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Address by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
Second Committee of the United Nations General Assembly

New York  
3 November 1988

[Talloires Declaration attached]



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Executive Director of the United Nations Children's Fund (UNICEF)

to the

Second Committee of the United Nations General Assembly

New York - 3 November 1988

Mr. Chairman,  
Distinguished Delegates,  
Colleagues in the United Nations:

I am pleased to participate in the discussions of the Second Committee as you once again begin deliberations on operational activities.

We meet this year, as so many of you, including the Director-General and the Administrator of UNDP, have already noted, at a proud moment for the United Nations system. Successes in areas such as conflict resolution and peacekeeping have won wide acclaim and have demonstrated the special relevance that multilateral efforts can have in a world of crises and interdependence. A new and positive climate is emerging which draws attention to the potential of increased commitment to collective, multilateral solutions to our shared problems.

So far, the successes that highlight this new climate have shown most clearly in the political and security spheres. The challenge before you, as representatives to this Committee, and before us as members of the Secretariat, is how to translate as Jean Ripert has just noted, this new potential into comparable progress in the economic and social spheres.

Considerable groundwork has been laid to meet this challenge. Just as successes in the political arena represent the fruit of years of hard and effective work, so too in the social and economic sectors, progress has been made in recent years and recent months which could crystallize into major advances within a very short time frame. Thus, we have just seen in the past two days, as Mr. Ripert and Mr. Draper have noted, encouraging pledging session for the U.N. agencies dependent on voluntary contributions. Contributions to UNICEF's general resources for 1989 are up by approximately 11 per cent.

Today I will speak about a broad spectrum of operational activities from UNICEF's particular vantage of concern for the health and well-being of the

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world's children. Through this lens we perceive a crucial interrelatedness among development problems - an interrelatedness which offers extremely promising prospects to leverage efforts in operational activities for a synergistic impact on a vast range of issues. My remarks today will follow a second theme: that to have this impact, we will need to mobilize the entire U.N. system in a concerted common effort.

As daunting as these tasks appear, the very agenda of this Committee indicates precisely the arenas in which action is needed: international debt, the Fourth Development Decade (DD4), sustainable development, and women in development - all are key elements for collective action before you at this session.

Yet, as we are well aware, performing these tasks will not be easy. The climate may be right, and the agenda may be right - but, in translating our discussions into action, experience has shown that we come all-too-quickly to two challenges: achieving consensus on plans of action within priority areas where solutions are feasible; and, second, translating such consensus into true international mobilization for action.

This mobilization is underway. Your own efforts, including last year's Resolution 42/196, have helped ensure the mobilization of the U.N. system. But the time is right for this new "push" to be accelerated, and UNICEF is committed to playing an active role in the process - putting the full weight of our organization into intensive collaboration very much along the lines of the statement of the Director-General, with which I so much agree. In fact, I am now sending a further policy instruction to our field staff, giving specific guidance on a number of these issues.

At the outset of my overview of the closely interrelated operational activities in which UNICEF sees the potential to make new inroads into solving development problems, I shall begin with a discussion of the two key steps vis-à-vis this Committee and the U.N. system - defining common priority areas and mobilizing for action.

#### Defining common priority areas

As I have stressed in my previous statements on common priority areas, formulating the right goals at the beginning of collaborative 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 - since obviously, development goals must represent the priorities of the recipient country if they are to succeed. Mounting collaborative efforts around basic common goals sounds like simple logic, yet somehow, we still often fail to achieve it.

Such goals must focus on high priority areas in which a concerted commitment by the international community can make the difference for success. We in UNICEF believe that a collaborative, concerted effort can best be built around development goals designed to accelerate progress on issues such as:

- 1.] achieving further dramatic increases in child survival through primary health care measures such as universal child immunization and oral rehydration therapy, the accelerated implementation of which in the 1980s are already saving the lives of 7000 children a day - 2.5 million a year - while contributing to slowing population growth as parents become more confident through these means in which they participate that the children they have will live;
- 2.] the social dimensions of the adjustment processes; and
- 3.] strengthening the role of women in development.

This year, I believe, we are in a unique position to begin to address this problem of the inadequate definition of our common priority goals, which is, perhaps, the most serious shortcoming facing the operational activities of the U.N. system. As you know, many parts of the system are now embarking on major reassessments of their roles in development and their priorities for the 1990s. The most important aspect of this effort will be in the hands of this Committee: your deliberations on the DD4. Complementary efforts will also be needed, as goals that are defined only at the global level may not garner the necessary will to be achieved, while goals that are elaborated only at the national level may lack the needed wider support and climate. The U.N. institutions - and particularly the operational organizations, with their country level capacities and hands-on technical experience - form a natural bridge between these levels, and play an important part in developing strategy for the 1990s.

Work in UNICEF is already underway. The Executive Board at its 1988 session requested the Secretariat to prepare a major policy paper on goals and strategies for children in the 1990s to facilitate and strengthen UNICEF participation in the DD4 process. Since our proposals will include strong linkages with regional and country-level efforts, UNICEF field staff - working closely with their national counterparts - are heavily involved in the preparations and follow-up.

UNICEF's contributions to establishing goals for the 1990s will be closely linked with important efforts currently underway in other parts of the U.N. system. We are looking forward to close participation with the Director-General in the high-level inter-agency group he plans to establish - an initiative we warmly welcome. We also feel the preparatory work by UNDP on its role up to the year 2000 has considerable potential. In addition to system-wide links at the headquarters level, we also feel that the U.N. family will need to link efforts in supporting the individual recipient countries' goals for the 1990s - along the lines of the proposal made by the Chairman of the ACC Committee on Operational Activities, CCSQ (OPS).

Other deliberations have been underway relating to the innersphere of UNICEF's mandate. For example, at a meeting earlier this year in Talloires, France (with the participation of the Executive Heads of several major United Nations organizations (including UNICEF, WHO and the World Bank), and ministerial-level representatives from a score of major donors and recipients), an important declaration emerged, highlighting child health goals for the 1990s, which I will elaborate shortly.

Other related exercises include the recent meetings of the North/South Roundtable in Amman, Jordan (also attended by senior government officials and U.N. system officials including Mr. Ripert, Mr. Draper and Dr. Sadik) which made the international development strategy (IDS) a principal focus. In a notable convergence of views, this meeting also stressed, inter alia, the vital importance of the human dimension of development as well as linkages among international efforts and national and regional processes. Similar examples can also be found in the Khartoum Declaration of the Economic Commission for Africa last March; the Cocoyoc Declaration which emerged last week among Latin American health officials gathered, under the sponsorship of Mexico, PAHO, and UNICEF, to organize child health goals for the 1990s; the Jakarta Declaration of the ESCAP Group; the Bangalore Declaration of the SAARC; and, as I will discuss later, the Moscow Summit communique of U.S. President Reagan and U.S.S.R. General-Secretary Gorbachev, as well as the deliberations of other regional and sub-regional institutions.

### Mobilizing for action

Achieving goals which have been set in these landmark gatherings will require new degrees of imagination in utilizing our tools of advocacy and in creating true international mobilizations.

I believe that for international mobilizations on such issues to succeed where it counts - i.e., at the country level - the time is right for the Resident Co-ordinator to provide a stronger leading role. Under the guidance of the recipient government and in collaboration with his U.N. partners, the Resident Co-ordinator could make a major contribution through assisting in the identification of key areas for further collaborative efforts and initiating mobilization around them. UNICEF looks forward eagerly, for example, to having the Resident Coordinator call, as Mr. Draper has just noted, programme-oriented meetings among the U.N. organizations and their partners at the country level far more systematically to address particularly such issues as environment and sustainable development which still suffer from lack of serious attention at the country level.

As I mentioned at ECOSOC in July, these proposals are among a number which UNICEF has brought to CCSQ (OPS), which is currently engaged in the review of the Resident Co-ordinator System mandated by Resolution 42/196. We have been pleased with the Committee's progress, which the Chairman reported to ACC just last week. UNICEF finds it imperative that the ACC be in a position to report to next summer's session of ECOSOC substantial results in strengthening the functioning of the Resident Co-ordinator system. We are eager to facilitate the process, and we are confident that, with the co-operation of all concerned, this goal will be met.

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 need to build on the strengths of the participating partners - not weaken or destroy them. As UNICEF's

Executive Board recognized, UNICEF's unique country programming approach is a valuable asset which, in full collaboration with governments and others, we will gladly use to help strengthen country efforts toward common goals. In short, let me repeat what I said last year at the ECOSOC: what may be needed, rather than new structures, is far more effective use of existing ones. The issue is leadership and commitment in the use of existing authority.

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. 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 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 and this Committee, the JCGP can report particular progress in areas such as women in development, achieving better adjustment processes, responding to the UNPAAERD in Africa, 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.

The JCGP is now in the final stages of preparing a joint letter from its Executive Heads to all of their field representatives outlining a number of specific steps to increase their field collaboration. In addition, the JCGP has decided to take on a new issue - sustainable development - which will be the subject of its high-level meeting this spring. This follows on the very successful high-level JCGP meeting on adjustment issues hosted by UNICEF with the participation of the Executive Heads, the Managing Director of the IMF, and the Senior Vice President for Operations of the World Bank.

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

I will turn now to some priority development issues in which UNICEF sees a potential for the international community to have a major impact.

### Adjustment with a human face

Within the global economic arena, a major problem which imposes itself upon UNICEF's concern with the health and well-being of children and their mothers is that of contending with structural adjustment in response to the problems of Third World debt.

The need for adjustment is not really in question. The manner of adjustment, however, is an issue which is complex and controversial. The transfer of resources has created a human as well as an economic crisis for

people in most countries of the Third World. As you are well aware, the burden has all-too-often been borne disproportionately by the poor, and within that sector, those who have suffered the most are the most vulnerable, including women and children.

The essence of UNICEF's position is summed up in the title of its most recent publication on the subject, Adjustment with a Human Face: namely, that policies which lead to rising malnutrition, declining health services, and falling school enrollment rates are inhuman, unnecessary, and ultimately inefficient. Conversely, policies which seek to protect the poorest families and their children - for example, by maintaining well-targeted food subsidies, expanding primary health care services, and consolidating gains in primary schooling - represent both a short-term human imperative and a long-term economic investment. UNICEF continues to maintain that achieving such policies calls not only for a greater protection of investment in the social sector during adjustment, but also for a restructuring of existing social sector expenditures by focussing on cost-effective measures for protecting those most in need.

UNICEF strongly endorses the two convictions expressed by IMF Managing Director Michel Camdessus in his preface to an IMF review published in May which looked at the impact on the poorest groups of Fund-supported adjustment programmes:

"The first is that adjustment does not have to lower basic human standards. In this context, the efforts of fellow agencies of the UN family both to protect social programmes in the face of unavoidable budget cuts and to make some programmes 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."

UNICEF is engaged in this topic of debt in order to help give voice, however inadequate, to the children of the developing world who have no other say in international economic dealings but who are so profoundly and permanently affected by them.

#### A "Grand Alliance for Children"

The successes of child survival and development activities have demonstrated an effective "formula" for combining available low-cost knowledge and technology with our rapidly expanding modern capacity to communicate and organize among the world's poor. It is a dramatic demonstration of this new potential that the lives of millions of children - reaching, as already noted, 2.5 million within the last 12 months alone - have been saved, and the crippling of millions more prevented, by nations which have mobilized in the 1980s to put today's low-cost solutions at the disposal of the majority of families. It is noteworthy that, since I last addressed this Committee, WHO announced that immunization coverage of young children against the six main child-killing diseases - which had rested at 5 per cent of the world's children a decade ago - had reached 50 per cent worldwide by August 1987 and is now nearing 60 per cent... with achievement of the 80% goal by the end of 1990 now in sight for most countries.

The fact that considerable progress has been made in this area - and the potential for further major advances - was confirmed at the meeting in Talloires to which I referred earlier. Convened by the five-agency-sponsored (WHO, UNICEF, the World Bank, UNDP and the Rockefeller Foundation) international Task Force on Child Survival (often referred to as the "Bellagio Group"), this review of the world immunization/child survival effort came to 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 before the end of this century - while slowing population growth as well, as families gain the confidence that the children they have will live.

The "Declaration of Talloires" [attached] thus 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.

If these clearly feasible goals are to be achieved, however, they will be accomplished through a collaborative mobilization of a vast array of social forces rather than through the activities of any singular group or sector of society. This is true of other social and health advances as well. As Dr. Hiroshi Nakajima, the new Director-General of the World Health Organization, stated eloquently on 28 August to 1,500 health educators from around the world:

"We must recognize that most of the world's major health problems and premature deaths are preventable through changes in human behaviour and at low cost. We have the know-how and technology but they have to be transformed into effective action... Parents and families, properly supported, could save two-thirds of the 14 million children who die every year - if only they were properly informed and motivated. Immunization alone could save 3 million lives - and another 3 million deaths a year could be prevented by oral rehydration, a simple and cheap technology. ...

"Society must make it possible for people to live healthy lives. A grand alliance of people, policy-makers and health professionals is necessary...to...empower people with knowledge and the relevant health skills to improve their own health."

I am most pleased that in the effort to mobilize resources for the survival and development of children, just such a "Grand Alliance" has begun to gather. We must ask, at this crucial juncture, whether the world community will capitalize on 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).

The "Grand Alliance for Children" which has made the success of child survival efforts possible has gathered an increasingly broad-based and powerful array of partners. We take great encouragement from the tremendous increase in political attention at the highest levels of government leadership for progress through the CSDR. For example, within the last two years, the South Asian (SAARC) Summit adopted a Declaration on Child Survival; the Heads of the seven Central American countries went on television together in behalf of the region-wide immunization campaign on World Health Day in 1987; and the OAU Summit in 1987 declared 1988 the "Year of the African Child" and issued a Declaration on Child Survival and Development. I had the special privilege in May of addressing the OAU's 25th anniversary summit meeting, which adopted 3 major resolutions related to children.

And also this May/June in Moscow, the USSR:USA Summit reference by President Reagan and General-Secretary Gorbachev calling for accelerated worldwide action to reduce childhood deaths from readily preventable causes was the only reference to development issues in the Joint Statement - which dealt primarily with issues of war and strategic arms. The communique stated:

"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."

In organizing international response to problems of development, it is worth noting that many people and groups are often willing to work together for children more readily than they are motivated to respond to other issues. This should be regarded both as a means to address the needs of children, and as an opportunity to enlist support and cooperation for beginning with children as an opening to broader development and peace initiatives.

#### AIDS: strengthening alliances for health

I must acknowledge the emerging - and urgent - need for new levels of global co-ordination and co-operation to combat the spread of AIDS. AIDS is a disease which challenges the world in a fashion like none other in modern history. It is a disease with increasingly monumental economic, social, legal and humanitarian implications, as well as its obvious medical and health dimensions. Fortunately, we realized early that this is a challenge appropriate to the machinery and approaches which have been developed as the United Nations and the systems of international cooperation.

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.

Even from the tragic pandemic of AIDS, powerful contributions are being made to humanity. Among these 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.

### The Convention on the Rights of the Child

Another manifestation of increasing concern for the health and well-being of children is the growing support for the timely adoption by the United Nations of a "Convention on the Rights of the Child". UNICEF is most hopeful that such an action be accomplished by, and in commemoration of, next year's 10th anniversary of the International Year of the Child (IYC). Adoption of the Convention by the 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. While the eventual ratification of the Convention, in itself, will not mean that children's rights will be secured nor that our responsibilities toward children will be fulfilled, it will at least mark a critical milestone in the journey toward these ends. It will establish an important global standard.

### New initiatives

To create a "Grand Alliance", there must be a common set of messages to communicate. I am very pleased, therefore, to be able to share with you today that a new initiative will be taken early next year with the publication by WHO, UNICEF and UNESCO of a collection of 55 priority messages on 10 themes under the title Facts for Life. We have at present 91 international non-governmental organizations (NGOs) as full partners to advocate the application of Facts for Life, while another 143 national NGOs around the world have committed themselves to its use and adaptation in their own national settings. Facts for Life contains, in simple message form, the most important information now available which could help parents protect their children's lives and growth. That knowledge - organized under 10 topics such as the timing of births, the promotion of growth, the feeding of young children, the prevention of illness (including diarrhoea and AIDS), the technique of oral rehydration, and the importance of full immunization - is knowledge on which there is world-wide scientific consensus; it is knowledge on which most parents can act; it is knowledge which has the potential to drastically reduce child deaths and child malnutrition and it is knowledge which can be made available to families at low financial and political cost. It is therefore knowledge which every family, by right, should have.

Another "new initiative" which I am most pleased to relate is a renewed

global commitment to basic education and learning for all which is being fostered in joint collaboration among UNESCO, the World Bank and UNICEF. In fact the equivalent of an "Alma Ata" conference on this issue is in the planning stages for early 1990, to be co-sponsored by our three organizations. This will be a central topic of my discussion in Paris tomorrow with the UNESCO Executive Board.

I am sure delegates are all aware of the "Bamako Initiative", which was proposed by the African Health Ministers in September 1987. The mainspring of the Bamako Initiative is the idea of a decentralized, self-sustaining system which will significantly expand health care to mothers and children by the mid 1990s. Communities share in the financing and management of local primary health services, which are maintained by the proceeds from income-generating health services such as the provision of essential drugs.

### 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 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, and I have detailed at some length in my speech to ECOSOC in July the other measures required, including the fact that, for current crises in the North, developing solutions in the South could effect major improvements in both hemispheres.

\* \* \* \* \*

In conclusion, I would like to emphasize that anyone watching the U.N. today will note not only a new potential for truly great accomplishments, but that the manner in which to proceed is clear. And anyone watching the work of the system will observe that its major work is all multi-agency collaborative work. What I have described today of UNICEF's activities illustrates the dynamism that permeates the U.N. system. We have seen in the encouraging progress of the child survival and development revolution how every major aspect of UNICEF activity interacts with a branch of the system which contains a mechanism for addressing the issue at hand.

The United Nations currently enjoys a new esteem in the eyes of the world. The increased expectations that accompany this new status open tremendous possibilities for responding creatively to world problems. I add my voice to those who implore that we, together, seize that opportunity through a new level of leadership in operational activities - for the children - and the future - of the world.

Thank you very much.

# 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 of 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.

**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), 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

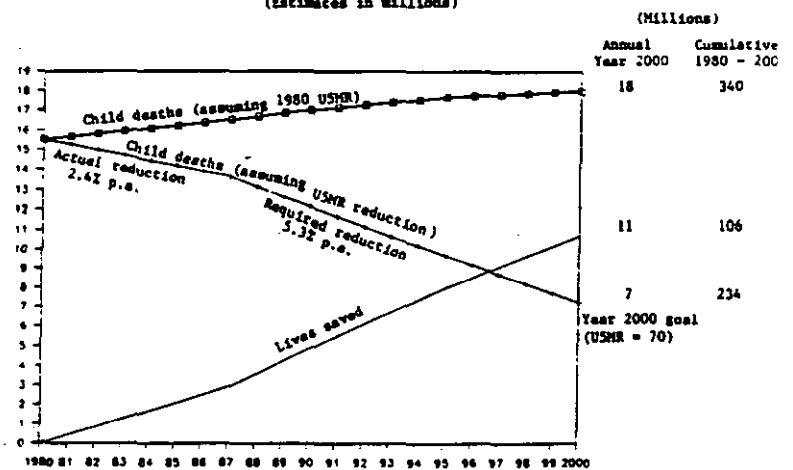
virtual elimination of severe malnutrition of under five children while also significantly reducing moderate and mild malnutrition in each country.

**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 CSDB 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.