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Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Economic and Social Council of the United Nations

Geneva, Switzerland
7 July 1988

[Talloires Declaration and Tables attached]

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Mr. President;
distinguished delegates:

I am pleased to participate in the deliberations of the Economic and Social Council once again as you begin discussions on global economic issues. Among documents before you for these deliberations is the very excellent "World Economic Survey" produced by the United Nations Department of Economic and Social Affairs (DIESA). Such matters obviously affect very significantly the health and well-being of the world's children. I would like to examine with you today some insights which arise from UNICEF's particular vantage of concern for this vulnerable group, and some suggestions for action by the United Nations system.

In my address to last year's session of this body, I spoke to you about four major areas of opportunity in which ECOSOC and the U.N. system can play a vital role toward making significant contributions in easing or solving the problems of these challenging times in a more immediate framework, through enabling humanity to meet the basic needs of its most vulnerable citizens. On each of the fronts I named, I am pleased to note that important advancements have been made and that the U.N. system has contributed significantly to these achievements. I will discuss with you today specific actions which the system can now take to maximize the momentum gained.

Adjustment with a human face

The first of the four areas which I singled out last year was the need for more creative response to economic hardship through a tempering of policies in order to protect the most vulnerable during periods of adjustment - a concern which, I am pleased to say, is now well known as "adjustment with a human face". The Council has heard the Secretary-General and others emphasize this issue already. As you are aware, this approach calls not only for a greater

protection of investment in the social sector during economic adjustment, but also for a restructuring of social sector expenditures toward long-run human goals by focusing on cost-effective measures for protecting those most in need.

It was in this chamber that UNICEF made its first major public statement on the issue - in July 1985, when Dr. Richard Jolly addressed this Council on my behalf. It was also in this chamber that a Managing Director of the IMF made a major public statement supporting the concept, when Mr. de Larosière addressed this body in 1986. And again, it was to ECOSOC that the current Managing Director of the IMF, Mr. Camdessus, last summer made a major public statement supporting, and even strengthening, his predecessor's endorsement.

One indication of the progress made on this issue was evident at a meeting on the human dimension of adjustment policies held in February by Executive Heads of the five organizations associated with the Joint Consultative Group on Policy (JCGP) and personally attended by Mr. Camdessus and Senior Vice-President (Operations) Qureshi of the World Bank. Consensus on the need for strengthening such policy was voiced by all.

This progress in international agreement was, in fact, reinforced dramatically in opening remarks by Mr. Camdessus to the recent IMF report, "The Implications of Fund-Supported Adjustment Programs for Poverty", which was published in May. He stated:

"I should like to express two convictions. The first is that adjustment does not have to lower basic human standards. In this context, the efforts of fellow agencies of the U.N. family both to protect social programs in the face of unavoidable budget cuts and to make such programs more efficient - delivering better services at less cost - exemplify the types of things that are essential. My second conviction is that the more adjustment efforts give proper weight to social realities - especially the implications for the poorest - the more successful they are likely to be."

The challenge remains, however, to convert far more fully the growing rhetorical consensus into concrete actions at the country level on an ever-broadening scale. Guidelines in this endeavour can be found in UNICEF's two-volume text entitled Adjustment with a Human Face, published within the last year and available for sale in U.N. bookshops.

Human goals for the 1990s

The second area of opportunity which I raised with you last year offers specific guidelines on how to make the most of social sector resources in order to meet the needs of the most vulnerable over the longer-term, i.e., how to get more from the same, or from even less. As so many have pointed out in discussions on "adjustment with a human face", we need increasingly to move from short-term preoccupations. I questioned last year whether the world community would capitalize on the recent child health breakthroughs which show that significant progress can be made at low financial cost in improving the well-being of children even in times of economic retrenchment if governments will press forward vigorously in pursuing the present potential for a Child Survival and Development Revolution (CSDR).

I am most pleased to note, Mr. President, that a month following my last address to you, WHO announced that immunization coverage of young children against the six main child-killing diseases had reached 50 per cent worldwide. Also, UNICEF was able to say in its State of the World's Children Report for 1988 that in 1987 the lives of some 2 million children were saved, and a comparable number were saved from lives of crippling disability caused by childhood diseases, as a result of two interventions alone - immunization and the use of oral rehydration therapy. Thanks to the extraordinary initiatives launched by African countries in the mid 1980s with the support of the U.N. and bilateral agencies, in 1987 100,000 fewer children died than in 1985, and greater reductions are expected in 1988. This is in strong contrast to the steady rise in child deaths in Africa between 1970 and the mid 1980s, despite the projections of demographers that child deaths would continue to rise steadily in Africa at least through the year 2000.

The fact that considerable progress has been made in this arena - and the potential for further major advancements - was confirmed in mid-March 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 major developing countries of the world (Brazil, China, Colombia, India, Mexico, Nigeria, Pakistan); heads of major international organizations; plus major bilateral aid agency administrators; and private leadership from the Rockefeller Foundation and Rotary International. Out of this review (attached) 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. If this is accomplished, it will save from death or disability well over one-hundred million children over the next 12 years, 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. [Required reduction rates for all countries are illustrated on the attached table].

It is scarce wonder that 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 the 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 in May);
- 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.

Special attention needs to be given to analyzing the strategy for achieving these goals on a country-by-country basis. The table attached to the Declaration, which includes child mortality reduction rates required country by country to reach the Year 2000 goal, is a useful tool toward this end.

We take great encouragement from the fact that there has been a tremendous increase in political attention at the top for progress through the CSDR. The SAARC Summit, which had pioneered in 1986 the use of Summit meetings to highlight the priority of issues relating to children, repeated this foresighted step last fall.

The OAU devoted for the first time major attention to children's issues last summer (just as ECOSOC was meeting), and has just completed its 1988 Summit with several major resolutions on the opportunities for addressing children's problems. These include redoubled commitment to achieve the goal of Universal Child Immunization by 1990; an enthusiastic endorsement of the Bamako Initiative, following up on the earlier proposal by their Health Ministers, which calls for universal maternal and child health care supported by a greatly expanded supply of essential drugs - enabled by a multi-fold increase in both external financing and supply and increased local mobilization of resources; and early U.N. action - by 1989 - on the Convention on the Rights of the Child.

As you have heard today from both the United States and the USSR statements, even the recent Moscow Summit of the two superpowers, which were meeting principally to address issues of war and strategic arms, nevertheless took the time to address issues related to children, which was reflected in the joint communique as follows:

"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."

ACTION BY THE UNITED NATIONS SYSTEM

The Convention on the Rights of the Child

A year ago in this chamber, I also spoke about a third issue - the potential for the United Nations to make an historic contribution through adoption of a "Convention on the Rights of the Child", and I suggested that such an action be accomplished by, and in commemoration of, next year's 10th anniversary of the International Year of the Child (IYC). Passage of the Convention by the United Nations General Assembly during the fall of 1989 represents an opportunity to establish not only the rights to which all children are entitled, but also the responsibilities of governments to protect those rights. Ratification of the Convention, in itself, will not mean that children's rights will be met nor that our responsibilities toward children will be fulfilled. Rather, it will mark a milestone in the journey toward these ends - a milestone along the path toward honoring child rights for all peoples. It will establish an important global standard.

While the process and objective of General Assembly endorsement in 1989 is still before us, I am pleased to note the progress of the past year in this arena and the contribution which this Council has made to that progress. In November 1987, with ECOSOC encouragement, the General Assembly allocated the meeting time necessary to complete the drafting which made possible completion of the first reading of the draft Convention by the Working Group of the Human Rights Commission, as reported to the spring session of ECOSOC. Similarly, ECOSOC has endorsed the request of the Human Rights Commission to convene an extraordinary intersessional meeting in order to complete the second reading of the draft Convention later this year. UNICEF looks on this process as a most important step in ensuring the national and international legal structure for furthering progress for children.

Action in response to AIDS

The fourth and last area of timely opportunity which I referred to last year required the most innovative attention of the four. It was the emerging - and urgent - need for new levels of global co-ordination and co-operation to combat the spread of AIDS. I noted in that discussion that UNICEF has always believed that the true test of co-ordination is not in the structure of authority but in the practice of co-operation in programmatic action, and I ventured that our capacity for collaborative action would be seriously tested in this new emergency.

We have seen much encouraging progress in cooperative action since then. Thus, last fall the General Assembly, for the first time ever, devoted one explicit plenary debate to discussion of a disease - AIDS. The Secretary-General appointed DIESA Under Secretary-General Rafeeuddin Ahmed as the focal point for United Nations activities related to the prevention and control of AIDS, and Mr. Ahmed subsequently established a Steering Committee consisting of the heads of all concerned U.N. programmes, departments and agencies, and a Standing Committee of focal points and liaison officers which serves as a working group of the Steering Committee.

Under WHO's leadership, since the Global Programme on AIDS was launched in February 1987, an unprecedented global mobilization has occurred. Most U.N. organizations and offices in the economic, social and human rights areas have begun to plan how to make appropriate programmatic contributions to this effort. This has involved recognition of the global dimensions of AIDS, confirming an international approach to scientific work on HIV and AIDS, catalyzing the efforts of numerous United Nations and non-United Nations agencies in support of AIDS prevention, and design of the Global AIDS strategy and provision of complementary funding. Those in the operational programmes, such as UNDP, UNFPA and UNICEF, have already engaged in specific activities within the overall framework of the Global Strategy. In other cases, ongoing studies, meetings and reports are being adapted to include a focus on AIDS-related aspects. DIESA, for example, is preparing a comprehensive demographic model on the socio-economic impact of AIDS in collaboration with UNFPA. WHO, the Centre for Human Rights, and we of the United Nations Steering Committee, have also begun to consciously address the human rights considerations which are essential to the successful combat of this pandemic, and to the preservation of a rational international order in the process.

It is worth noting that the many alliances which are gathering worldwide for child survival will also be indispensable for combatting the AIDS pandemic, whether we look forward to arresting its spread through a vaccine or through a massive educational campaign to change people's behaviour.

The task of accomplishing a mobilization adequate to such a task, if it were attempted for AIDS alone, might well meet unsurpassable obstacles in achieving the critical mass necessary. If, however, such an initiative is undertaken in the context of accelerating primary health care services, the politics of the overall effort can be expected to maintain broad and consistent appeal.

Today, such comprehensive mobilization efforts are underway in the child survival and development revolution. Both the networks which have been formed and the lessons which have been learned can be applied to this new AIDS challenge.

Even from the tragic pandemic of AIDS, powerful contributions are being made to humanity. Among those are the lessons we are learning in co-ordinating throughout the multilateral system, and in seeking from each group that which it is especially suited to offer.

Greater than the sum of our parts -
the power of collaborative action

In my address last year, I urged - if the U.N. system is to play the major role required to meet the challenges before us - that we accelerate our efforts at achieving a concerted mobilization. We must draw upon the varied strengths within the system and bring them to bear in a far more focused manner. I said then, and I continue to believe, that achieving this mobilization will require a considerably strengthened role for this Council. I am particularly pleased to share the observation that since that time, a number of developments have moved us as a system in this direction.

Perhaps most prominent among these events was your decision to support the Director-General in carrying out case studies on the system's operational activities at the country level. The report produced - the Janssen Report - is surely one of the best documents prepared on this subject (which is not surprising given the experience and distinction of the author). Similarly, the General Assembly Resolution on Operational Activities (42/196) is a benchmark which I believe will provide guidance and direction for our activities over the next few years. Both the Janssen Report and the General Assembly Resolution were reviewed in detail by our Executive Board, whose Report has been transmitted to this Council. One of the principal challenges now before the secretariats of the system is to adequately implement the provisions which have been laid out.

From discussions on these issues, a number of key areas have emerged. Allow me to highlight a few which are especially significant from the UNICEF perspective:

1. Formulating the right goals at the beginning of collaboration efforts is the key to success. This is true both at the international level, as, for example, in the formulation of an international development strategy, and at the national level through guidance by the recipient government and active support by agencies and donors. Mounting collaborative efforts around basic goals sounds like simple logic, yet somehow, we still often fail to achieve it.
2. Such goals must focus in high priority areas in which a concerted commitment by the international community can mean the difference for success. They need to enjoy a true international consensus and, above all, be formulated by the recipient governments themselves. We in UNICEF believe that a collaborative, concerted effort can best be built around development goals designed to accelerate progress on issues such as the social dimensions of the adjustment processes; strengthening the role of women in development; and achieving dramatic increases in child survival through primary health care measures such as universal child immunization.
3. Achieving such goals will require new degrees of imagination in utilizing our tools of advocacy and in creating a true international mobilization. The support for increased attention to child survival and development affirmed at the Summits to which I referred earlier demonstrates the degree to which major international leaders are prepared to consider committing their national capacity to specific new development goals, if they are presented with fresh thinking and feasible opportunities.

For international mobilizations on such issues to succeed at the country level, there will be a need for the Resident Co-ordinator to play a more effective role. Under the guidance of the recipient government and in collaboration with his U.N. partners, the Resident Co-ordinator can assist in the identification of key areas for collaborative efforts and help mobilize collaboration efforts around them. This process will also require more regular programme-oriented meetings among the U.N. organizations and their

partners at the country level. Such meetings should produce among the U.N. organizations specific agreed-upon plans that are monitored explicitly, and with stronger senior level oversight from headquarters. The progress of these country-level efforts can then be clearly reported to ECOSOC for your review and guidance. Proposals along these lines will be presented to the ACC Committee on Operational Activities in September.

As forceful as some of these suggestions may seem, I would also like to point out that achieving these international and country-level mobilizations can be achieved within the existing mandates of the organizations of the U.N. system and of the Resident Co-ordinators. We can and need to build on the strengths of the participating partners - not weaken or destroy them. As UNICEF's Executive Board recognized, UNICEF's country programming approach is one such strength which, in full collaboration with governments and others, we will gladly use to help strengthen country efforts to common goals. In short, let me repeat what I said last year: what may be needed, rather than new structures, is far more effective use of existing ones.

Another area stressed in Resolution 42/196 and by the UNICEF Executive Board is the valuable work of the Joint Consultative Group on Policy (JCGP) composed of UNDP, UNFPA, WFP, IFAD and UNICEF, which, incidentally, UNICEF currently chairs. Here again, I believe, we are seeing an emphasis on mobilizing inter-agency country-level efforts and achieving these goals within each organization's respective mandates and procedures.

In the few short months since the passage of Resolution 42/196, we have been particularly pleased to see significant progress in a number of areas of joint or collaborative programming. As the Director-General has pointed out in his report to the Council, the JCGP can report particular progress in areas such as women in development; achieving better adjustment processes; our work in Africa, in particular the response to the UNPAAERD; the harmonization of programmes and procedures; strengthening support for common premises and services; as well as beginning common efforts on staff training and personnel administration.

In his capacities as Chairman of the JCGP, as well as the newly elected Chairman of the ACC Committee on Operational Activities (CCSQ/OPS), I am confident that Dr. Jolly, our Deputy Executive Director for Programmes, will be in a position to report to the Director-General continued progress by the time the General Assembly discusses these issues.

Crisis in the North; solutions in the South

Finally, I cannot finish my report on the well-being of vulnerable children and mothers without joining others who have referred to the difficult international economic climate which takes its heavy toll on hundreds of millions of children and mothers in the developing world, particularly in Latin America and Africa, where per capita incomes are well below those of 1980. I have spoken with you this afternoon about several opportunities which hold the potential to make significant differences in the lives of the most vulnerable. I believe that accepting the challenge of these opportunities is the only conscionable thing to do, and that such action is urgently needed.

Frankly, however, acting on these measures alone will not be enough.

I repeat, for its tragically continuing relevance, a statement which I have quoted before in this chamber. It was President Nyerere of Tanzania who made the anguished plea, "Must we starve our children to pay our debts"? Unfortunately, actual practice still continues all-too-often to answer with a "yes", and many hundreds of thousands of children have died as a consequence. Remedial actions are in process, as with actions for Adjustment with a Human Face, and most recently at the Toronto Summit, but often still too little, and still too late. Mike Faber of the Institute of Development Studies (IDS) in Sussex recently depicted the situation with this 1980s version of the story of Sisyphus: "The Third World debtor is the Sisyphus of the modern age - but with this difference from the tragic hero of antiquity: every time the 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!"

As we have heard from the Secretary-General, from Under-Secretary-General Rafeeuddin Ahmed and others, a major additional effort to restore development momentum in Africa and in other parts of the debt-distressed Third World is urgently needed. I would argue that it is required at this crucial juncture not only, as we usually hear, for the vulnerable in the South, but equally for the benefit of the North.

This is because up to now the progressive restructuring in growth of the imbalances between the United States deficit and the Japan/Western Europe surpluses has been thought of as a restructuring primarily between the United States, Japan, and Western Europe. It now appears increasingly that restructuring may not be adequate within that framework. Political processes in the United States, Western Europe and Japan 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.

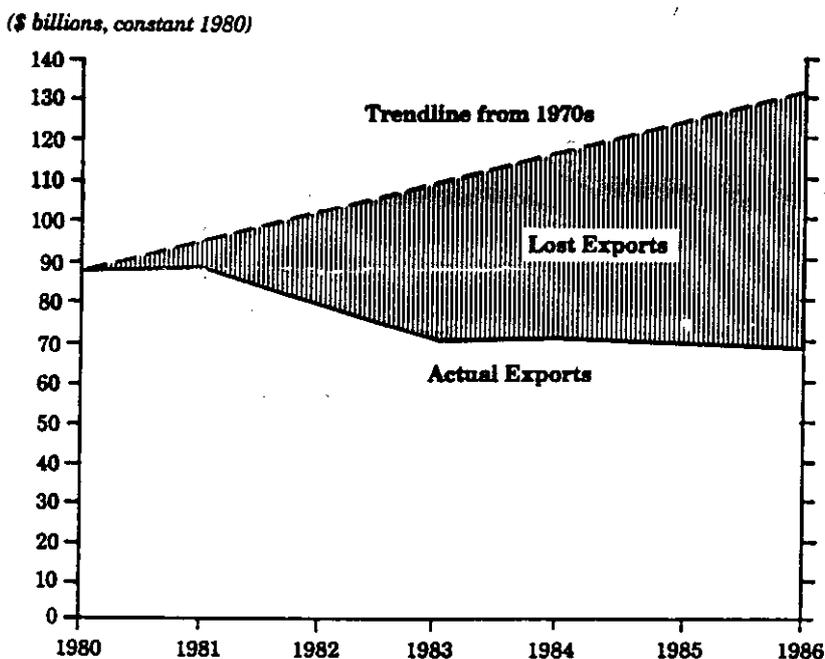
Restoration of more balanced growth throughout the developing world would increase the demand for imports from the industrialized countries very substantially, by more than US\$100 billion annually. This growth in demand would, in turn, greatly facilitate, and quite possibly be indispensable for, the restructuring in the context of growth of the economies of the industrial West, with the vast overhanging danger of the American balance-of-payment deficit (now approximately \$150 billion annually) and the surpluses of Japan and Western Europe (particularly the FRG).

The Washington-based Overseas Development Council (ODC) earlier this year issued a trenchant discussion 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 1970s, 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 has adversely affected the exports of other industrial nations as well.

A recent study conducted for the U.N. University's World Institute for Development Research (WIDER) by Professor Jeffrey Sachs of Harvard University indicated that restructuring of industrialized country surpluses through foreign aid and other financial transfers to the Third World would have a far more rapid and beneficial impact on the global restructuring than comparable expenditures devoted to domestic expansion. The study showed, for example, that a US\$25 billion expansion of expenditures within the Japanese economy would benefit the U.S.

balance of payments by US\$2 billion, but that a comparably increased expenditure on foreign aid would benefit the U.S. balance of trade by US\$9-11 billion dollars - a five times more beneficial impact - as well as significantly increasing Third World markets for other industrial nations.

The industrialized countries would do well, therefore, to look to middle and low income countries for export markets to help them restructure with growth. There are many similarities, but on a more global scale, to the late 1940s and early 1950s. We now know with the benefit of hindsight that the enormous U.S. economic infusions into Europe and Japan through the Marshall Plan and related measures during those decades not only provided the means for increased growth and development in Europe and Japan, but also laid the basis for decades of U.S. prosperity as well.

Increasingly, as the western industrialized countries face difficulties in restructuring massive American external deficits and Japan's and Europe's massive surpluses, the restoration of growth in the Third World may prove the most feasible and effective means for restructuring the massive northern imbalances in the context of growth - and greatly benefitting the world's most vulnerable children in the process.

The United Nations system has the opportunity and the responsibility both for stressing the inadequacies and likely adverse consequences of present policies for North and South, and for facilitating the development and implementation of policies and responses to restore progress in the South to the benefit of all.

* * * * *

Mr. President, the principal approaches and measures which I have outlined today can be summarized to include:

- taking greater account of the human dimension during the adjustment process;
- pursuing ambitious yet do-able human goals for the last decade of this century;
- ensuring adoption in 1989, in line with the General Assembly's wishes, of the Convention on the Rights of the Child;
- rising together to advance and streamline the capacity of the international community to co-ordinate our response to the AIDS pandemic (and thereby develop a new capacity for international action);
- strengthening collaboration throughout the U.N. system; and

- taking the bold steps to influence global economic policies to take into consideration our rapidly increasing economic interdependence.

These steps present formidable challenges. Yet, the network gathered in this room of government representatives charged with the responsibility to address social and economic concerns possesses a unique capacity to rise to the occasion.

The challenges are extremely clear. Opportunities to meet them are also before us, including the possibilities to design innovative responses capable of achieving goals we would scarcely have dreamed of pursuing, even a few short years ago. Effective action by this group could play a major catalytic role in saving the lives and improving the well-being of the poorest among the human family, while building a sound foundation for the very future of our civilization.

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 60-86
	1960	1986	60-80	80-85	85-2000		1985	65-80		80-85	1986	
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	7.54	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	346	238	1.40	1.50	6.78	470		0.1	427/ 101	6.4	6.4	-0.01
11 Niger	320	233	1.11	1.53	6.87	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	160	-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	1.62	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	198	0.93	1.34	5.80	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	1.48	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	663/ 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	103	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/ 67	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	2.26
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	3.81	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	208	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: U5MR

Country	Under 5 mortality rate ^a		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 60-86
	1980	1986	60-80	80-85	Required ^b		1985	65-80	80-85	1986	1960	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 Hungary	82	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	1.8	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	2.8	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	2.6	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	8290	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	

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;



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.

RAW 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

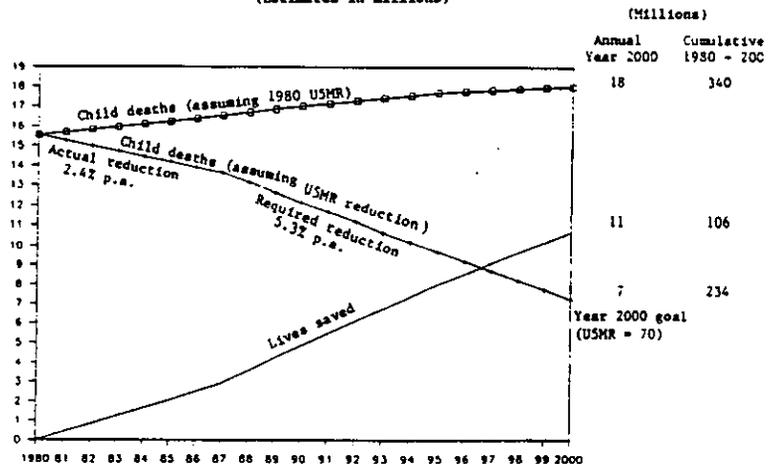
virtual elimination of severe malnutrition of under five children while also significantly reducing moderate and mild malnutrition in each country.

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.