


File Sub: CF/EXD/SP/1991-0014
See also: CF/EXSTMNT/1991-0002

Statement by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
to the
44th World Health Assembly

"New Momentum in a Great Movement for Child and Maternal Health"

Geneva, Switzerland
15 May 1991

	UNICEF Alternate Inventory Label
	RcF0006HTO
Item #	CF/RAD/USAA/DB01/1998-02228
ExR/Code:	CF/EXD/SP/1991-0014
44th World Health Assembly New Momentum in a Great Movement	
Date Label Printed 20-Aug-2002	

cover + 7pp + 8b



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

File Sub: CF/EXD/SP/1991-0014

See also: CF/EXST/WT/1991-0002

Statement by Mr. James P. Grant

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

to the

44th World Health Assembly

Geneva - 15 May 1991

"New Momentum in a Great Movement for Child and Maternal Health"

When the annals of world health are written, surely the year 1990 will stand as among the most historic and important — for the health of children, for health for all, and for human development as a whole.

1990 saw the world assemble in Jomtien, Thailand, for the World Conference on Education for All — potentially to basic education what Alma Ata was to primary health care — and an essential prerequisite for long-term advancement in health for all. WHO and UNICEF were among the key sponsors.

1990 saw the WHO-UNICEF policymakers' meeting on Breastfeeding in the 1990s: A Global Initiative, and its resultant Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

1990 saw the Safe Water 2000 conference in New Delhi, where the world strategized on how to provide clean water and adequate sanitation to all.

1990 saw the remarkable achievement of universal child immunization, culminating the largest global peacetime collaboration in history, dwarfing even such historic projects as the Suez and Panama Canals and small pox eradication.

1990 saw the entry into force of the Convention on the Rights of the Child, that "Magna Carta" — that Bill of Rights — for children and for the responsibilities of States and society — including the right of health.

And 1990 saw the World Summit for Children, which endorsed — at the highest possible level — the principle that children's health and other essential needs should be elevated to the top rank of society's priorities and given a "first call" in the allocation of resources, in bad times as well as in good times.

New strength and new momentum for health

The achievements and breakthroughs of 1990 build upon the formidable accomplishments and lessons learned in health progress over the past decade and earlier. In the World Summit Declaration and Plan of Action, they come together and join together with objectives and strategies established by the World Health Assembly in the overall quest for health for all by the year 2000. Together, they provide powerful new leverage in 1991 and the years ahead for improving the health and well-being of children everywhere, and thus the essential foundation for health for all people.

We have, for the first time, international agreement on the goals that you -- the leading health officials of the world -- have long espoused and long sought concerted action and resources to implement. Now we have the attention and engagement and financial commitment of your national leaders to an unprecedented degree, with the goals personally endorsed and committed to by the more than 100 heads of state or government and over 50 other senior representatives of countries who have signed the World Summit Declaration and Plan of Action.

Extraordinarily -- for surely this is not the traditional product of summit meetings -- we have documents which affirm not only high principles but realistic, measurable goals ...more than 20 in all ... which enjoy political commitment at the highest levels of nations ... which provide a specific timeframe for implementation with one-year, five-year and ten-year markers ... and which invite annual monitoring and assessment of implementation by the international system and public scrutiny.

Encouraged by such flagship efforts as the Expanded Programme on Immunization and the successful experience in Universal Child Immunization by 1990, leaders and governments and all concerned with children and health have a new sense of confidence and a new sense of momentum for forging forward on our great agenda of goals for children which are such an essential component of the health for all commitment and human development in the long-term.

Before addressing the opportunities and challenges of follow-up to the World Summit for Children, I would like to take this opportunity to express profound appreciation, on behalf of the Initiating Heads of State or Government and all the other participants, for the direct contributions made to the Summit process by the World Health Organization ... beyond, of course, the foundations laid by the World Health Assembly over the years. WHO's involvement is referred to in the Director-General's excellent Report to the WHA on the World Summit [A44/27], and the organizers depended heavily on the competence of WHO's technical expertise in the preparation of the Summit Declaration and Plan of Action. Dr. Nakajima's deep personal participation in the Summit, and the supporting presence of other senior officers of WHO, was also much welcomed.

Action internationally; action nationally

The World Summit was, obviously, neither a beginning or an end to international and national action for children. It is a momentum-building

high point for efforts now well underway, among the international community and within countries. It is a fulcrum for strengthened leverage at every level, and our challenge now is to ensure that this new strength is fully utilized and exploited for the benefit of children and health, and for contributing to the year 2000 goal of Health for All.

As the Director-General has reported to the Health Assembly, the United Nations General Assembly received the Declaration and Plan of Action of the World Summit and embraced them on behalf of the international system. The General Assembly requested all organs of the United Nations system to take the goals, strategies and related recommendations into account in carrying out their programmes, and to keep the General Assembly informed on their progress, beginning in 1992.

I welcome Dr. Nakajima's outline of WHO follow-up action, which draws heavily on the recommendations of the WHO-UNICEF Joint Committee on Health Policy, and which is integral to WHO's General Programme of Work. These main lines of action ensure that WHO will play its proper leadership role in achieving the health goals for children to which the international community and over 150 national governments are now committed.

For UNICEF's part, I am pleased to report that the 1991 session of our Executive Board, concluded just ten days ago, endorsed UNICEF's full involvement in supporting countries in achieving the objectives of the Declaration and Plan of Action, and requested UNICEF, as called for in the Paragraph 35 (v) of the Summit Plan of Action, to provide the Executive Board in 1992 with an analysis of the follow-up to the Summit Declaration and Plan of Action. We look forward, of course, to working closely with WHO and our other sister agencies in this important responsibility.

The ultimate test of the World Summit commitments is the progress achieved in countries. And early indications bode very well for meaningful follow-up.

During the UNICEF Executive Board session, we heard reports from dozens of countries on actions now underway to position each country to follow-up their Summit commitments to children. In Mexico, for example, President Salinas has appointed the Secretary of Health as overall coordinator of the National Commission for the Implementation of the World Summit Commitments, which has four specialized commissions at the national level and a similar structure in every state. President Salinas will personally devote a day every six months, beginning last November, to reviewing his country's follow-up to the Summit.

In November 1990, in response to the Summit, the seven Central American health ministers, together with their counterparts in the field of education, met in Punta Arenas, Costa Rica, and hammered out agreement on a series of areas in which they could work together for the welfare of children.

In Canada, Prime Minister Mulroney has designated the Minister of Health to coordinate the implementation of his government's World Summit commitments. Committees to oversee follow-up to the World Summit and draw up plans of action have also been named in the Central African Republic, Costa Rica, Guinea-Bissau, the Maldives, Spain and Uganda, among other countries.

As part of its post-Summit effort, Brazil's Minister of Health presented a plan to reduce infant mortality to 40 per 1,000 live births by 1995, down from the 1989 rate of 61.

In the United States, a "World Summit for Children Implementation Act of 1991" has been introduced in Congress, which would provide some US\$2.7 billion in 1992 and US\$3.1 billion for 1993 for specific domestic and international follow-up to the World Summit. The Secretary of Health and Human Services has already acted to strengthen and coordinate the various child and family programmes of his Department by consolidating them into a single agency responsible already for US\$27 billion in services. Numerous national health goals have been established for the year 2000, ranging from reducing infant and maternal mortality by one-third and one-half, respectively, to increasing the level of breastfeeding to 75 per cent.

Excellencies, utilization of the strength and momentum generated by the World Summit for Children to realize our common goals for child and maternal health depends principally on you: the health leaders gathered in this Assembly. And your great responsibility, of course, awaits mainly at home, in your national capacities, far more than it does here in this collective body.

The actions required — in industrialized countries as well as developing countries — are clearly detailed in Paragraph 34 of the Summit Plan of Action... that extraordinary enumeration of immediate tasks, self-examination, plan preparation and budget review, with an initial deadline of end-1991.

I consider the child health commitments to be the core and vanguard for all of the commitments to child protection and development of the World Summit Declaration. Those commitments will stand or fall — and with them the value of the Summit as a whole — on the leadership which you are able to exert in ensuring that your countries fully follow-through on Paragraph 34, with particular reference to sub-paragraphs (i), (ii) and (iii) and the requirements to be met before the end of this year.

The upsurge in natural and man-made disasters in recent months, in which children and mothers are invariably the greatest victims, underscores also the urgency and importance of all countries fulfilling sub-paragraph (vi), from both domestic and international perspectives.

Unfinished business

While the World Summit for Children gave us great new leverage to support our common WHO and UNICEF health goals for the 1990s, it also challenged us to do much more spade work in several critical child health fields. I am pleased that our two organizations, along with other key actors, are already collaborating to move us forward on several of these concerns, including:

- reduction of micro-nutrient deficiency — to be discussed in Montreal this coming July;
- control and treatment of acute respiratory infections — to be discussed at the International Conference on ARI in Washington in December;

- the need for better and more comprehensive vaccines -- the objective of the Children's Vaccine Initiative, for which UNICEF financial and other participation was just endorsed by our Executive Board;
- prevention of HIV infection and the special needs of AIDS-affected children;
- and promotion and protection of breastfeeding.

I will discuss these latter two in greater detail.

UNICEF's Executive Board requested us to take immediate further steps, in consultation and co-operation with WHO, to help develop a strategy to combat the spread of AIDS, drawing upon UNICEF's comparative advantages in social mobilization for behavioural change, procurement and distribution of supplies, development of community-based projects and the involvement of NGOs, and addressing the special needs of women and children affected by AIDS, particularly including AIDS orphans. This has been the topic of intensive discussion in Uganda this past week.

With more than one million children dying annually for lack of effective breastfeeding, UNICEF's Executive Board also welcomed both the WHO-UNICEF Statement of Protection, Promotion and Support of Breastfeeding and Special Role of Maternity Services as well as the Innocenti Declaration on Breastfeeding. It requested that we undertake special efforts to encourage implementation of the "Ten Steps to Successful Breastfeeding" for maternal services and hospitals, and called upon manufacturers and distributors of breast-milk substitutes to end free and low-cost supplies to maternity wards and hospitals by December 1992. There now appears to be serious interest in moving forward on this by some of the leading manufacturers and the Infant Formula Manufacturers association.

To better support this objective, we have been considering the possibilities and value of a "Baby Friendly Hospital" campaign which would accord a "Baby Friendly" designation to maternity services which practice the Ten Steps. I believe that this idea has the potential to substantially strengthen incentives for the promotion of breastfeeding by hospitals and other maternity services, and to better educate the mother at the time of birthing. We need to further develop and detail this concept, including the identification of specific criteria, its possible broadening to include other key factors toward healthy babies, and its administration and promotion. But clearly promotion of breastfeeding warrants the special attention of this Health Assembly.

Universal Child Immunization

Mr. President, success of the greatest worldwide collaborative peacetime effort ever undertaken -- protection of over 80 per cent of the world's children against six preventable diseases -- requires more than passing mention. The extraordinary vision displayed by the World Health Assembly when it undertook the EPI goal of universal immunization by 1990 has been

vindicated. Dr. Nakajima and I expect to formally announce achievement of the 1990 immunization goal for 80% of under ones on 26 September, on the occasion of the 46th session of the United Nations General Assembly.

Over 100 million infants are now being reached with vaccines four or five times during their first year of life-- a total of some 500 million contacts every year between children and organized delivery systems extending, often, to remote villages and settlements unreached even by postal services. The EPI experience has revitalized primary health care systems in many countries and created a platform that is already being built upon to pursue the new set of goals for the 1990s. Success in meeting the 1990 goal means that some 8,000 children a day are being saved ... more than 12 million lives since the accelerated effort began ... three million saved last year alone!

This success story is far more than a medical, scientific or public health one -- although, as you well know, the achievements in these fields have been formidable. It is also a story of societies organizing, educating, communicating and mobilizing to apply modern medical advances. It is a story of political will translated into social action during times of austerity ... a story of broad inter-sectorial and international cooperation. In short, the success of the world immunization effort provides us with a model of the "doable" -- and a momentum of confidence and organization for pursuing a great range of health and development goals in the 1990s.

I have always thought of UCI and Oral Rehydration Therapy, important as they are in their own rights, as really the first and foremost Trojan horses for mobilizing political support and getting resources into PHC, into the health system as a whole. And they certainly have done so. We need only cite one example -- the enormous involvement of Rotary International, which has now raised more than US\$300 million for Polio Plus -- as proof of this. Our challenge now is to sustain the flow of resources and to build sustainable health delivery systems around these achievements.

First there is the sustainability of immunization itself. Our two organizations are jointly committed not only to sustaining the achievement of the past decade but, during the coming ten years, to raise coverage of children under one from 80 per cent to 90 per cent, to eradicate polio, to eliminate neonatal tetanus, to reduce measles incidence by 90 per cent and measles deaths by 95 per cent and to universalize tetanus immunization for women in the child-bearing years.

It is clear that developing countries will need external assistance to achieve this and I can assure you that, as far as UNICEF is concerned, we will continue our financial support for this effort throughout the 1990s.

Secondly, health care delivery systems must be made more affordable and sustainable. We believe that primary health care systems can capitalize on the success of the EPI, that they will involve greater community participation, not only in the financing of the services but in their management as well, and that the Bamako Initiative in Africa will teach us a great deal about how to go about doing this.

Moving forward...together

Mr.. President, I am pleased that the sponsoring agencies -- WHO, UNDP, the World Bank and UNICEF -- along with the Rockefeller Foundation and with the encouragement of many of the bilateral participants, have agreed to extending and broadening the mandate of the Task Force on Child Survival, which now adds "and Development" to its name and responsibilities. The Task Force proved an invaluable facilitator for co-ordinated actions in support of the Expanded Programme on Immunization and the achievement of UCI-1990, helping to prioritize areas of greatest need for external assistance, applied research, etc. I know that it will be an important instrument as we now move forward on the goals for child survival and development for the 1900s.

Finally, a reference needs to be made about the additional financial resources required to achieve the Summit goals in the developing countries. UNICEF estimates that reaching these objectives will require additional resources in developing countries rising to the magnitude of US\$20 billion per year by mid-decade, of which some US\$3 billion will be needed towards meeting the basic health goals, US\$9 billion for water and sanitation, and some US\$5 billion for meeting the education goals. Of these resources, about two-thirds could be coming from the developing countries themselves, but perhaps US\$5 billion to US\$7 billion per year will have to come from external aid, with the least developed countries -- particularly those in sub-Saharan Africa -- requiring proportionately more development aid. These external resources can either be additional or emanate from reallocations with current aid programmes, which now total US\$50 billion annually. Local resources can also be generated through various initiatives that can be summarized under the heading of debt relief for children.

These are large -- but not impossible -- sums. The world, after all, still spends more than US\$1,000 billion annually on arms, and tobacco companies spend more than US\$3,000 million annually on advertising in North America!

Thirteen years ago the imagination of all those involved in public health was fired by the vision of Health for All by the Year 2000. Last year, at the World Summit for Children, the hopes and promises of Alma Ata were reinforced by a set of concrete, multisectoral goals and practical strategies which received the highest possible political endorsement. Never again are we likely to experience such a convergence of vision and leadership on behalf of the health and well-being of peoples, especially children and women. Let us, together, and each in our own responsibilities, make the most of this extraordinary opportunity.