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Remarks by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
on the occasion of the presentation of the  
1990 UNICEF Maurice Pate Award  
to  
Professor Olikoye Ransome-Kuti  
Minister of Health for the Federal Republic of Nigeria

16 April 1990

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FOR INFORMATION

Remarks by Mr. James P. Grant

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

on the occasion of the presentation of the

1990 UNICEF Maurice Pate Award

I am delighted to join in welcoming and in honouring Professor Olikoye Ransome-Kuti, the Minister of Health for the Federal Republic of Nigeria.

Professor Ransome-Kuti, with his distinguished background in medicine, including specialities in paediatrics and public health, has long been one of the principal advocates of assuring that public health services reach all of a population rather than the few who traditionally enjoy easy access to health care. The Nigerian government wisely entrusted him to transform his principles into policy by serving as Minister of Health for these past five years.

Professor Ransome-Kuti has shown vision and leadership in presiding over the establishment of a community-based health system in his country. His

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long-standing attention to the importance of primary health care (PHC) has been demonstrated in the development of a national PHC system based on local government areas. Initiated in 1986, the year after he became Minister of Health, the system served 110 out of 304 local government areas by 1988.

Already, many countries Africa throughout the world look to the PHC system pioneered by Professor Ransome-Kuti as an innovative and effective model. Some of the key measures on which he has insisted, and which have proven extremely effective, include:

- 1) the systematic collection and use of data in management information systems to feed into planning at state and local government area levels, including the village level;
- 2) strengthening management capability through training and involvement;
- 3) a strong integration of essential PHC components which follow very closely the maternal and child health priorities singled out in the child survival and development approach, such as the expanded programme on immunization, oral rehydration therapy, growth monitoring, essential drugs and cost recovery, water and sanitation, an emphasis on family spacing and the treatment of common minor ailments at the household level first.

Professor Ransome-Kuti also took the concept of social mobilization into extremely practical application in setting up village health services using intensive community mobilization and volunteer health workers.

Even in the short span of his few years in office, it is clear that the formula Professor Ransome-Kuti applies works, and many governments and experts at the vanguard of public health now look to his innovations in search of keys to the solutions of public health problems in countries throughout the world.

Professor Ransom-Kuti's leadership and dedication have contributed greatly to his country's achieving 70 per cent immunization coverage by the end of 1989, up from fewer than 10 per cent before 1985. There is every expectation that Nigeria will achieve universal coverage by the December target - a truly remarkable accomplishment. He also established the nation-wide use of a standardized case management system of oral rehydration therapy to prevent the lethal effects of dehydration associated with diarrhoeal diseases, using both home-available solutions as well as oral rehydration salts. He is responsible for integrating training in medical education with primary health service delivery - and he has always emphasized low-cost and effective technologies that are available for mass application.

Under his leadership, Nigeria has become the lead country to commit itself to eliminate guinea worm disease by 1995, and has already succeeded in the elimination of the disease in many villages.

Dr. Ransome-Kuti has been a pioneer in adapting the principles of the Bamako Initiative through community-based systems. Under his leadership as

Health Minister, Nigeria has instituted government management at local level through decentraliation and cost recovery as components of financial sustainability and village management of resources.

While Nigerians - and especially those who have traditionally been most difficult to reach with health services - have had the good fortune to benefit directly from Professor Ransome-Kuti's vision and determination, the full import of his work extends far beyond the borders of his own country.\* He has worked actively with the WHO as well as with UNICEF. In 1989 he served as chairman of the WHO Technical Committee of the World Health Assembly, and over a period of 30 years, until he was named Minister of Health, he was a member of several WHO expert committees. He was a principal participant in the Bellagio II, III and IV meetings to provide leadership, coordination and support for the world-wide child survival efforts, and particularly for universal child immunization by December 1990.

He is an intelligent and strong pioneer, and it is our hope that many will find guidance in his accomplishments.

The UNICEF Executive Board has made an excellent choice in selecting Professor Ransome-Kuti for the 1990 UNICEF Maurice Pate Award.