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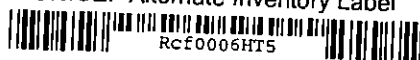
Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the special seminar on
"International Co-operation in the Field of Health and Environment"

Saving Children Will Save the Planet

National Institute of Public Health and Environmental Protection
Bilthoven, The Netherlands
25 October 1990



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Saving Children Will Save the Planet

Your Excellencies, Colleagues and Friends:

It is an honor to address this special seminar to commemorate the 80th anniversary of the National Institute of Public Health and Environmental Protection of The Netherlands, the RIVM. In addition to paying well-deserved tribute to the Institute for its long-standing contributions to improving people's quality of life, at home and abroad, I would like to take this opportunity to acknowledge the positive role played by the Government of the Netherlands in the global struggle for child survival and, in particular, that of Minister Jan Pronk, whose creative support for human-centered economic development strategies I have appreciated for 20 years.

On the day before the World Summit for Children, you were on hand, Jan Pronk, for a tree-planting ceremony in the UN garden sponsored by the Netherlands' Mission. It was one of the many creative initiatives to come out of the inspiring "Voice of the Children" meeting sponsored by Nobel Laureates in Noordwijk last June which I and Jan Pronk had the privilege of attending -- and which significantly increased the participation of children in the Summit process. Thanks to the Noordwijk "Voice of the Children" meeting the participation of children in providing inputs for the Summit at the Summit was significantly increased, and the Declaration and Plan of Action reflects this greater participation. During both the planting of the tree in New York and the "planting of ideas" at the Nobel Laureates' event, I felt a world was beginning to take shape in which children and trees -- people and the environment -- are nurtured and cared for as a matter of course, a matter of highest priority.

The Summit, successful beyond our expectations in terms of attendance and

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the scope of commitments for children made by the world leaders, only confirmed those feelings. 71 Heads of State and Government and representatives, two thirds ministers, from another 88 countries, from North, South, East and West, from Iraw, Iran, Kuwait and Israel came together in the largest gathering of world leaders in history to take decisions on an agenda devoted solely to issues related to children.

The Declaration and Plan of Action adopted by that World Summit of more than 150 countries received perhaps the broadest rhetorical consensus at the highest level of any agreement in history. Among the principles that received this rare endorsement was the right of children to a "first call" on the resources and concerns of society for the essentials of their survival, protection and development. The Plan of Action from the World Summit states:

"There is no cause which merits a higher priority than the protection and development of children, on whom the survival, stability and advancement of all nations -- and, indeed, of human civilization -- depends."

This audience, I know, fully shares this assessment. The National Institute of Public Health and Environmental Protection, whose anniversary we celebrate today, has a long and distinguished track record -- reflecting, not coincidentally, that of the Government of The Netherlands -- of wide-ranging research and action on behalf of people's well-being and the integrity of their surroundings.

Just as the Netherlands Government is, in per cent of GNP, the second-largest bilateral and multilateral donor today, the Institute has been at the forefront of international co-operation in the fields of health and environment, stressing vital transfers of know-how and technology and joint research for transnational problem-solving.

This global co-operation is anchored in your history. My travels have brought me, time and again, to former Dutch outposts dating back more than three centuries in almost every corner of the globe. Whether it be in Taiwan or Manhattan, Sri Lanka or Southern Africa, Indonesia or Grand Rapids, Michigan (which by the way is still quite Dutch today!), one encounters the legacy of this country that has never stopped being concerned about people and conditions in the most far-flung places. Several of UNICEF's ablest non-Dutch staff received their advanced training in the Netherlands.

International co-operation, the topic that brings us here today, has been growing and improving throughout the past decade. The Global Universal Child Immunization drive has been especially successful as a result of extensive international co-operation among developing and donor countries and international organizations. The Task Force for Child Survival, which was founded jointly by WHO, UNDP, UNICEF, the World Bank, and the Rockefeller Foundation in 1983, has been successful in providing a forum for these agencies plus many invited governments to review the progress of the immunization effort and to heighten its visibility among the international community and secure commitment to the goal of UCI 1990. A series of international meetings held first at Bellagio, Italy followed by others at Cartagena, Talloires and Bangkok have brought the international community together to cement their commitment to UIC and more recently to develop the

goals for the decade of the 1990s, which have subsequently been adopted by the entire U.N. system and the 130 countries represented at the World Summit for Children.

International co-operation has possibly had its finest hour a little over three weeks ago, at UN headquarters in New York, when the cause of children served as a powerful magnet pulling together more world leaders than any subject -- even war or peace -- had ever done before.

It is no accident that this should be the case. We believe that practically all the countries of the world came together on the subject of children because of a growing recognition that improving the situation of children will, at the same time, improve the situation of all, and that solving children's problems will go a long way toward solving those of society and the planet.

In short, putting children first helps us go about the business of addressing any number of burning issues -- from poverty to environmental degradation, women's disenfranchisement to overpopulation -- that vex and challenge civilization as we approach the millenium.

That is why we say that the environment, too, is a "children's issue" and why the presidents, prime ministers and monarchs who gathered at the Summit pledged in the Declaration (and I quote) "to work for common measures for the protection of the environment, at all levels, so that all children can enjoy a safer and healthier future."

But the Plan of Action is more explicit as to why the environment is a "children's issue" and why, at the same time, "children's issues" are essentially inseparable from the broad range of environmental concerns. It reads, in part:

"The child survival and development goals proposed for the 1990s in this Plan of Action seek to improve the environment by combatting disease and malnutrition and promoting education. These contribute to lowering death rates as well as birth rates, improved social services, better use of natural resources and, ultimately, to the breaking of the vicious cycle of poverty and environmental degradation."

UNICEF's interest in sustainable development is a natural outgrowth of the obvious stake which children have in the world in which they are going to grow and live their lives -- the environment of the future. That is why the population explosion and the degradation of land, air, water and other natural resources are "children's issues". Without a life-sustaining environment, clearly there would be no future for children to inhabit.

There is a second level of concern. It is for the immediate environment in which more than a billion people -- humanity's poor, who represent fully a fifth of the planet's population -- live out their days. Their's is for the most part an unhealthy and unsanitary environment, unyielding of the bounties to which the developed world has become so accustomed.

While the industrialized countries struggle against the problems of consumption -- pollution of rivers and lakes, obesity and alcoholism, to name a few -- hundreds of millions of people in the developing countries have never had access to the clean water that a simple hand-pump would bring, nor have they had access to the basic hygiene information that could still save millions each year from fatal and debilitating diseases. Hard as it may be to believe, 40,000 children still die every day -- a number equivalent to the toll of the atomic bombing of Hiroshima every three days -- from adverse environmental factors such as polluted waters and from preventable diseases in the environment. More than a 100 million children will die in the 1990s from these factors unless the goals of the Summit are implemented.

A third perspective of which UNICEF cannot help but be acutely aware is the impact which problems related to children have on the environment. This is most readily apparent in issues of overpopulation, and in the wide recognition that the increasing numbers of people are contributing greatly to many of the world's environmental problems.

Still too few people are aware that improving the well-being of children, in particular their health and education, as contemplated by the Summit Plan of Action, would not only save the lives of more than 50 million children over the next decade, but would reduce population growth by far larger numbers. One even frequently hears arguments -- incredible in this day and age -- in favor of withholding from poor children all the simple, low-cost means we have today of saving their lives, as a contribution to "population control" and "saving the planet"!

Quite apart from the moral bankruptcy of such thinking, the facts of the Child Survival and Development Revolution, as well as of the economic development process itself, refute the thesis on which so callous an argument is based. Simply put, the process of reducing child deaths toward the year 2000 goal is an essential part of the process of reducing birth rates.

A great deal of research conducted in recent years has identified four broad factors which, acting synergistically, work to bring down birth rates: development progress (including, particularly, education), improvements for women, family planning programmes and reduced child deaths. There are many inter-connections here that indicate that the whole is greater than the sum of its parts: development progress can assist women's advancement; women's advancement helps to reduce child deaths; reduced child deaths help to lower birth rates due to increased parental confidence that the first children born will survive; and lower birth rates help women's advancement.

Or, to follow a different strand through this cat's cradle of synergisms, women's advancement (and especially secondary education) makes family planning more likely; family planning reduces both child deaths and child births; slower population growth can assist economic progress; economic progress can lead to lower birth rates, etc.

In the context of overall development, all of these basic factors in fertility decline -- improvements in the lives of women, reduced child deaths, and the availability of family planning -- are important priorities in themselves. All of them make a direct contribution to improving the lives of

millions of people; the fact that they also make a powerful and synergistic contribution to solving the population problem, and that they can all be accomplished at a relatively modest cost, adds up to what should be an irresistible case for action on all of these fronts in the decade ahead.

Added to this is the fact that three of the most important strategies now available for reducing child deaths -- breastfeeding, the well-informed timing of births, and the education of women -- also happen to be among the most direct of all methods for reducing child births.

Another factor which makes the year 2000 goals for improved child survival particularly compatible with the aim of also reducing birth rates concerns the changed timing and context of the 1990s. A majority of the developing countries are now at a stage when further falls in under-five death rates are likely to result in even steeper falls in birth rates. In other words, reductions in child deaths have now reached the point -- as they are enabled to dip below 150 deaths under the age of five per thousand live births and head towards and through the 100 mark -- where the major dividends in falling birth rates are about to be paid ... and there failure to accelerate this dip in child death rates will contribute toward worsening the population problem facing many countries.

The population challenge of the next ten years and beyond is the challenge of "cutting the corner" on the graph which plots falling mortality against falling fertility so that gains in the former are quickly translated into gains in the latter. In addition to the changes in the international economic climate which would enable the developing world to earn a higher standard of living, that challenge can best be met by a much greater national and international investment in culturally acceptable family planning programmes, in the empowering of parents with today's knowledge, in a significant expansion in educational opportunities -- especially for women and girls -- and in the achievement of the year 2000 goal of a one-third reduction in under five mortality rates.

Achievement of the year 2000 goals for higher levels of immunization and to reduce child and material mortality by one third and one half respectively will require improved and new vaccines. Para 34 (vii) of the Summit Plan of Action request governments, industry and academic institutions "to increase their efforts in both classic and operational research aimed at new technological breakthroughs ... including improved vaccine technologies ...". The establishment of the new consortium of the Dutch-Nordic public health institutes working to develop new vaccines and improve the efficacy of existing ones is exactly the kind of thing that needs to be done if we are to reach the life-saving goals set by the Summit.

And let me say that what you are doing is particularly noteworthy given the limited interest on the part of most of industry in the development of new and improved vaccines against diseases prevailing in developing countries.

The World Health Organization (WHO), the United Nations Development Programme (UNDP) and UNICEF have also joined forces -- as we have in many other areas -- to work, with the participation of many here today, toward a multiple antigen "children's vaccine" that could be administered in fewer

doses and more easily than at present, or, ideally, in a single dose at birth, and thereby save the lives of some eight million children annually in developing countries by the end of the decade.

Extending the effective reach of preventive medicine through the development of new and improved vaccines will harness the biotechnology revolution for the Child Survival Revolution. We can now redirect our technology development objectives to protecting children against killer diseases with vaccines designed to meet the rigorous delivery requirements of the developing world.

Although we cannot guarantee that the "ideal vaccine" will be developed, it is virtually certain that new vaccines will be developed along the way for diseases like malaria for which no vaccine currently exists, and that today's vaccines will be greatly improved to make them more stable at ambient temperature and more antigenic, requiring fewer doses.

We fully expect, for example, that in the next four to five years, a single-dose tetanus toxoid vaccine will come on line to replace the current vaccine requiring two to three shots to protect a woman during pregnancy. Five shots are required for life-long protection. The day should also not be far off when we will have a freeze-dried polio vaccine that will remain potent for four to six weeks at room temperature, replacing the current vaccine which must be kept frozen until use and which loses one-half of its potency after two days at 37 degrees centigrade. Other antigens retain their strength in a cool chain of 2-8 degrees centigrade.

So as we proceed to work together with the active participation of this Institute toward development of The Children's Vaccine Initiative, there will be important pay-offs and concrete gains for children along the way. .

We have already seen what can be achieved in the field of immunization when governments, international agencies, NGOs, communities and families throw their weight, collectively and individually, behind a plan of action, as we did in 1985, when we embarked on an all-out effort and set 1990 as the year for reaching universal child immunization -- UCI 1990. With the added boost of the Summit, it looks like the UCI goal will be reached by year's end.

What a success story! In the past decade we've gone from less than 20 per cent immunization coverage to a level nearing 80 per cent, already saving more than 2.5 million annually of the five million children in the developing countries who had been dying each year from measles, tuberculosis, whooping cough, tetanus, polio and diphtheria.

But, as you know, achievement of UCI-90 will represent only 80 per cent coverage, does not yet include tetanus toxoid () action of women among its goals, nor does it include vaccines yet for immunization against such major child killers as malaria. That is why the world leaders attending the Summit committed themselves to maintaining a high level of immunization coverage, extending it to at least 90 per cent of children under one year of age and, in the case of poliomyelitis, seeking total eradication by the year 2000, and to make these goals possible called for accelerated research to improve existing and develop new vaccines. Were it not for the dramatic success of the first

leg of the UCI race, I am certain the world community would never have adopted such bold -- yet realistic -- goals for the second critical leg of the race against child-killing and -crippling diseases.

UNICEF would argue that achievement of UCI-90 and of UCI-2000 will bring with it benefits even more far-reaching than the precious, quantifiable lives saved and the suffering prevented through immunization. In addition -- and this of course resists precise measurement -- the UCI effort has empowered, built structures and alliances, marshalled commitment and know-how, leading to an enhanced capacity at the national and international levels to tackle the full array of goals for the 1990s endorsed by the Summit and making possible the convening of the Summit itself.

A renewed focus on community action in the managing and financing of local services is coming to the fore as a principal means for reaching these goals, through reviving and extending people's access to health, education, nutrition, water and sanitation services. In sub-Saharan Africa, the Bamako Initiative is already strengthening the peripheral health infrastructure in several countries, with a resurgence of both curative and preventive care. Communities are responsible for local costs and a significant mobilization of resources has been achieved, sufficient even for community re-investment into health and nutrition. The worldwide move toward greater democracy will necessarily enhance the role of communities, to make them full partners in the development process, following appropriate and environmentally-sound methods.

What makes this eminently "doable" agenda all the more of a breakthrough is the fact that we now have, for the first time, an integral framework of concrete goals against which to measure progress and mechanisms for monitoring implementation at the national and international levels. As set forth in paragraphs 34 and 35 of the Plan of Action, governments and international agencies are to prepare, before the end of 1991, programmes of action to implement the commitments undertaken at the Summit, re-ordering budget priorities as may be necessary and establishing appropriate mechanisms to monitor progress.

As the world's lead agency for children, UNICEF is mandated to prepare, in close collaboration with other agencies, a "consolidated analysis of the plans and actions undertaken by individual countries and the international community in support of the child-related development goals for the 1990s".

The challenge we face today is to ensure that the extraordinary display of political will manifested at the Summit is translated into actions and programmes, increased funding and co-operation, and creative initiatives such as the Children's Vaccine project. We all know that the promises contained in the Declaration and Plan of Action will not become realities unless people such as us assume that more work is done, more creativity employed, more pressure applied, more constituencies galvanized into action than ever before.

Thank

You