

File Sub: CF/EXD/SP/1990-0005

Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
Fourth International Child Survival Conference
"Bellagio IV"

Bangkok, Thailand
2 March 1990



UNICEF Alternate Inventory Label



Item # CF/RAD/USAA/DB01/1998-02173

ExR/Code: CF/EXD/SP/1990-0005

Bellagio IV International Child Survival Conference . Stat
Date Label Printed 20-Aug-2002

cover + 6pp + 0b



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia
Детский Фонд Организации Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للطفولة

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As I look out across this room, there is not a face here that I do not feel a very special affinity to. There is not one of you with whom I cannot immediately visualize some common conspiracy, collusion or common action that we have taken together in recent years on behalf of children - not always successful, but usually so.

It has been six years now since the first Bellagio meeting, hosted by The Rockefeller Foundation in northern Italy. It may be worth recollecting that these six years have seen more liberation of humanity from oppression than any time since the mid-late 1940s, when World War II came to an end, triggering the massive process of decolonization and the liberation of hundreds and hundreds of millions of people from Western colonialism.

One way to look at what has happened in recent years is to remember when Churchill and Roosevelt met on a warship off of Newfoundland in 1941 and first articulated the Atlantic Charter, and, as some of you remember, the Four Freedoms. Their First Freedom was Freedom from Fear - freedom from fear of war. Well, we have certainly seen more progress in the last 24 months on freedom from fear of war than during the preceding decades. I think we can anticipate, if we all push and manage properly, that somehow during the 1990s the trillion dollars-plus now being spent on military weapons should be dramatically reduced - halved, hopefully.

The Second Freedom was Freedom of Speech; third, Freedom of Religion. I do not know how widely we recognize the dramatic change that has happened on both of these fronts in the last several years. I was struck with this a month ago when UNDP Administrator Bill Draper and I were in Moscow for the Global Forum of Spiritual and Parliamentary Leaders which was held on the topic Environment and Development for Survival. A few years earlier, there was very little role for spiritual leaders and parliamentary leaders in Moscow. A few years ago, nobody in Moscow was discussing environment, but at this meeting we saw that an incredible change had occurred - one that extends across the world from Europe to Asia to Latin America to Africa.

The Fourth Freedom, of course, was Freedom from Want, the arena in which most of us have been engaged for so many years. As we look back on the Fourth

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Freedom, Freedom from Want, great progress was made following 1950, only to stall and stagnate in much of the world during the 1980s. We experienced an era of great encouragement - the 1950s, 1960s, and 1970s - but since the early 1980s we have seen stagnation. Conditions have been particularly difficult on two continents - Latin America and Africa. Conditions have been particularly difficult, if I may say, on children. We have watched as country after country has adjusted to new economic realities in which children suffer, by far, the biggest burden - and the worst afflicted are poor children and poor mothers. This has been true on other continents, as well, as there has been a greater shift to market economies. In China, for example, during the great period of adjustment in the early 1980s, there was a phase of dislocation of many of the services for children, which, fortunately, now are largely back on track. I think one can say, as we start the 1990s, that probably the greatest single area of oppression of human rights lies with children - the greatest impact, if you want to call it, a tyranny of their environment, lies on children. Two years ago, WHO Director-General Nakajima stated that of the 14 million children who died in the preceding year, some two-thirds of them lost their lives to diseases which could have been readily prevented, if their parents had been empowered with the necessary knowledge and if there had been support for use of that knowledge. That was an expression of the low priority that is placed on putting that knowledge to work. Suppose, for a moment, by contrast, that there was a cure for cancer: would it take as long to extend that cure around the world as it is taking to spread a cure for dehydration from diarrhea? Here we are, 20-odd years after the articulation of oral rehydration therapy (ORT), and we still have 7,000 children dying every day. We still have a majority of the doctors of the world not applying oral rehydration therapy. In 1969, 13 percent of the children in New York City lived in families below the poverty line. Today, nearly 40 percent of the children of New York City live in families below the poverty line, and the safety net for services for these children is somewhat less today than it was 10 years ago.

As I said earlier, the most oppressed group in the world today is children. But there are encouraging signs of great hope for children on many fronts. On November 20th the Convention on the Rights of the Child was adopted. When it was opened for signature on January 26th, 61 countries signed their intention to pursue vigorously the ratification of the Convention, the most on the opening day for any convention ever before the United Nations. The Summit for Children is a very hopeful sign. Indeed it is the first ever East/West/North/South Summit on any subject - and it will be devoted to children.

Most important, in the past 2 days, we have seen how in field after field, it is possible to turn today's problems into opportunities. The most dramatic, of course, has been universal child immunization, EPI, to be achieved by 1990. It was in 1985 that our Canadian friends properly coined the phrase, "A miracle in the making" to describe this effort that we have undertaken. We have seen how immunization levels have risen from some 20 percent in the early 1970s to 70 per cent today. Two million children did not die last year because of this collaborative world effort, and we can anticipate that within the next year that level will have increased to 3 million child lives saved annually. We have seen the use of oral rehydration

therapy increase from usage by barely 1 per cent of those in need a decade ago to 30 per cent today, saving the lives of over 1 million children a year, and there is every prospect that that number will increase by another 1-2 million child lives annually within the next 5 or 6 years.

The fact that these advances have been pioneering in the developing countries is highly encouraging. Developing countries, one after another, have pioneered systems for immunizing children that go beyond anything seen in the industrialized world. The impact of these efforts is evident in the fact that even in such places as Greater Maputo, El Salvador, and Addis Ababa levels of immunization of children under 1 year old are higher than in New York, London, or Washington, D.C. This is an incredible performance, indeed.

The beneficial impact of this effort is showing up in a great many ways. Several of you, in the last two days, have stressed the fact that in the process of carrying forward with EPI, the whole primary health care system has been revitalized. In many countries, EPI efforts have pumped a new vigor, new blood, into the veins of health systems that were suffering badly from the erosion of adverse times.

Interestingly enough, I suspect we would not have a Convention on the Rights of the Child today if it had not been for the successes experienced on the child survival front, particularly on immunization. In 1979, when the Convention was proposed, I can remember writing back to Washington (I was then the U.S. Representative to the UNICEF Executive Board), that there was not one chance in 100 that this Convention would come into being during my lifetime. Today as we meet the Convention has been adopted by the United Nations General Assembly, and it will probably be ratified by more than 20 countries (the number required to bring the new charter into force) by the time of the Summit. One reason that this could happen is that as the immunization effort gained strong and widespread prominence, a new enthusiasm developed for issues related to children. The attention of political leaders was captured. The basis was set for a Grand Alliance for Children, pulling in religious people, the Rotarians, the Jaycees, and all elements of society. All of their attention to children provided just that extra trigger that carried the Convention beyond the point where it had been before. Similarly, we would not have the World Summit for Children this September if it had not been for the success that you in this room have managed on the immunization and other child survival fronts. It was the involvement of leaders in these programs that first raised children much higher among political priorities, leading to strong declarations on behalf of children, first at the Summit of Leaders of the Countries of the South Asian Association for Regional Cooperation (SAARC), then at the Summit of Organization of African Unity (OAU) countries, and then at the Moscow Summit of USSR General Secretary Gorbachev and then-U.S. President Reagan in 1988. Clearly, we would not have had the Talloires Declaration, two years ago, if it had not been for the success in immunization and oral rehydration therapy. There is a synergism and a new capability that comes out of this. In fact, our challenge in the last 2 years has been how to keep the number of goals down, because people with this new confidence in goal setting want to put a goal on everything. And, as Task Force Executive Director Bill Foege said, you cannot have a goal on everything and still have these goals as meaningful priorities.

However, the emphasis on goals for maternal mortality is largely a byproduct of child survival efforts. The eradication of Guinea worm and the whole concept that we can virtually eliminate vitamin A and iodine deficiency diseases everywhere have all flowed from this. We would not, next week, be having a Jomtien World Conference on Education for All, in my judgment, if it had not been for the successes that we have had on the immunization front. Jomtien really owed its origin to the meeting at Talloires, when World Bank President Barber Conable asked, "Why is it that there has been all this progress in the health field, but we've seen no comparable progress in the education field?". It was our reply at that time, "Well, in the health field, we've had the great benefit of a successful Alma Ata Conference, where the health community got together on common goals to reach everybody with the benefits of health knowledge, and the whole child survival program was an integral part of that program." When we approached Barber Conable to join in the sponsorship of a World Conference on Education for All, he said that if these are the patterns of success in the health field, he would get behind a comparable effort, a comparable try, in the education field.

Finally, a benefit exists that we have not yet exploited. As I look forward to the 1990s, probably the biggest, single, new contribution to slowing the population explosion around the world is the confidence hundreds of millions of families will have as result of reductions in infant mortality rates to approximately 50 per 1,000 live births or less in virtually all countries. As a consequence of this success and of the assurance parents feel that their children will survive, tens of millions of fewer children will be born in the early part of the next century.

This is a wondrous situation, indeed. When I look at you who have played such a big role in this, I think we can all take a great deal of pride in what has been done.

With that, let me make some comments about the future. First, I would emphasize what Bill Foege and some others have said. We must now succeed in our December 1990 immunization goals. Many benefits have flowed from assumptions that we are going to succeed in that goal, but we have not yet. A projection indicates that without something extra special, the global level will reach approximately 75 per cent immunization coverage of under-ones against the 6 targeted diseases. An extraordinary effort is still required in half-a-dozen countries if this is going to be successful. The Heads of States of many countries will be attending the Summit. It will be embarrassing, indeed, if they come to the Summit and their country has fallen short of its goal. But if we do fall short, the consequences will be, in my judgment, serious, indeed. I do not think that we can say that 70 per cent, or 72 per cent is good enough. I anticipate that if some countries do not make this additional effort and we fall short, among the things that will happen will be that we will not achieve polio eradication. If we cannot achieve global coverage, we are not going to achieve polio eradication. Furthermore, this will also undermine every other aspect of our program.

Secondly, we must continue to think very seriously about how to sustain our successes on the immunization/oral rehydration front. I can assure you that, as far as UNICEF is concerned, we will continue our financial concerns and support of this effort through the 1990s. We would expect the amounts

required to decrease. On the other hand, it is clear that a financial flow must be maintained. In Africa, clearly the whole health system needs to be strengthened, and this is where the Bamako Initiative, hammered out in Bamako two years ago, is so important. Basically, this is a way of mobilizing resources for the health system of Africa, which has been so badly hemorrhaged by the debt crisis, low primary commodity prices, and the other factors that we have already heard about.

Third, all of us here who have been pushing these programs must be conscious of the need to use these measures to strengthen primary health care in a comprehensive way.

In the final analysis, I have always thought of universal child immunization and oral rehydration therapy, important as they are, as really the first and foremost Trojan horses for getting resources into the health system as a whole. These same systems must be used also for "piggybackings" for vitamin A, iodine deficiency diseases, maternal prenatal care, and family planning as well as for moving additional vaccines, such as hepatitis B.

My fourth point is that we clearly need to expand research and development - R&D - in support of this whole effort. Particular emphasis must be placed on developing successful systems, as Dr. Nakajima was saying, that can reach those who have a different cultural anthropological base than the ones that are being reached at the present time.

Fifth: clearly we need to develop better data. Hopefully, within the next two or three years, every country will have a better surveillance system in order to gather accurate data on infant and child mortality. How can we measure progress against goals unless we have better data than we have today? We know it can be done, but systems must be implemented and backed up.

Sixth, I would ask all of you to support the new effort on education for all. I am very hopeful that the Jomtien Conference, next week, will produce in the education field a set of doctrines similar to what Alma Ata did for the health field. I am convinced that one of the best ways to achieve health is through education. And success at education for all will make a tremendous difference.

Seventh, I would emphasize that we must all collectively insist that our countries spend more on health. The estimate in The State of the World's Children Report, issued in December 1989, was that the additional financial resources required to achieve the health goals, not the education nor the water goals, but the health goals, would be somewhere in the field of US\$2-3 billion a year by the mid 1990s. This money must come from the countries themselves, as well as from international sources. It is a lot of money. This is the amount which the Russians spend on vodka in a month, American cigarette companies spend on advertising in a year and that the world has been spending on defense, on military expenditures, in a day. If we cannot mobilize that kind of resource to save 50 million children, among many other advantages, in the 1990s, then to me we have certainly failed.

Eighth: I would stress a point that Bill Foege made - take advantage of The World Summit for Children. The Summit is not only a meeting; it is a

great opportunity to have sub-meetings. Why not get the doctors together in your country at that time? Have a doctors' summit to see what they can do for children. As I mentioned earlier, New York City is having a New York City Summit for Children, involving all elements of the government, of non-governmental organizations, and religious people in early September to see what New Yorkers can do about their own children's problems.

There are many ways in which the Summit can be taken advantage of.

I do have a dream, and that dream is that before the 1990s are over, the world will take seriously what U.S. President Bush said last year: "Our national character can be measured by how we treat our children." There are comparable statements from many, many leaders to that effect - that the character of our societies can be judged by how we treat our children. Unfortunately, in most societies, that has been rhetoric. We have in the 1990s a chance to really make it clear that as a mark of the civilization, as we move from this century to the next, that we are going to try to meet the essential needs of our children. One of the most dramatic examples of what can be done under these circumstances came in World War II. At the beginning of the war, Winston Churchill said, "...with half of our gross national product marching off to war, but it is a war for our children, for their future. We cannot afford to sacrifice them. We must give them a first call." And the interesting result was that at the end of World War II, the health of British children and of pregnant women was significantly better than it had been at the start of that war. It is establishing this - that children should have a first call in bad times as well as good - which I envision can be accomplished by the end of the 1990s.

In closing, I must say I am very moved by what all of you have accomplished. And, as I said at the beginning, I can look at practically every one of you and remember certain events. Minister Chen, so much has happened on the health front in China during your period as Deputy Minister and as Minister; incredible under many difficult circumstances in the health sector. I look at Ransome-Kuti and what has happened in Nigeria in the last years under your period of tutorledge. I look at Minister King, from Senegal, and remember that what has happened there was an example for so many other countries in Africa. Collectively, you have all done a tremendous job. You have laid the basis for making the 1990s the greatest decade for children in the history of the world.