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Address by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
Junior Chamber International (JCI)  
International Model United Nations

"The Future of Children"

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

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New York - 29 July 1991

"THE FUTURE OF CHILDREN"

It gives me great pleasure to address you young leaders from the non-governmental (NGO) community throughout the world at this extraordinary gathering that you have managed to bring into reality. Junior Chamber International (JCI) has worked creatively and diligently to make this International Model United Nations happen.

It is really a tribute to JCI's increasing force as doers in the development arena that they would become one of a select few to be offered use of United Nations facilities for their programme, and that they would be able to attract the caliber of participants who have spoken before me and who will join you throughout this week. The subjects JCI has chosen to address are truly among the most important development issues of the day: the environment, the future of children, and the age of global citizenship and economic development. They are inextricably related.

It is a most auspicious moment in history to address these issues through a model United Nations. We are witnessing a rapidly increasing number of urgent problems that know no political boundaries, and can really only be adequately addressed by nations and peoples working together. And that is, in essence, what the international arena -- the United Nations -- is for, is it not?...for peoples and nations to work together, in the words of the Charter, "...to save succeeding generations" and "...to promote better standards of life in larger freedom".

We have just heard very moving insights on issues of the environment, economic development and the new age of global citizenship. As the Executive Director of the United Nations Children's Fund, I will introduce the topic of "The Future of Children". It is clear in dealing with this and other major issues before you today that no nation could solve its own problems in isolation from others, and that work in any of these areas has an impact on the others.

Our tightening interdependence brings with it new obligations. The Group of 7 acknowledged this forcefully in their Political Declaration made at the London Economic Summit two weeks ago, when, in urging the United Nations to be ready to take action, they said:

"The international community cannot stand idly by in cases where widespread human suffering from famine, war, oppression, refugee flows, disease or flood reaches urgent and overwhelming proportions."

This, I believe, is a landmark statement -- an acknowledgment by leaders of some of the most powerful countries of the obligation to assist, across political boundaries, in the alleviation of human suffering...to not "stand idly by". And if this is true of our responsibility in time of "loud" and obvious disasters, to which the G-7 were referring, is it not equally true in regard to the silent and readily preventable emergencies arising from gross underdevelopment and poverty that cause so much human suffering throughout the world each day? The Future of Children means dealing with the lack of health services, of education and clean water resulting from gross under development and poverty which takes the lives of tens of thousands of children daily... and it is more than a humanitarian affair. The needs of economic development, of viable democracies, of slowing population growth, all require overcoming conditions such as mass illiteracy and mass malnutrition among the young of all countries.

The G-7 also stated that:

"The international community faces enormous challenges. But there is also reason for hope. We must reinforce the multilateral approach to the solutions of common problems and work to strengthen the international system of which the United Nations, based on its Charter, remains so central a part."

The Group of 7 went another step further. They stepped squarely into territory that is occupied by those of us gathered here today. Speaking specifically about the international community's response to crisis, they acknowledged that any overall effort to make the U.N. more effective must include strengthened ties with NGOs, and improved arrangements to mobilize the support of the broader donor community (including NGOs) to meet humanitarian needs. In the 1990s and beyond, solving common problems will take active responsible involvement by all sectors of society. I would add that the private -- including the corporate -- sector will also be challenged to fill an increasingly vital role in the interdependent world of development collaboration.

The U.N. has new successes in the political domain. In the last two years it has been the center stage for the easing of East-West tensions and for seeking resolutions in the Gulf. On social and economic issues, however, it will have to extend its mode of operation in some innovative ways to meet the new urgency of international challenges.

Bastions of power used for the most vulnerable

The international community made a great stride toward working together in the human development arena on the last two days of September 1990 in this very room. The World Summit for Children was the first truly global summit, in which the leaders of all nations were invited to participate. 71 Heads of State or Government did attend -- by far the largest such gathering in history. And another 88 countries were represented at ministerial or other high level. Never before had leaders from North and South, East and West sat together around a single table.

What else but children could have brought them to that table? Regardless of ideology, race or religion, who can close his or her heart to the plight of children? The world community is beginning to exercise, for the first time, its capacity to act on a common problem together. There could be no better cutting edge for making progress at the end of the Cold War, at the end of forty years of that conflict...as we start to focus on our world population problems...on the world's environmental problems...than to take up the cause of children, who are so close to the hearts of all peoples, and yet who suffer perhaps the greatest single obscenity in the world today.

How is it, we must ask, that 20 years after our civilization has sent a person to walk on the moon, we still have 40,000 children dying each day, two thirds of them from readily preventable causes? To refer back to the ethic voiced by the G-7, someone has "stood idly by". If 40,000 young children are dying daily, what is life like for so many of their peers who manage to survive, but only barely? I challenge you to find a worse obscenity than what is happening, still, to some hundreds of millions of children around the world.

The leaders gathered at the World Summit had been realizing in recent years that despite their differences on other issues, they could agree to take action together on behalf of children. And they had realized that it also could be very good politics to do so.

They did pronounce high principles at the World Summit. Children should have a high priority, or as stated in their text, children should have a "first call" on the resources of society for the essentials of their survival, protection and development. Unquestionably, these are nice words to have from such a collection of heads of state. But they went substantially further ... further than most summits are allowed to go by the "sherpas" who organize them of behalf of the principals.

First, they took the incautious action of setting a series of quantified goals, to be achieved by a certain date -- which, as you know, politicians traditionally avoid.

Whether the 27 goals set at the Summit are achieved is a matter of great import for the future of children. I understand you have copies of those goals among the background documents for this conference. If they are reached, the lives of some 50 million young children will be saved during this decade, and comparable numbers will be spared lives of crippling disability as an effect of childhood diseases. It is important always to remember that a

reduction in child deaths contributes, at a certain point, to an actual slowing in population growth rates, as parents become confident that the children they have will live, and they take the decision to limit their family size. Millions of mothers' lives will also be saved if the goals are reached.

A useful "short-list" of Summit goals to be achieved by the year 2000 includes:

- reduction of infant and child mortality by one-third (including reduction by 50 per cent in the deaths due to diarrhoea among under-fives);
- reduction of maternal mortality by one-half;
- reduction of malnutrition by one-half by such means as empowering all women to breastfeed their children for at least four to six months;
- universal access to safe drinking water and to sanitary means of excreta disposal;
- reduction of illiteracy by one-half;
- universal access to primary education with at least 80 per cent of primary school children able to pass a certain minimum achievement test; and
- improved protection of children in especially difficult circumstances.

This is a very impressive range of concrete goals. Taking them seriously will mean not only sustaining, but accelerating efforts that are working, such as universal child immunization and the expanded use of oral rehydration therapy to combat the lethal effects of diarrhoeal diseases. Of course, the goals are far from mutually exclusive of one another. For example, a most effective means of reducing malnutrition in infants is a return to the widespread practice of breastfeeding with proper weaning practices. Bringing this measure alone to bear fully throughout the Third World would result in saving more than one million child lives each year. So work on one goal helps achieve another.

The goals were not chosen lightly. They are the result of an extensive consultative process begun by experts and policy makers at country and regional levels, and then extended to various international fora attended by virtually all Governments, the relevant UN agencies, and a large number of NGOs. It was a process aimed at prioritizing that which is considered feasible on behalf of children during this last decade of the century -- in short, to do the readily doable in the 1990s.

Among the further steps taken by world leaders at the Summit was to invite others to help in the achievement of these goals: international agencies, NGOs, the private sector, municipalities, states and provinces. They formally acknowledged in their Declaration and Plan of Action that success would be impossible without a full range of actively responsible participants from every segment of society.

#### 1990: Historic year for the world's children

The World Summit for Children did not, of course, occur in a vacuum. It might be seen as a crowning accomplishment to the most historic year ever in world history for children.

1990 also saw the achievement of a universal child immunization effort that was seriously launched as recently as 1985 — on the 40th anniversary of the United Nations. Its objective was to immunize at least 80 per cent of the children of the Third World younger than one year of age — a greater percentage than are immunized under age two in the United States and Canada — against each of six killer diseases then taking the lives of five million children annually. On October 8 this year, down the hall in the Trusteeship Council, the international community will celebrate the achievement of that goal as of December 1990. Three million children will not die this year as a result, and the number of lives saved is still increasing annually.

But the significance of the Universal Child Immunization effort is far greater than that. The number of man-days that it took to accomplish this has probably exceeded the number of man- and woman-days that went into building the largest pyramid or the building of the Panama or Suez Canals. Considering the cumulative activities from the high Andes and the Amazon, the Congo, the Himalayas and the jungles of Sumatra, this is the largest single collaborative peacetime effort in world history. It has established a new credibility to national and international health efforts organized around common goals; it challenges the application of its approach to more complex aims, such as those prioritized in the Summit goals. And it succeeded because many sectors of society threw their weight behind it ... governments, yes, but also NGOs (and especially Rotary International), the media, health professionals, religious leaders, and many, many others.

It is noteworthy that Rotary International was really catapulted into a new international prominence by their performance in support of the Universal Child Immunization by 1990 goal. They set themselves a target of raising US\$125 million for their "Polio Plus" programme, and more than doubled their aim in half the time they had set. Then they went on to raise another US\$100 million...and they are still going strong. Rotary has gained global respect, and is taken very seriously as an important player in international development issues, as a result.

Another milestone of 1990 was the coming into force of the Convention on the Rights of the Child, the Magna Carta of children's rights. While no law can actually assure that children's rights will be met, the Convention establishes global norms regarding the obligation of adult society to ensure that those rights are met. This, too, seemed highly improbable not so long ago. But the Convention came into force on September 2nd, having been adopted by the General Assembly of the United Nations in November 1989. No human rights convention had ever garnered in a year's time, following adoption, the minimum 20 ratifications to come into force. Yet within nine months that 20 had been achieved, and by the time one year had passed, 71 countries had ratified the Convention on the Rights of the Child. Now 94 countries in one year indicates that something new is happening. And by today, 94 countries have ratified! Here again, without the tireless efforts of NGOs to raise public awareness as well as lobby governments, this historic feat would not have been accomplished.

### The 1990s: new windows of opportunity

If 1990 was the single most important year for children in history, then the decade of the 1990s has the potential, with reasonable help from the likes of you -- us -- to become the most historic period ever for children. Child-related issues could be elevated from their status of the past generation -- a position characterized by benign neglect -- to one of equality and even the possibility of preferential treatment. We are all accustomed to nice words about "children first"... "mothers first"...but what happens in reality, when there is an economic crisis or a war? At the bottom of the heap, bearing most of the burden, are children and their mothers -- the most vulnerable groups of all.

But now we have the potential, by the end of this decade, to really liberate children from the diseases that today take the lives of 14 million children annually ... to liberate them from the very low level of education and nutrition that so many have been locked into.

The World Summit goals for children and development for the 1990s prioritize what needs to be done, and experts throughout the world have agreed that they are possible. Such an unprecedented potential will be transformed into reality, however, if -- and only if -- all sectors of society manifest the will -- each in its own arena -- to make it happen.

### The next steps

How do we each know, though, what our role is? For some NGOs, the task is quite clear, and they have been working in related fields for years or decades. For others, there may be new areas of opportunity for meaningful work. In all cases, this is the time to re-examine the Plan of Action of the World Summit for Children, and to see where the goals intersect with the organization's own agenda. In fact, one of the things that world leaders urged in their Plan of Action, was that NGOs and the private sector, "prepare their own programmes of action to help to implement the goals and objectives included in the Declaration and (this) Plan of Action".

The JCI has, of course, already made strong commitments in the area of control of diarrhoeal diseases (CDD), and especially in the all-important effort to spread the use of oral rehydration therapy (ORT). I remember well, the Jaycees International World Conference in Amsterdam in November 1987, where far-reaching promises were made in a joint agreement with UNICEF. In 1990, one million children did not die of dehydration caused by diarrhoeal diseases as a result of CDD efforts. This was principally due to the widespread dissemination of oral rehydration salts (ORS) and training in its use, or where ORS is not available, training in preparation of an equally effective home brew that can be made from readily available foodstuffs. Unfortunately, diarrhoeal dehydration remains the number one killer of young children in the world, still taking the lives of some 7,000 children each day, even though it was discovered more than 20 years ago, in the late 1960s, that a child's life could be saved for less than 10 U.S. cents worth of ORS. The annual death toll from dehydration is many, many times that of AIDS, despite the presence of a low cost cure.

Frankly, I have been surprised at the slow spread of ORT. I would have thought that it would have had far more of an impact on child health by this time than universal immunization. It is cheap, life-saving, and administered at home. ORT doesn't require sophisticated skills or support networks. But it has been amazing how many frictional obstacles there are to making a systematic shift to common use of ORT. Since you have taken on commitments in this critical aspect of the goals for children for the year 2000, I will share with you some of the obstacles that UNICEF has seen.

First, most pharmacies do not want a shift to ORT. I defy you to step into any of the pharmacies here in New York City and find a package of ORS. Instead, you will find quarts of pedolite costing two, three or four dollars, and taking up a lot of shelf space. It sometimes takes two or three quarts to save a child's life. How much better it is to have the small packets of salts costing only pennies and which dissolve in water...particularly in places like this where there is good clean water with which to prepare the mixture.

We found the degree of resistance by many hospitals to be most surprising. For example, in Northeast Brazil, more than a third of the hospital beds, at the time of my first visit, were occupied by diarrhoea patients paid for by the state. If the great majority of these cases were suddenly treated at home or on an out-patient basis, as happens in country after country as the shift to ORT is made, who would pay for maintaining all those beds?

Finally, even our doctor friends have sometimes stood in the way. In many countries, the first point of contact between most doctors (certainly this is true of paediatricians) and a child occurs when the child has diarrhoea. If through public education all of those families are trained to treat diarrhoea at home, doctors lose this first contact with the child. Thus, many factors have surfaced that we did not anticipate, slowing down the forward movement, and it is important to know what they are, so they can be effectively overcome.

Can these obstacles be overcome? My hunch is that if Rotary International could double its fundraising goal in half the time committed and also contribute significantly to overcoming the tremendous hindrances on the ground -- the need for social mobilization, transport, and skilled medical personnel, etc. -- that stood in the way of Universal Child Immunization, then JCI can find the ways to apply your leadership and mobilization skills to the difficulties -- as formidable as they are -- to the universal use of ORT.

In fact, in a few moments JCI will be signing a very specific and encompassing agreement with the WHO and UNICEF to take a leadership role on this urgent issue in Latin America, where this year's cholera epidemic has already been responsible for more than five times as many cases than were reported throughout the entire world in 1990. It is extremely encouraging, however, that thanks principally to the rapid and broadscale dissemination of ORS, the death rate among those cholera cases is a small fraction of the usual. Fewer than 1 per cent of reported cases have ended in death. In epidemics of the sort spreading through Latin America, the death rate can be as high as 50 per cent of cases.



Other JCI groups and those interested in joining the battle against this insidious killer would be very interested in the kind of actions to which JCIs in Latin America have committed themselves. If you wanted to learn from them you might also:

- 1) maximize ORS production within the country;
- 2) help import ORS when necessary;
- 3) keep a strong guard on quality control;
- 4) identify and use diverse channels of communication to provide information on control of diarrhoeal diseases and the use of ORT; and
- 5) support governments in their educational communication campaigns and use of the health infrastructure for this purpose;

This, of course, names just a few of the important efforts urgently needed in the battle to control diarrhoeal diseases. You can also take surveys of how many hospitals in your own community or country use ORT, of how many pharmacies sell ORS and how many doctors prescribe it. You can help in training health workers, manufacturers and marketers. Helping to develop market strategies for ORS that would bring about the necessary behavioural change might very well help you by developing skills that you could then adapt elsewhere. Another extremely important effort, which can perhaps only be successfully accomplished by NGOs such as yourselves, is to promote and support the change within hospitals from the use of expensive and uncomfortable intravenous treatments for diarrhoeal dehydration to the systematic use of ORT.

Some of you may have heard of a new movement which is also aimed at hospitals, and that is the "Baby-Friendly Hospital" initiative. As its name implies, the campaign is aimed at transforming hospital practices so that they recognize and support parents, and especially mothers, in their role as the prime caregivers for children, from the very first moments of life. WHO and UNICEF have joined together to promote the certification of hospitals that take into consideration the latest research on the birth process, showing the importance of parent-child interaction from the very beginning, and the unsuspected benefits of mother's milk. Maximum advantage must be made of those hours or days in the hospital to teach parents how to care for their babies, as they are ultimately the ones on whom the babies' lives will depend. More than one million babies died last year because they were not effectively breastfed for the first several months of their lives. And many thousands of women suffered from breast and ovarian cancer because they had not effectively breastfed. In this initiative, we are responding to concerns raised by NGOs and health professionals alike, and will in turn be counting on their support.

While there is an urgent need for advances on the health front, there are also challenges and opportunities in many other areas. You, as young leaders, can become involved in the movement to meet the objectives set for the year 2000 in many different ways. For example, you can:

- bring hope into the lives of street children by working with local governments and private enterprise to offer them both some form of employment as well as basic health and education services;
- help improve the quality of education by looking into some of the most urgent needs of local schools, and seeking ways of meeting those needs;
- evaluate the access to safe drinking water and environmental sanitation -- not forgetting the most disadvantaged areas of your city or neighbourhood -- and work to make that access universal; and
- familiarize yourselves with the Convention on the Rights of the Child, and work with others in promoting the application of those articles which are clearly violated.

There is much to be done, but the world has recently witnessed in country after country the power of youth to bring about radical change. The tremendous dynamism that is apparent in your legions throughout the world is, in a sense, a new and extremely valuable resource of our societies. There is an opportunity -- an obligation -- to tap that resource, to connect it with the global forces joining to combat joint problems throughout the world today.

Can we really reduce child death rates of 1990 by a third before the end of the decade? The experts say it is possible; yet if it is accomplished, it will be a greater advance for the children of the world than has ever occurred in any comparable time span in history.

Surely it could not be accomplished without the critical social mobilization, fund-raising and advocacy of the youth element among the leaders of society today -- those gathered here in this room, and those you represent.

What better way to end this century than by having liberated the world's children from mass diseases, mass malnutrition and hunger, and from mass ill-education? What better legacy could be given by the 20th to the 21st century? What better start for the next millenium?

Can we do it? With the full measure of creativity and determination of which we are capable, for the future of children, and the world -- working together -- I think we can.