats to the very existence of the human race and life on the planet we inhabit and of the tragic and costly regional conflicts in Latin America, Africa and Asia.

And yet these are far more opportune times for action than many of us thought possible even just a year ago, particularly through U.N. channels - as we see with respect to Afghanistan and the Montreal ozone agreement, and in other fields as well, such as child survival and development, which is of particular concern to UNICEF. We are moving toward a moment of potential political breakthrough in our ability to "make the benefits of civilization available to the whole human race". As some of the current crises worsen, but before they become too much worse, let us once again, as in the post-World War II era, put these crises - which have already been so costly in human terms - to work to overcome the inertia of past policies. Let us make the hard choices at this time of opportunity, to commit our resources, our creativity, our wisdom, and all that we are and can be, toward ending this century by overcoming the worst aspects of absolute poverty for all humankind - and, while doing so, create the climate for returning the world economy to growth, for facilitating cooperation on our environment, and for enhancing the prospects for continual progress on peace, a reduction of regional tensions, and disarmament.

DECLARATION OF TALLOIRES

12 March 1988 - Talloires, France

PROTECTING THE WORLD'S CHILDREN:

AN AGENDA FOR THE 1990's

Remarkable health progress has been achieved during the past decade. Global recognition that healthy children and healthy families are essential for human and national development is steadily increasing. Consensus has been reached on the strategy for providing essential community primary health programmes. The international community has become engaged in partnership with national governments in the creation of successful global programmes, ensuring the availability financial support and appropriate technologies. These include:

immunization programmes, which now protect more than 50% of infants in developing countries with polio or DPT vaccines, preventing some 200,000 children from becoming paralyzed with polio and over a million children from dying each year from measles, whooping cough, or neonatal tetanus;

diarrhoeal diseases control programmes which now make life-saving fluids (particularly oral rehydration salts) available for 60% of the developing world population, the use of which may be preventing as many as 1 million deaths annually from diarrhoea;

initiatives to control respiratory infections which hold promise in the years ahead of averting many of the 3 million childhood deaths from acute respiratory infections each year in developing countries not prevented currently by immunization;

safe motherhood and family planning programmes which are so important in protecting the well-being of families.

Progress to date demonstrates that resources can be mobilized and that rapid and effective action can be taken to combat dangerous threats to the health of children and mothers, particularly in developing countries.

This progress is the result of:

enthusiastic world-wide agreement for the development of health strategies based on primary health care;

the commitment of national governments, multi- and bilateral development agencies, non-governmental organizations, private and voluntary groups and people in all walks of life to give priority to these programmes;

co-ordinated action by the sponsors of the Task Force for Child Survival: UNICEF, the World Bank, UNDP, WHO and the Rockefeller Foundation.

We, The Task Force For Child Survival, conveners of the meeting "Protecting the World's Children - An Agenda for the 1990s" in Talloires, France on 10-12 March 1988:

1. EXPRESS appreciation and admiration for the efforts made by the developing countries to reduce infant and child deaths through primary health care and child survival actions.

2. COMMIT OURSELVES to pursue and expand these initiatives in the 1990s.

3. URGE national governments, multi- and bilateral development agencies, United Nations agencies, non-governmental organizations and private and voluntary groups to commit themselves to:

increase national resources from both developing and industrialized countries devoted to health in the context of overall development and self-reliance;

improve women's health and education, recognizing the importance for women themselves, recognizing women's contribution to national development and recognizing that mothers are by far the most important primary health care workers;

accelerate progress to achieve Universal Childhood Immunization by 1990 and to sustain it thereafter;

accelerate progress to eliminate or markedly reduce as public health problems the other main preventable causes of child and maternal mortality and morbidity, striving to reach sustained universal coverage of children and mothers by the year 2000;

assure the development of new vaccines and technologies and their application, particularly in developing countries, as they become appropriate for public health use;

promote expanded coverage of water supply and sanitation;

/....



The Task Force For
Child Survival

pursue research and development, including technology transfer, in support of the above actions.

4. SUGGEST that the following be considered by national and international bodies as targets to be achieved by the year 2000:

the global eradication of polio;

the virtual elimination of neonatal tetanus deaths;

a 90% reduction of measles cases and a 95% reduction in measles deaths compared to pre-immunization levels;

a 70% reduction in the 7.4 million annual deaths due to diarrhoea in children under the age of 5 years which would occur in the year 2000 in the absence of oral rehydration therapy, and a 25% reduction in the diarrhoea incidence rate;

a 25% reduction in case/fatality rates associated with acute respiratory infection in children under 5 years;

reduction of infant and under five child mortality rates in all countries by at least half (1980-2000), or to 50 and 70 respectively per 1000 live births, whichever achieves the greater reduction;

a 50% reduction in current maternal mortality rates.

Achievement of these targets would result in the avoidance of tens of millions of child deaths and disabilities by the year 2000, as well as a balanced population growth as parents become more confident their children will survive and develop. The eradication of poliomyelitis would, with the eradication of smallpox, represent a fitting gift from the 20th to the 21st centuries.

5. DRAW world attention to the potential for enlarging upon the successes outlined above to encompass low cost, effective initiatives to:

improve the quality and coverage of educational services to obtain universal primary education and 80% female literacy, and

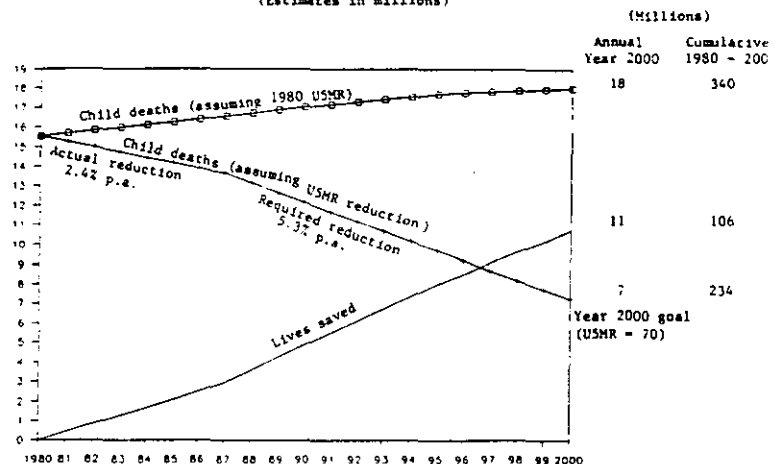
virtual elimination of severe malnutrition of under five children while also significantly reducing moderate and mild malnutrition in each country.

6. WELCOME the progress being made in drafting the Convention on Rights of the Child and join the United Nations General Assembly in urging completion of the Convention in 1989, the 10th anniversary of the International Year of the Child.

We are convinced that vigorous pursuit of these initiatives aimed at protecting the world's children will ensure that children and mothers - indeed whole families - will benefit from the best of available health technologies, making an essential contribution to human and national development and to the attainment of Health For All By The Year 2000.

ALTERNATIVE GLOBAL PROJECTIONS OF CHILD DEATHS AND LIVES SAVED

Children under five years of age: 1980-2000
(Estimates in millions)



Projection A deaths
The 1980 under-five mortality rates remain constant to the year 2000.

Projection B deaths
Up to 1987 the under-five mortality 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.

Projection C lives saved
The difference between projection A deaths and projection B deaths.

Table 1: CHILD MORTALITY RATES: USMR

Country	Under 5 mortality rate*		Average annual rate of reduction of the Under 5 mortality rate			GNP per capita (U.S. \$)	GNP per capita growth rate		Annual no. of births/infant and child deaths (0-4) (thousands)	Total Fertility Rate Average annual rate of reduction		
	1960	1986	60-80	80-85	85-2000 Required**		1985	65-80		80-85	1986	1960
1 Afghanistan	380	325	0.55	0.66	8.44	...			863/ 280	7.0	6.7	0.16
2 Mali	370	297	0.66	1.40	7.96	150	1.4	-3.0	421/ 125	6.5	6.7	-0.14
3 Sierra Leone	397	297	1.01	1.40	7.96	350	1.1	-0.2	174/ 52	6.1	6.1	-0.01
4 Malawi	364	270	1.00	1.59	7.34	170	1.5	-0.6	384/ 104	6.9	7.0	-0.08
5 Ethiopia	294	255	0.57	0.38	7.15	110	0.2	-2.0	2228/ 568	6.7	6.7	-0.00
6 Guinea	346	255	1.07	1.48	7.19	320	0.8	-1.4	292/ 74	6.4	6.2	0.12
7 Somalia	294	255	0.57	0.38	7.15	280	-0.7	0.6	226/ 58	6.6	6.6	0.00
8 Mozambique	302	247	0.52	1.52	6.95	160		-13.6	651/ 161	5.7	6.1	-0.25
9 Burkina Faso	388	241	1.98	1.18	6.86	150	1.3	-1.3	342/ 82	6.5	6.5	0.00
10 Angola	348	238	1.40	1.50	6.76	470		0.1	427/ 101	6.4	6.4	-0.01
11 Niger	320	233	1.11	1.53	6.67	250	-2.1	-6.7	324/ 76	7.1	7.1	-0.02
12 Chad	326	228	1.30	1.56	6.49	80	-2.3	1.8	228/ 52	6.0	5.9	0.07
13 Guinea-Bissau	315	228	1.13	1.56	6.49	180	-1.5	1.9	37/ 8	5.1	5.4	-0.24
14 C.African Rep	308	228	1.20	0.84	6.55	260	-0.2	-1.5	117/ 27	5.7	5.9	-0.15
15 Senegal	313	227	1.12	1.57	6.49	370	-0.6	0.0	309/ 70	6.7	6.5	0.09
16 Mauritania	310	219	1.23	1.82	6.26	420	0.1	-0.7	98/ 21	6.9	6.9	-0.02
17 Liberia	303	211	1.30	1.60	6.04	470	-1.4	-6.4	110/ 23	6.3	6.9	-0.37
18 Rwanda	248	210	0.38	1.43	6.00	280	1.8	-1.5	323/ 68	6.8	7.4	-0.30
19 Kampuchea	218	206	-1.82	7.15	6.91	...			318/ 66	6.3	4.8	1.01
20 Yemen	378	204	2.33	2.31	5.99	550	5.3	0.9	339/ 69	7.0	6.9	0.03
21 Yemen, Dem.	378	204	2.33	2.31	5.99	530			104/ 21	7.0	6.6	0.20
22 Bhutan	297	202	1.42	1.57	6.27	160		3.4	54/ 11	5.9	5.4	0.36
23 Nepal	297	202	1.42	1.57	6.27	160	0.1	0.8	677/ 137	5.9	6.0	-0.07
24 Burundi	258	196	0.93	1.34	5.60	230	1.9	-0.8	225/ 44	5.7	6.4	-0.46
25 Bangladesh	262	193	1.05	1.56	5.78	150	0.4	0.9	4428/ 854	6.7	5.7	0.60
26 Benin	310	189	1.91	1.77	5.36	260	0.2	0.1	213/ 40	6.8	7.0	-0.11
27 Sudan	293	182	1.68	2.20	5.17	300	()	-4.2	996/ 181	6.7	6.4	0.14
28 Tanzania	248	179	1.05	1.86	5.08	290	()	-3.1	1184/ 212	6.9	7.1	-0.13
29 Bolivia	282	179	1.49	2.52	5.42	470	-0.2	-7.0	284/ 51	6.6	6.1	0.30
30 Nigeria	318	178	2.29	1.87	5.02	800	2.2	-7.3	5015/ 895	6.9	7.1	-0.13
31 Haiti	294	176	1.96	1.89	5.76	310	0.7	-2.5	278/ 49	6.2	5.6	0.35
32 Gabon	288	174	1.91	1.91	4.90	3670	1.5	-1.2	43/ 7	4.1	4.9	-0.76
33 Uganda	224	174	0.87	1.09	4.94	230	-2.6	2.2	810/ 141	6.9	6.9	0.01
34 Pakistan	277	170	1.84	1.85	5.34	380	2.6	2.8	4211/ 716	7.2	5.5	1.02
35 Zaire	251	166	1.46	1.89	4.63	170	-2.1	-3.8	1394/ 232	5.9	6.1	-0.10
36 Laos	232	166	0.99	2.20	5.38	...			165/ 27	5.7	5.5	0.10
37 Oman	378	166	3.08	3.16	4.96	6730	5.7	0.5	58/ 10	7.2	6.9	0.13
38 Iran	254	159	1.93	1.19	5.19	...		7.1	1801/ 286	8.1	5.3	1.60
39 Cameroon	275	158	2.15	1.87	4.35	810	3.6	4.5	435/ 69	5.7	5.8	-0.07
40 Togo	305	157	2.68	2.00	4.24	230	0.3	-5.6	138/ 22	6.2	6.1	0.04
41 India	282	154	2.14	2.90	4.63	270	1.7	3.1	22477/3455	5.8	3.9	1.55
42 Cote d'Ivoire	320	153	2.97	2.15	4.77	660	0.9	-5.2	463/ 71	6.6	6.6	-0.01
43 Ghana	224	150	1.52	1.50	4.03	380	-2.2	-3.9	683/ 99	6.5	6.5	-0.01
44 Lesotho	208	140	1.30	2.09	4.84	470	6.5	3.4	65/ 9	5.8	5.8	0.01
45 Zambia	228	132	2.14	1.82	3.93	390	-1.6	-4.1	333/ 44	6.6	6.8	-0.08
46 Egypt	300	131	2.89	4.02	3.81	610	3.1	1.3	1629/ 214	7.1	4.5	1.76
47 Peru	233	128	2.21	2.25	3.92	1010	0.2	-4.2	708/ 91	6.9	4.6	1.50
48 Libya	268	125	2.52	4.19	3.27	7170	-1.3	-9.1	167/ 21	7.2	7.0	0.11
49 Morocco	265	125	2.71	3.21	3.73	560	2.2	0.1	755/ 95	7.2	4.6	1.72
50 Indonesia	235	122	2.39	2.77	3.62	530	4.8	2.3	5020/ 614	5.4	3.7	1.49
51 Congo	241	119	2.93	1.71	3.96	1110	3.8	4.9	80/ 10	5.9	6.0	-0.08
52 Kenya	208	118	2.10	2.31	3.77	290	1.9	-1.7	1182/ 139	8.2	8.0	0.05
53 Zimbabwe	182	118	1.52	2.02	3.86	680	1.6	0.0	431/ 51	6.6	6.6	0.01
54 Honduras	232	112	2.64	3.13	3.50	720	0.4	-2.6	184/ 21	7.4	5.9	0.87
55 Algeria	270	112	2.99	4.46	3.05	2550	3.6	1.7	938/ 105	7.4	6.5	0.48
56 Tunisia	255	106	3.06	4.30	3.11	1190	4.0	1.4	226/ 24	7.2	4.3	1.93
57 Guatemala	230	105	2.89	3.16	3.49	1250	1.7	-4.3	340/ 36	6.9	5.9	0.59
58 Saudi Arabia	292	105	3.86	3.90	3.24	8850	5.3	-7.3	495/ 52	7.3	6.9	0.18
59 South Africa	192	101	2.28	2.98	3.55	2010	1.1	-1.6	1272/ 128	5.6	5.0	0.46
60 Nicaragua	210	100	2.48	3.92	3.24	770	-2.1	-3.1	145/ 14	7.3	5.6	1.01
61 Turkey	258	99	3.12	5.36	3.12	1080	2.6	2.1	1486/ 147	6.0	3.7	1.80
62 Iraq	222	98	3.36	2.24	3.79	3020			689/ 87	7.2	6.2	0.54
63 Botswana	174	96	2.22	2.26	3.78	840	8.3	7.4	57/ 5	6.4	6.5	-0.05
64 Viet Nam	233	95	3.30	3.81	3.27	...			1835/ 175	7.0	3.9	2.28
65 Madagascar	181	94	2.37	2.83	3.60	240	-1.9	-6.1	458/ 43	5.8	6.1	-0.19
66 Ecuador	183	90	2.69	2.79	3.61	1160	3.5	-2.4	347/ 31	6.9	4.8	1.43
67 Papua NG	247	90	3.88	3.44	3.39	680	0.4	-1.6	132/ 12	6.3	5.4	0.58
68 Brazil	160	89	2.23	2.26	3.79	1640	4.3	-1.5	4039/ 359	6.2	3.6	2.08
69 Burma	229	89	4.01	2.06	3.85	190	2.4	3.3	1192/ 106	5.9	3.8	1.69
70 El Salvador	206	88	3.27	3.01	3.54	820	-0.2	-3.1	222/ 20	6.9	5.2	1.03
71 Dominican Rep	200	86	3.31	2.91	3.57	790	2.9	-0.8	201/ 17	7.3	3.8	2.49
72 Philippines	135	75	2.23	1.93	3.89	580	2.3	-3.4	1757/ 132	6.6	4.1	1.83
73 Mexico	140	71	2.64	2.30	3.77	2080	2.7	-2.1	2587/ 183	6.7	4.2	1.83
74 Colombia	148	70	3.09	1.84	3.92	1320	2.9	-0.5	873/ 61	6.7	3.7	2.28
75 Syria	218	68	4.71	3.07	3.52	1570	4.0	-2.1	502/ 34	7.5	6.9	0.28

* Under 5 Mortality Rate (USMR) is the annual number of deaths of children under 5 years of age per 1,000 live births.

** REQUIRED MORTALITY RATES are those rates required in 1985 either to halve 1980 child mortality rates by the year 2000 in every country or to reduce them to 70 per 1000 live births, whichever is less.

Table 1: CHILD MORTALITY RATES: USMR

Country	Under 5 mortality rate*		Average annual rate of reduction of the Under 5 mortality rate			GNP per capita (U.S. \$)	GNP per capita growth rate		Annual no. of births/infant and child deaths (0-4) (thousands)	Total Fertility Rate		Rate Average annual rate of reduction 60-86
	1960	1986	60-80	80-85	85-2000 Required**		1985	65-80		80-85	1986	
76 Paraguay	134	63	3.13	2.05	3.85	860	3.9	-1.9	132/ 8	6.6	4.6	1.40
77 Mongolia	158	62	3.53	3.63	3.33	...			69/ 4	5.7	4.9	0.59
78 Jordan	218	62	4.89	4.07	3.18	1560	5.8	1.5	170/ 10	7.2	7.3	-0.07
79 Lebanon	92	53	1.95	2.02	3.87	...			80/ 4	6.4	3.5	2.26
80 Thailand	149	53	3.85	4.15	3.16	800	4.0	2.6	1290/ 68	6.4	3.0	2.93
81 Albania	164	50	4.90	2.82	3.60	...			84/ 4	5.7	3.4	1.99
82 China	202	47	6.13	2.59	3.68	310	4.8	8.6	19914/ 942	5.9	2.2	3.75
83 Sri Lanka	113	46	3.54	2.69	3.65	380	2.9	3.2	417/ 19	5.1	3.0	2.01
84 Venezuela	114	44	3.94	2.47	3.72	3080	0.5	-5.4	558/ 25	6.5	3.9	1.95
85 U.A.E.	239	41	7.25	4.10	3.18	19270		-7.7	35/ 1	6.9	5.6	0.79
86 Guyana	94	39	2.73	5.36	2.75	500	-0.2	-7.3	26/ 1	6.0	2.9	2.76
87 Argentina	75	39	2.52	2.33	3.76	2130	0.2	-3.9	733/ 29	3.1	3.3	0.26
88 Malaysia	106	37	4.41	2.44	3.73	2000	4.4	1.8	448/ 16	6.7	3.5	2.48
89 Panama	105	34	4.48	3.58	3.35	2100	2.5	-0.2	60/ 2	5.9	3.2	2.30
90 Korea, Dem.	120	33	4.89	4.47	3.05	...			615/ 21	5.6	3.7	1.53
91 Korea, Rep.	120	33	4.89	4.47	3.05	2150	6.6	6.3	975/ 33	5.4	2.5	2.85
92 Uruguay	56	31	1.43	5.29	2.77	1650	1.4	-6.0	58/ 2	2.9	2.7	0.33
93 Mauritius	104	30	4.43	5.29	2.77	1090	2.7	2.3	26/ 1	5.7	2.5	3.08
94 Romania	82	30	4.03	2.95	3.56	2560		3.0	396/ 12	2.0	2.4	-0.66
95 Yugoslavia	113	30	5.43	3.48	3.38	2070	4.1	-0.5	362/ 11	2.7	2.0	1.12
96 USSR	53	28	2.20	3.13	3.50	4550			5207/ 147	2.5	2.4	0.22
97 Chile	142	25	6.14	8.25	1.73	1430	-0.2	-3.9	272/ 7	5.1	2.5	2.66
98 Trinidad & T	67	25	3.94	2.82	3.60	6020	2.3	-6.0	30/ 1	5.0	2.7	2.30
99 Jamaica	88	24	5.40	2.92	3.57	940	-0.7	-3.1	63/ 2	5.5	3.0	2.25
100 Kuwait	128	24	6.28	6.51	2.35	14480	-0.3	-6.8	68/ 2	7.4	5.9	0.88
101 Costa Rica	121	23	7.06	2.24	3.79	1300	1.4	-2.7	78/ 2	7.0	3.3	2.79
102 Portugal	112	21	6.37	6.01	2.52	1970	3.3	-0.5	172/ 4	3.1	2.1	1.41
103 Bulgaria	62	20	4.44	3.43	3.40	4150			138/ 3	2.2	2.2	-0.02
104 Hungary	57	20	3.85	4.18	3.15	1950	5.8	1.7	132/ 3	1.8	1.8	0.06
105 Poland	70	20	5.21	2.64	3.66	2050			637/ 13	2.7	2.2	0.70
106 Cuba	87	19	6.24	4.56	3.02	...			181/ 3	4.7	2.0	3.27
107 Greece	64	17	4.99	4.78	2.94	3550	3.6	-0.3	145/ 2	2.2	2.1	0.17
108 Czechoslovakia	32	17	2.32	3.20	3.48	5820			232/ 4	2.4	2.1	0.51
109 Israel	40	16	3.91	2.33	3.76	4990	2.5	-0.7	94/ 2	3.9	2.9	1.06
110 New Zealand	27	13	2.58	2.64	3.66	7010	1.4	1.8	60/ 1	3.8	1.9	2.70
111 USA	30	13	3.41	2.82	3.60	16690	1.7	1.4	3789/ 48	3.3	1.9	2.14
112 Austria	43	13	4.82	4.07	3.18	9120	3.5	1.7	93/ 1	2.8	1.6	2.06
113 Belgium	35	13	4.15	2.82	3.60	8280	2.8	0.6	122/ 2	2.7	1.6	1.90
114 German Dem.	44	13	5.24	2.82	3.60	7180			240/ 3	2.5	1.9	0.97
115 Italy	50	13	5.25	5.22	2.79	6520	2.6	0.4	658/ 8	2.6	1.6	1.78
116 Singapore	50	12	6.17	3.04	3.53	7420	7.6	6.4	43/ 1	4.9	1.7	4.05
117 Germany, Rep.	38	12	4.23	5.59	2.67	10940	2.7	1.2	636/ 7	2.5	1.4	2.19
118 Ireland	36	12	4.28	4.36	3.08	4850	2.2	-0.3	79/ 1	4.0	3.0	1.09
119 Spain	56	11	6.37	4.36	3.08	4290	2.6	0.9	580/ 7	2.9	2.1	1.19
120 United Kingdom	27	11	3.23	3.04	3.53	8460	1.6	2.1	743/ 8	2.8	1.8	1.69
121 Australia	25	11	2.86	4.71	2.97	10830	2.0	0.9	249/ 3	3.3	1.9	2.00
122 Hong Kong	65	11	7.39	4.71	2.97	6230	6.1	4.4	94/ 1	5.3	1.9	3.90
123 France	34	10	4.69	3.29	3.45	9540	2.8	0.3	765/ 8	2.9	1.9	1.63
124 Canada	33	10	4.55	5.11	2.83	13680	2.4	0.8	384/ 4	3.6	1.7	2.87
125 Denmark	25	9	4.02	1.89	3.91	11200	1.8	2.0	56/ 1	2.6	1.5	2.15
126 Japan	40	9	6.70	2.09	3.84	11300	4.7	3.5	1522/ 14	2.0	1.8	0.42
127 Netherlands	22	9	3.41	1.89	3.91	9290	2.0	0.3	173/ 2	3.1	1.5	2.89
128 Switzerland	27	9	4.39	3.93	3.23	16370	1.4	1.3	70/ 1	2.5	1.5	2.04
129 Norway	23	8	3.62	1.89	3.91	14370	3.3	3.2	49/ 0	2.9	1.6	2.23
130 Finland	28	7	5.52	2.33	3.76	10890	3.3	2.1	63/ 0	2.6	1.6	1.71
131 Sweden	20	7	3.91	2.33	3.76	11890	1.8	1.5	87/ 1	2.3	1.5	1.64