

File Sub: CF/EXD/SP/1988-0030/P

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

Addis Ababa, Ethiopia
26 May 1988

[Resolutions attached]



UNICEF Alternate Inventory Label



Ref0006URC

Item # **CF/RAD/USAA/DB01/2002-00006**

ExR/Code: **CF/EXD/SP/1988-0030/P**

Organization of African Unity [OAU] 25th Anniversary Summit
Date Label Printed 17-Jan-2002

cover + 15 pp + 86

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GRAND ALLIANCE FOR CHILDREN IN AFRICA

Addis Ababa - 26 May 1988

cover + 15 pp + 06

Address by James P. Grant to the Organization of African Unity (OAU) Twenty-Fifth Anniversary Summit Conference

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

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

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

I am greatly honoured to address you in Addis Ababa in this Year of the African Child. It was here in July 1987 that the OAU Summit, cognizant of the fact that human resources in general and children in particular constitute the main wealth of the continent, and recalling the proclamation of 1986 as Africa Immunization Year, declared 1988 as the "Year for the Protection, Survival and Development of the African Child" and called on Member States to actively play a role in mobilizing national communities with a view to creating more awareness on the need for resources aimed at achieving the goals of Child Survival and Development in general and, in particular, the 1990 Universal Child Immunization targets. The Summit requested the UNICEF Executive Director to facilitate the implementation of the resolution through the mobilization of the necessary resources and to complement the national and international efforts.

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

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

It is against this background that the U.N. demographers have continued to support their mid-1980's projection that Africa will be the only continent in 1990 and again in the year 2000 which, as in 1980, will show a greater number of child deaths than a decade earlier — up from 4 million in 1970 to 4.25 million in 1980, and to 4.46 million in 1985. This is more than double the figure of 2 million child deaths if Africa were to achieve

the target established for the year 2000 for each country in the world of an under-5 mortality rate of 70 per 1,000 births or half the 1980 rate, whichever is lower [see table attached]. If the global projections of the demographers on trend lines calculated even before the AIDS crisis emerged were to prove correct, Africa, with only about 14 percent of the world's total population, in 2000 will account for over 40 percent of all infant and child deaths worldwide, up from 15 percent in 1950 and 31 percent in 1986.

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

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

Mr. Chairman, Excellencies:

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

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

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

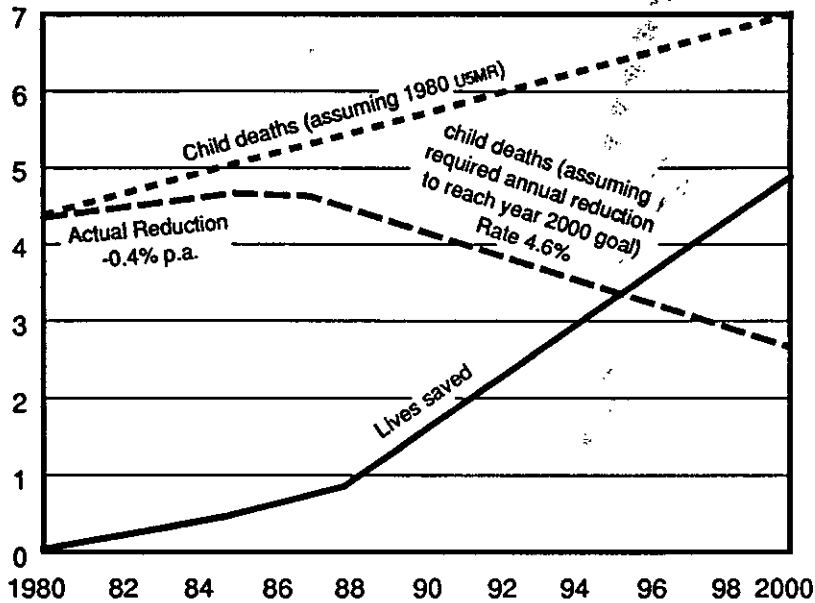
The good news supporting this belief is that due to extraordinary measures already initiated by African countries in the mid-1980s and described by Secretary-General Pérez de Cuéllar, the numbers of African child deaths *had started falling in 1986 and 1987*, thereby proving wrong, for these years at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

One major factor which has been the basis of a flood of progress for children in Africa is the realization that developmental advances and technological developments of recent years have vastly increased the capacity to *communicate* important knowledge to families. There is today a rapid and continuing increase in the ability to communicate with the world's poor — through radio, press, TV, schools in almost every village, churches and mosques, thousands of new farmers', women's, and business associations, and so forth — and a whole new

Alternative Projections of Child Deaths and Lives Saved in Africa

Children Under 5 Years of Age: 1980-2000
(Estimates in Millions)

(Million)
Annual
Year 2000 Cumulative
1980-2000



7 117
5 41
2 76

--- Projection A deaths

The 1980 under-five mortality rates (U5MR) remain constant to the year 2000.

- - - Projection B deaths

Up to 1987 the under-five mortality (U5MR) rates are as estimated by the United Nations Population Division. From 1987, countries make sufficient progress to reach their CSDR targets by the year 2000 i.e. either an under-five mortality rate of 70 or half their 1980 rate whichever is lower.

— Project C lives saved

The difference between projection A deaths and projection B deaths.

Deaths of children under 5 years of age in Africa

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

Under-5 lives saved in Africa

(1980 U5MR vs. actual figures)	
1980-1987	2.7 million
1982-1987	2.6
1985-1987	1.8

perception in the world community of what can be done with programme communication as a powerful tool for education of the public concerning prevailing illnesses and controlling them.

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

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

Between 1984 and 1987, more than 40 African countries have sharply accelerated their immunization programmes — the majority of them with the active leadership of the Head of State or Government in mobilizing all sectors of society. Indeed, I am honoured to say that I have had the privilege to personally participate with a number of you attending this Assembly, including President Mengistu of our host country, in launching accelerated immunization programmes in your countries. Major acceleration is evident in many countries in all sub-regions of the continent. *Seven* sub-Saharan and *four* North African countries, with a population totalling over 100 million, have already achieved the 75% coverage goal, and another two have achieved it in all but measles. Several countries expect to meet the mark before the end of this year. *Major cities such as Cairo, Addis Ababa, Harare, Algiers, Maputo and Dakar have not only reached the goal ahead of schedule, they have achieved levels of immunization for infants under one equal or superior to those of New York and Washington.* UNICEF is confident that with sustained and creative efforts led by each nation's leaders, the goals can be achieved by virtually every country in Africa by 1990.

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

I urge each Head of State and Government to think even more deeply of the many children who are unreached in your own country — to think of what it would require to reach them with the means to meet basic human needs, including, and perhaps starting with, their very survival and development. I challenge you, with the support of the international community including UNICEF, not only to *prove the demographers wrong* when they project that the absolute number of child deaths will increase, but also to achieve the full goals for 1990 and 2000.

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

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

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

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

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

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

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

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

Allow me to assure those gathered for this Summit conference that UNICEF is acutely aware of the fact that ultimately, the health of children cannot be separated from the well-being of the rest of society. UNICEF's voice can be heard loud and increasingly on the need to address broader development issues, including those of debt, better prices for primary commodities, and increased development assistance, and especially on the specialized needs of least developed countries. We emphasize that the needs of least developed countries in Africa are more

urgent than those of poor countries in other continents which are surrounded by or adjacent to economically healthy neighbours. The global community must assume a strong responsibility to a group of contiguous states, all of which suffer extreme circumstances.

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

Mr. Chairman, Excellencies:

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

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

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

Infant and Child Mortality in the African Regions: Targets for 2000

Country	Under 5 Mortality Rate					Infant Mortality Rate					GNP per capita			Total Fertility Rate			Annual no. of births / infant and child deaths (k-4) (thousands)		
	Annual reduction rate					Annual reduction rate					Growth rate			Average annual reduction rate					
	1969	1989	Target 2000	64-88	85-2000	1969	1989	Target 2000	64-88	85-2000	65-84	84-85	1960	1964	1984	1960		1964	1984
Algeria	270	262	117	2.99%	3.17%	100	168	50	2.56%	4.13%	3.17%	3.6	1.7	7.4	6.5	84.46	7.4	6.5	936/105
Angola	346	261	342	1.40%	4.46%	154	208	77	1.50%	4.04%	3.17%	0.2	0.1	6.4	6.4	0.50%	6.4	6.4	427/101
Benin	310	211	193	1.91%	1.77%	185	152	63	1.49%	1.47%	4.04%	8.3	0.1	6.8	7.0	-0.11%	6.8	7.0	213/40
Burkina Faso	174	241	92	2.22%	3.98%	119	119	40	2.03%	2.84%	3.98%	8.3	0.1	8.3	7.4	0.44%	8.3	7.4	375
Burundi	240	240	107	0.00%	1.34%	120	120	44	1.77%	1.20%	4.04%	1.3	-1.3	6.5	6.5	-0.00%	6.5	6.5	342/82
Cameroon	238	218	107	0.00%	1.34%	120	120	44	1.77%	1.20%	4.04%	1.3	-1.3	6.5	6.5	-0.00%	6.5	6.5	428/44
Cape Verde	215	178	162	2.15%	1.87%	152	162	54	2.88%	1.54%	4.07%	3.9	0.8	5.7	5.4	-0.38%	5.7	5.4	44/19
Chad	326	251	232	3.08%	3.58%	81	143	41	3.07%	3.69%	3.49%	5.0	-0.4	5.0	4.5	0.02%	5.0	4.5	226/52
Comoros	261	150	124	1.30%	1.56%	148	138	74	1.37%	1.37%	4.07%	-2.3	1.8	6.3	6.2	0.06%	6.3	6.2	21/3
Congo	241	133	75	2.73%	3.84%	92	128	46	1.64%	1.86%	3.93%	-0.3	0.6	5.9	5.9	-0.06%	6.0	-0.06%	80/10
Cote d'Ivoire	241	133	75	2.73%	3.84%	92	128	46	1.64%	1.86%	3.93%	3.8	4.9	5.9	6.0	-0.06%	6.0	-0.06%	463/71
C.A.R.	308	242	122	2.97%	2.15%	200	200	58	2.69%	1.87%	3.88%	0.9	-5.2	6.6	6.6	-0.00%	6.6	6.6	117/27
Dahomey	294	262	237	0.57%	0.38%	135	175	78	0.60%	0.39%	4.39%	-0.2	-1.5	5.7	5.9	-0.13%	5.7	5.9	1629/214
Egypt	300	267	131	1.31%	1.62%	110	179	55	2.41%	3.30%	3.44%	3.1	1.3	7.1	4.5	1.74%	7.1	4.5	17/4
Ethiopia	264	264	131	1.31%	1.62%	110	179	55	2.41%	3.30%	3.44%	0.2	-0.0	5.7	5.7	-0.00%	6.1	6.7	2226/608
Gambia	264	264	131	1.31%	1.62%	110	179	55	2.41%	3.30%	3.44%	1.5	-1.2	6.4	6.4	-0.00%	6.4	6.4	379
Ghana	288	196	178	1.91%	1.91%	173	185	78	1.88%	1.56%	4.09%	1.1	-1.2	6.4	6.4	-0.00%	6.4	6.4	63/99
Guinea	361	312	292	0.73%	1.52%	180	205	90	0.65%	1.25%	4.12%	-0.2	-0.8	6.4	6.2	-0.00%	6.5	6.5	292/74
Guinea-Bissau	294	165	153	1.50%	1.50%	100	100	50	1.38%	1.23%	4.09%	0.8	-1.4	5.1	5.4	-0.22%	5.1	5.4	1182/139
Kenya	346	279	259	1.07%	1.48%	163	188	84	1.15%	1.15%	4.07%	-1.5	1.9	8.2	8.0	0.09%	8.2	8.0	63/9
Lesotho	208	136	121	1.13%	1.56%	148	148	74	1.19%	1.19%	4.07%	1.9	-1.7	5.8	5.8	-0.00%	5.8	5.8	110/23
Liberia	208	136	121	1.13%	1.56%	148	148	74	1.19%	1.19%	4.07%	-1.4	-6.4	6.3	6.9	-0.35%	6.3	6.9	63/9
Madagascar	303	233	117	1.30%	2.09%	138	180	69	1.32%	1.40%	3.99%	-1.4	-6.4	7.3	7.0	-0.11%	7.3	7.0	438/43
Mali	186	111	97	2.37%	2.83%	71	202	34	2.47%	2.47%	4.07%	-1.9	-6.1	6.1	6.1	-0.19%	6.1	6.1	167/21
Mauritania	362	282	275	0.87%	1.59%	170	187	83	0.86%	1.88%	4.01%	1.4	-3.0	6.3	6.3	-0.06%	6.3	6.3	484/104
Morocco	370	324	302	0.66%	1.40%	186	202	93	2.39%	1.21%	4.13%	1.4	-3.0	6.3	6.3	-0.06%	6.3	6.3	484/104
Mozambique	310	242	223	1.23%	1.62%	143	185	72	1.28%	1.59%	4.00%	0.1	-0.7	6.9	6.9	-0.00%	6.9	6.9	54/115
Niger	194	42	32	4.43%	5.29%	70	70	33	3.69%	4.66%	2.99%	2.7	2.3	2.5	2.5	3.17%	2.5	2.5	26/1
Nigeria	265	153	130	2.71%	3.21%	163	163	80	2.22%	2.83%	3.59%	2.2	0.1	7.2	4.6	1.71%	7.2	4.6	735/95
Rwanda	302	273	252	0.52%	1.52%	139	159	80	0.45%	1.56%	4.02%	-2.1	-6.7	6.1	6.1	-0.26%	6.1	6.1	651/161
Senegal	320	256	237	1.11%	1.53%	141	174	76	1.14%	1.49%	4.04%	2.2	-7.3	7.1	7.1	-0.00%	7.1	7.1	472/101
Sierra Leone	318	280	182	2.29%	1.87%	146	146	68	0.53%	1.36%	4.08%	1.8	-1.5	6.9	7.4	-0.33%	6.9	7.4	5013/895
South Africa	248	220	214	1.15%	1.57%	138	138	64	0.56%	1.37%	4.02%	-0.6	0.0	6.7	6.5	0.13%	6.7	6.5	323/68
Swaziland	317	274	262	1.01%	1.40%	186	186	93	0.54%	1.37%	4.02%	0.6	0.0	6.1	6.1	-0.00%	6.1	6.1	399/70
Tanzania	394	324	302	0.87%	1.59%	170	185	72	0.86%	1.88%	4.01%	1.4	-3.0	6.3	6.3	-0.06%	6.3	6.3	174/62
Togo	269	269	131	0.57%	2.20%	124	124	62	1.57%	2.02%	3.87%	0.7	-4.2	6.5	6.5	-0.00%	6.5	6.5	98/161
Tunisia	227	200	182	1.68%	3.87%	152	170	78	1.54%	2.02%	3.87%	0.7	-4.2	6.5	6.5	-0.00%	6.5	6.5	1184/212
Uganda	248	201	183	0.63%	1.87%	146	146	60	0.98%	1.54%	4.02%	0.3	-3.1	6.2	6.1	-0.11%	6.2	6.1	138/22
Zaire	305	177	160	2.68%	2.00%	106	182	53	2.67%	1.56%	3.56%	4.0	1.4	4.3	4.3	1.96%	4.3	4.3	286/24
Zambia	255	178	110	3.09%	4.17%	113	108	56	0.81%	0.90%	4.00%	-2.6	2.2	5.9	6.9	-0.00%	6.9	6.9	810/41
Zimbabwe	251	187	170	1.46%	1.89%	148	148	74	1.38%	1.38%	3.96%	-2.1	-3.8	5.9	6.1	-0.13%	5.9	6.1	1394/232
Weighted average	180	134	131	1.46%	2.02%	110	110	42	1.60%	1.75%	3.95%	1.6	0.0	6.6	6.6	-0.11%	6.6	6.6	333/44
Weighted average	286	202	184	1.74%	1.81%	172	172	61	1.69%	1.64%	3.99%	1.6	0.0	6.6	6.6	-0.00%	6.6	6.6	431/51

Target Mortality Rates are based on U.N. goal set in 1980 to either halve infant mortality rates by the year 2000 in every country or to reduce them to 50 per 1000 live births, whichever is less.

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Assembly of Heads of State and Government
Organization of African Unity
Twenty-fourth Ordinary Session
25-28 May, 1988
Addis Ababa, Ethiopia

1. Resolution on African child survival and development. Universal child immunization in Africa. CM/Res. 1163 (XLVIII)
2. Resolution on the Programme of essential medicines for children and their mothers. CM/Res. 1164 (XLVIII)
3. Resolution on AIDS Prevention in Africa. CM/Res. 1165 (XLVIII)

RESOLUTION ON AFRICAN CHILD SURVIVAL AND DEVELOPMENT UNIVERSAL CHILD IMMUNIZATION IN AFRICA

The Council of Ministers of the Organization of African Unity, meeting in its Forty-eighth Ordinary Session, in Addis Ababa, Ethiopia, from 19 to 23 May 1988,

Noting the OAU Secretary-General's report and the UNICEF/WHO contribution to the African Child Survival and Development Initiative and Universal Immunization in the African Continent (DOC. CM/1505),

Recalling the OAU Assembly of Heads of State and Government resolution AHG/Res. 163 (XXIII), of the Twenty-third Ordinary Session in Addis Ababa, in July 1987,

Considering Declaration AHG/ST.4 (XVI), on the Rights and Welfare of African Child which recommended, *inter alia*, the formulation and implementation of programmes in the field of Health, Nutrition and Education, as part of national development plans with a view to making the services universally accessible to all children within the shortest possible time,

Recalling various United Nations Pronouncements, especially the 1959 Declaration on the Rights of the Child and Resolution A/31/169 of the United Nations General Assembly proclaiming 1979 as the International Year of the Child, also the Proclamation of the year 1986 as Africa's Immunization Year by the 35th Regional Committee of WHO for Africa (1985),

Determined to implement at national, sub-regional and continental levels and together with national, international, non-governmental and private voluntary organizations the programmes undertaken to promote child welfare by providing facilities in the field of medical care, nutrition, education and other basic services,

Aware of the deep concern of African Member States about the future of African children as inheritors and keepers of African cultural heritage and custodians of tomorrow,

Further noting with interest the progress accomplished by UNICEF/WHO and the international community in reducing child mortality and morbidity through, among other interventions, immunizations,

Bearing in mind the objectives of the "Bamako Initiative" to achieve universal PHC for women and children as set by the meeting of African Health Ministers, with the support of the Executive Director of UNICEF and Director-General of WHO,

Cognizant of the decision of the 23rd Ordinary Session of the OAU Assembly of Heads of State and Government in July 1987, in Addis Ababa, to declare 1988 as the Year for Protection, Survival and Development of the African Child, using immunization programmes as a vehicle for achieving other wider goals,

Appreciating the efforts made by Member States to achieve the goal of universal child immunization by the year 1990 in spite of the world economic depression and its severe repercussions on the African Continent,

Taking note of the efforts undertaken within the framework of the preparation of the UN Draft Convention on the Rights of the Child:

1. CONGRATULATES the Secretary-General of the OAU on his report and collaborative initiatives with UNICEF, WHO, International Community, NGOs and PVOS;
2. THANKS the Executive Director of UNICEF for his efforts to facilitate the implementation of Resolution AHG/Res. 163 (XXIII) through the mobilization of resources for the survival and development of the African child;
3. FURTHER THANKS the WHO Director-General for his efforts to accelerate primary health care implementation and in particular child immunization programmes in the African region;
4. URGES MEMBER STATES to make full use of available resources in the continent to enhance the immunization coverage in order to reach the target of universal immunization coverage of the African Child by the year 1990; and thereby combat the six major killer diseases of children;

5. FURTHER URGES Member States to strive to combat all other major maternal child health problems especially malaria, diarrheal disease and respiratory infections, in order to substantially reduce child and maternal mortality rates by at least 50 per cent by the year 2000;

6. CALLS ON Member States to increase the budgetary allocations to ensure sustainability of immunization programmes and combating childhood communicable diseases and further integration of these programmes into the National Primary Health Care Plans (PHC);

7. ENDORSES the "Bamako Initiative" to achieve primary health care of children and women, as a main means of maintaining the presently successful UCI Programmes in the 1990's and further CALLS ON Member States to strive towards making maternal and child health care available to all communities and peripheral districts by mid-1990's;

8. APPEALS to Member States to do everything possible to provide maternal and child health care to all communities and to all outlying regions by the mid-1990's;

9. FURTHER CALLS ON Member States to undertake or continue their efforts to review the current legal codes and provisions relating to the rights of the child, particularly by taking into account the 1959 UN Declaration on the Rights of the Child;

10. URGES UN General Assembly and the international community to work towards an early completion of the drafting of the "Convention on the Rights of the Child", and its adoption by the General Assembly in 1989;

11. REQUESTS the OAU Secretary-General to further enhance his active role in this regard and to the OAU Council of Ministers at its Fiftieth Ordinary Session on the achievement made in this endeavour;

12. URGES the Executive Director of UNICEF, Director-General of WHO to assist Member States in their efforts to achieve the goal of universal immunization of African children by the year 1990 through financial, material and human support and to work closely with the OAU Health Bureau to achieve the targeted goals.

RESOLUTION ON THE PROGRAMME OF ESSENTIAL MEDICINES FOR CHILDREN AND THEIR MOTHERS

The Council of Ministers of the Organization of African Unity, meeting in its Forty-eighth Ordinary Session in Addis Ababa, Ethiopia, from 19 to 23 May 1988,

Conscious of the fact that human resources in general, mothers and children in particular constitute the main wealth of the Continent,

Convinced of the need to ensure the welfare of mothers and children through effective and less expensive actions, with long lasting effects, so as to guarantee their active participation in the economic development efforts of African States:

1. WELCOMES Resolution No. AFR/RC37/WP/O5 adopted by the Regional Committee of the World Health Organization for Africa in support of the "Bamako Initiative";
2. EXPRESSES SATISFACTION at the full support given the initiative by many African States;
3. ENCOURAGES those States which have already begun taking action to pursue their efforts and URGES those desirous of undertaking such actions to do so;
4. PAYS TRIBUTE to the World Health Organization for its technical support for the initiative and to the Governing Council of the United Nations Children's Fund for having adopted a resolution in support of the immediate implementation of this initiative and for having mobilized substantial resources to support the efforts of those States which have begun to take actions or are desirous of doing so;
5. CALLS UPON Member States to:
 1. launch a large-scale campaign aimed at alerting a large number of people to the positive aspects of this initiative;
 2. integrate elements of this initiative into their countries' health policy on mother and child care by defining an appropriate policy for essential medicines;
 3. mobilize the necessary resources for implementation of this initiative wherever actions are taken in the context of this initiative;
 4. continue to win the support of the donor and bilateral or multilateral bodies in favour of the extension of the system to the population in those countries which have opted for this initiative.
6. REQUESTS the WHO Regional Director and the Executive Director of UNICEF to do everything within their power to ensure the implementation of the programmes adopted, organize meetings among countries with a view to exchanging ideas and experiences on the issue, and to encourage bodies and agencies concerned to define and support plans of action.

RESOLUTION ON AIDS PREVENTION IN AFRICA

The Council of Ministers of the Organization of African Unity, meeting in its Forty-eighth Ordinary Session in Addis Ababa from 19 to 23 May 1988,

Having considered the report of the OAU Secretary-General on Acquired Immuno-Deficiency Syndrome (AIDS), CM/1504 (XLVIII),

Concerned with the spread of the killer disease in Africa,

Realizing that the transmission of AIDS can be controlled through education and information to the public to effect change of their behavioural patterns and life styles,

Noting the efforts undertaken by OAU Member States and supported by the World Health Organization and International Community as a whole and African Scientific community in particular to halt the advance of AIDS, the new scourge to humanity,

Stressing the fact that the HIV Virus has no known geographical origin and does not respect national boundaries, and,

Convinced that the London Declaration on AIDS Prevention of 28 January 1988 constitutes the basis, methodology and orchestrated global action for AIDS Control,

RECOMMENDS THAT:

I. On National Level

- (1) Member States to undertake to disseminate information and give counselling on AIDS continuously and extensively;
- (2) While underscoring the control and eradication of endemic diseases in Africa, Member States to attach great importance to the struggle against AIDS within the programme of Primary Health Care;
- (3) Member States to strengthen the technical capabilities of health workers through research, training and information;
- (4) Member States to do everything in their power to encourage, promote and acknowledge the research by African Scientists.

II. At the OAU General Secretariat Level

- (1) The General Secretariat take the necessary measures to inscribe an item on the agenda of the forthcoming Session of the Council of African Ministers of Health on the state of research in Africa in the field of AIDS in Africa;
- (2) URGES the Secretary-General to strengthen the existing Health Bureau of the OAU so as to cater, among others, for the problem of AIDS.

III. At International Level

URGES the International Institutions, Non-governmental Organizations (NGOs), Private Voluntary Organs (PVOs) as well as Donor Agencies, to work closely with African National Health Authorities with the view to containing the killer disease.



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