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Address by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
Child Health 2000 World Congress

Vancouver, Canada  
19 February 1992



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Address by Mr. James P. Grant  
Executive Director, United Nations Children's Fund (UNICEF)

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Even after twelve years of stumping for the world's children, I feel deeply moved -- encouraged and energized -- by displays of adult commitment toward children...like this important conference. People who dedicate their lives to improving the lot of children generally have a highly developed sense of individual responsibility, an almost parental concern for the fate of the world. You who spend your days -- and, so often, your nights -- working in myriad ways to ensure a better future for children are rarely in the public spotlight, and few, if any of you, will ever accumulate vast fortunes as a result of the work you do. But you are -- nonetheless -- genuine "movers and shakers" of the human family, nurturers of a better world for us all. It is high time the world paid proper tribute to the women and men who have chosen the path of service to children, our collective future. It is a real honour and pleasure for me to be here today and share with you UNICEF's thinking about some of the challenges that face us in this last decade of the 20th century. Before I do, however, I would like to take this opportunity to warmly congratulate the organizers of this event and thank the governments of Canada and British Columbia for making it possible.

We are living through a truly revolutionary period of history. The geopolitical world order which dominated the 20th century has passed. With the end of the cold war...the beginning of the end for apartheid...the liberation of Eastern Europe and the break-up of the Soviet Union...the turn away from dictatorship in much of the developing world...the start of significant reductions in arms expenditures...the turn-away from centrally-managed economies...the strengthening of the United Nations -- to mention only some of the momentous changes that have taken place in so few years -- there is an almost tangible sense that the contours of the possible may be changing. The 1990s constitute one of those rare "windows of opportunity" that open only once or twice a century to permit quantum leaps of human progress.

Over the next four days of this extraordinarily rich conference programme, you will have an opportunity to discuss and learn about a wide range of interventions, some of them involving the most sophisticated technologies and "state of the art" therapies. Naturally, you will pick and choose among the workshops and symposia according to your personal interests and fields of specialization, but I urge you to not pass up the sessions that will be devoted to public health issues, to prevention, to health education, to the techniques that have been around for years and which you take for granted in your practices...but which must now be massively and equitably applied on a global scale. It was in order to offer such a perspective that I encouraged so many of my colleagues to accept the kind invitations that were extended to UNICEF to participate here this week. By focussing on a set of high priority child health goals for the year 2000, we can take advantage of the privileged historic juncture through which we are living and, together, we can help spur those quantum leaps of improvement so desperately needed by the children, specifically the one billion children and their families who are living in poverty today.

I have been asked to give an update on progress made since the historic World Summit for Children, which took place at the United Nations in September 1990. It was the first-ever gathering of leaders of North, South, East and West, the first great summit of the post-cold war period, and it opened an unprecedented "window" -- or, should I say, a great, big "door of opportunity" for children. The essential breakthrough it made -- above and beyond endorsement of lofty, abstract principles -- was the adoption of a series of measurable, verifiable goals for children to be reached by the year 2000. If these goals are met, they will save the lives of some 50 million of the 150 million children projected to die of preventable causes over the decade.

The 27 World Summit goals are listed on a sheet attached to the distribution copy of my remarks, but a useful "short-list" of targets to be achieved by the year 2000 includes:

- \* reduction of infant and child mortality by one-third;
- \* reduction of maternal mortality by one half;
- \* reduction of malnutrition by one-half;
- \* 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, such as those caught in wars.

Some of the key health goals adopted at the World Summit -- and this is where you paediatricians and public health experts have your work cut out for you -- include:

- \* an increase in immunization coverage of under one-year-olds from 80 per cent to 90 per cent;
- \* global eradication of polio and guinea-worm disease by the year 2000;
- \* neo-natal tetanus elimination and 90 and 95 per cent reductions in measles incidence and deaths, respectively, by mid-decade;
- \* reductions in diarrhoea-related deaths by one-half and of deaths due to acute respiratory infections by one-third in children under five;
- \* virtual elimination of iodine and vitamin A deficiency disorders, among others, by decade's end;
- \* reduction of severe and moderate malnutrition among under-fives by half; and
- \* empowerment of all women to breast-feed their children exclusively for four to six months.

This is a very impressive list of 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 and combatting disease in infants is a return to the widespread practice of breast-feeding with proper weaning practices. Bringing this measure alone to bear fully throughout the developing world would result in saving more than one million child lives each year. So work on one goal helps achieve another.

It is precisely because the goals are quantifiable and time-bound that electorates will be able to hold their leaders and governments accountable for what they have done -- or not done -- to implement the commitments made at the World Summit. In addition to the 71 leaders who were present to sign at the event itself, another 64 heads of state and government have since put their signature to the World Summit Declaration and Plan of Action. President Yeltsin of the Russian Federation was one of three leaders who took the time, while attending the first summit-level meeting of the UN Security Council several weeks ago, to add their signatures. No other document in history bears the signature and contains the personal commitment of so many top government leaders to carry out, in their own countries, a global social action programme. This gives each and every one of us powerful political leverage as advocates for radically improving the health and well-being of

children. The central challenge we face this decade will be seeing to it that the great promise of the World Summit for Children is kept.

On a parallel track, 109 governments have now ratified the Convention on the Rights of the Child, that "Bill of Rights", that "Magna Carta" for children that came into force, not coincidentally, on the eve of the World Summit. The Convention sets forth, in comprehensive fashion, the rights children should enjoy and the broad scope of the adult world's responsibility to protect them and provide for their basic needs -- including the right "to the enjoyment of the highest attainable standard of health" (Article 24). Taken together, the Convention and the World Summit Declaration and Plan of Action, provide us with our scripture of principles and our roadmap of goals and strategies to guide our work for children over the decade and into the 21st century. As the credit card people say, "Never leave home without it!"

And good politicians everywhere now know they'd better not "leave home without it", either. Whether or not they specifically cite the Convention or the World Summit documents, the savvy office-holder or candidate knows that it's good politics -- and good economics, too -- to place children high on their agendas. Never before have children's issues figured so prominently in the political life of so many nations. Take the current presidential race in the United States, for example -- all the candidates, without exception, are vying to be viewed as the most pro-child. And the powerful trend toward increased democracy taking place in much of the world can only reinforce this auspicious shift in the "politics of children".

But because, in practice, the most serious problems facing children are primarily the problems of the poor and the relatively powerless, the gap between rhetoric and action remains large. You as leaders in public health can contribute to bridging that gap. You can do it, of course, on a one-to-one basis with your patients -- you already do that. But you can also do it by speaking out, using the influence you have as respected authorities in your communities and nations. You must not allow the world to forget that a quarter of a million children die of preventable malnutrition and disease each and every week. To those who throw up their hands and say the problem is unsolvable or too expensive to tackle, you are the ones who can speak credibly about the low-cost solutions that already exist. Four to five thousand children are still dying daily from vaccine-preventable diseases and another four to five thousand daily from now readily-preventable dehydration due to diarrhoea. You can explain that it's just a question of deciding it's a priority to make these ready solutions accessible to all. Doing the right thing for the world's children provides an excellent entryway for addressing a whole range of burning issues on the threshold of the 21st century. You are in a good position to remind our allies in the environmental movement that saving the planet starts with saving the lives of our children. To those who argue cynically that massively saving children's lives would only further stress the environment and add to overpopulation, you can point out that -- to the contrary -- child survival historically contributes to lowering population growth as parents gain confidence that their firstborns will survive.

The world needs to hear from you -- the do-ers -- that the goals of the 1990s are do-able. Some of you may have been at the paediatricians conference in Manila in 1983, when we were launching what we called the Child Survival Revolution, with immunization and oral rehydration as its centrepieces. Well, a lot has happened since then. Last October, the Director-General of WHO and I certified to the United Nations Secretary-General that the 1990 goal toward Universal Child Immunization (UCI) had been reached; that is, by the end of 1990, fully 80 per cent of the world's children had been immunized with vaccines against the six major child-killing and crippling diseases -- up from around 20 per cent when we rallied our forces in Manila. At the UN ceremony, former U.S. President Jimmy Carter called the UCI success "a wonderful demonstration of what civilization can be", adding that civilization "is measured by how well we take care of those who are our neighbors and who are in need". The fact that societies are now able to effectively reach four out of five of the world's infants -- some 100 million in all -- with vaccines three to five times during their first year of life, and better than nine out of ten at least once, demonstrates, perhaps better than anything else, the extraordinary capacity the world has developed to extend the benefits of modern medicine, science and technology not just to the wealthy few, as in the past, or even just to the majority, but, increasingly, to all. It was the success of the immunization effort, more perhaps than any other factor, that gave the world leaders the confidence to sign onto the much broader set of goals adopted at the World Summit. Nearly 10 thousand children's lives are now being saved daily as a result of the world immunization effort, and more than 3 thousand daily through oral rehydration.

This is the time, during the first years of this critical decade, to make sure that everything is in place for reaching our goals. Right now, scores of countries are formulating National Programmes of Action to implement the Summit goals. When you return home from this conference, each of you could check to see if your country's NPA is completed, if it addresses your concerns, if it contains mechanisms for monitoring progress along the way and even to see if the funding is there to make it happen. The quality of the plans we have seen to date is high, reflecting -- within the constraints and realities of each country -- the Summit principle of elevating children's essential needs to the first rank of social priorities. Many industrial countries are also well along in the process of preparing their NPAs. Japan has already completed its NPA, and Canada and the United States are scheduled to complete theirs by March. We should look not only at what they propose to do to improve things for their own children, but for increases or reallocations of foreign aid to support children's programmes in the developing world. Today, only a fraction (less than 10 per cent) of overseas development assistance goes to social sector projects, and only a tiny fraction of that amount goes to primary health care (one per cent), basic education and women's literacy programmes (one per cent), and safe water and sanitation projects that are the building blocks of progress. A fraction of the peace dividend expected as a result of the end of the cold war could finance such a shift in priorities.

If they are to mean anything, the National Programmes of Action must outlive the administrations that approve them, must take hold beyond electoral cycles, must be supported by dynamic constituencies and decentralized structures of grassroots participation and empowerment. And this is where your leadership becomes absolutely critical. At the World Summit, the heads of state suggested that the National Programmes of Action be translated into provincial and local plans, and even that non-governmental organizations draft programmes for helping achieve the goals. Couldn't you return to your communities and institutions with an urgent message about the need for the entire fabric of society to pitch in?

Immersed as you are in your daily whirlwind of activity, you may not realize the extent to which what you do sets the pace. The tools you have developed, the experience you have gained over the years, have given the potential to radically reduce child mortality and illness. Where they have already been made, these gains must now be sustained; they must be extended to the places where they have yet to reach. What you do in your own practices has enormous influence.

What can you do to help keep the great promise of the World Summit for Children?

\* Take immunization, that basic tool of paediatrics. While reaching more and more infants in the developing countries, vaccines are reaching fewer children in industrial countries such as the United States, and we are seeing alarming comebacks and outbreaks of diseases which should have long since disappeared. A re-commitment to universal immunization in the developed countries would give a truly global boost to the life-saving effort.

\* To the extent that oral rehydration therapy becomes the established priority for treating diarrhoea in the homes and hospitals of the developed world, ORT will continue to catch on and save millions of lives in the countries where diarrhoea remains the number one killer of children. Millions of dollars in unneeded IVs and antibiotics could be put to good use educating and empowering families to treat diarrhoea themselves.

\* The growth monitoring that is routine practice for all of you needs to massively break into public health and the communities of the developing world. Japan has just issued a new and improved version of its excellent boshi techo, which permits tracking of the individual child's health from pre-natal days to schooldays, covering all sorts of vital indicators. What an extraordinary tool it is for the family, the community, for public health and even economic planners!

\* To the extent that you take seriously the slogan "breast is best" and help make your own practices and health institutions truly "baby-friendly", breast-feeding can make a dramatic come-back, with a

major impact on the survival and development of children around the globe. Now, according to the latest studies, you can even tell mothers they'll be at much lower risk for breast and uterine cancer, and their pre-term children will have higher IQs, if they breast-feed. It is encouraging that infant-food manufacturers have agreed to the goal of stopping donations of infant formula to maternity wards and hospitals by the end of 1992, but these institutions must quickly adapt and adopt practices which empower women to breast-feed their babies and avoid dependence on less-nutritious prepared formulas. Just as all of us oppose cigarette advertisements that direct their messages at youngsters, we also must oppose ads that imply that infant formula is an acceptable substitute for normal, healthy breast-feeding. Our workplaces and communities need to be made "baby-friendly", too, with sufficient day-care centres and flexible work hours for nursing mothers.

So there is a role for each and every one of us, in our own spheres of specialization and as advocates for children and human development. Each of the great social achievements of recent decades has come about not because of government proclamations but because people organized, made demands and made it good politics for governments to respond. It is the political will of the people that makes and sustains the political will of governments.

In any civilization, morality must be brought into step with changing capacity. Today this means, at the least, that the mass deaths of children must be placed alongside slavery, racism and apartheid on the shelf reserved for those things which are simply no longer acceptable to humankind. Your choice of calling, your presence here this week, say that you agree. Your continued leadership is needed in the 1990s if we are to be prepared to meet the new challenges of the 21st century.