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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the
Argentine Paediatrics Society's Conference on Children in the 1990s:
Agenda for a New World Order

Buenos Aires, Argentina
31 March 1992



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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 for children's health and well-being 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 Argentine Paediatrics Society for organizing this event and for your long-standing efforts to improve the lives of Argentina's children — especially, its poor children. In the name of the United Nations Children's Fund, I would like to present you, at this time, with a World Summit for Children Commemorative Medal and a Certificate of Honour in recognition of your superb work in translating the World Summit goals into an action strategy for Argentina — so superb, that it was adopted by the government and issued last July in the form of a National Commitment toward Mothers and Children. It was a privilege for our small staff here in Argentina to work closely with you in this and many other projects. I am confident that as a result of your efforts — together with those of the government — Argentina will soon have a full-fledged National Programme of Action (NPA) for implementing the year 2000 goals to which the world's leaders — President Menem among them — committed themselves 18 months ago.

As you are all aware, 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.

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 would like to give you a brief update on progress made since the World Summit for Children, which took place at the United Nations in September 1990. As you know, 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 not only save the lives of some 50 million children, but they will send out powerful ripples of progress, spurring development, slowing population growth and easing the environmental crisis.

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. 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. 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, 114 governments -- including Argentina's -- 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 paediatricians and 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 continuing to speak out, using the influence you have as respected authorities. You must not allow society to forget that 20,000 children are still dying each year in Argentina and that at least 12,000 of them could be saved through timely application of simple, low-cost technologies and knowledge. You must not allow society to forget the stark disparities that currently doom a child in Jujuy Province to more than twice the risk of dying before reaching his or her first birthday than a baby lucky enough to be born in this lovely capital city. Even within Jujuy, the disparities are startling: infant mortality ranges from 23 per thousand live births in the city of Ledesma to 119 per thousand in Susques -- the first and third worlds coexist right here in Argentina!

To those who throw up their hands and say the problems are unsolvable or too expensive to tackle, you are the ones who can speak credibly about the low-cost solutions that already exist. You are the ones who can help see to it that Argentina's commendable achievement of high immunization levels in 1990 is sustained. You can educate your compatriots about the miracle of oral rehydration therapy, not only to prevent deaths due to routine diarrhoea, but as an insurance policy against unnecessary mortality from the cholera epidemic that has hit much of the continent. You can explain to the skeptics that it's just a question of deciding it's a priority to make these and other ready solutions accessible to all.

The world needs to hear from you -- the do-ers -- that the goals of the 1990s are doable. 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. Some 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, about 120 countries are formulating National Programmes of Action to implement the Summit goals. Argentina is one of them and you are playing a key role in its elaboration. You must see to it that the final document fully addresses your concerns, especially for the poor; that it is accompanied by a solid cost analysis to ensure that the plan can be funded; that it contains mechanisms for monitoring progress along the way.

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. As a federal state with 23 provinces and one federal district, Argentina especially needs regional and local programmes of action, doable propositions at the grassroots. You will obviously be key players in the development of such plans and you can help enlist 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. Your achievements of 1990 cannot obscure the fact that coverage remains shockingly low in some parts of the country. In Santiago de Estero Province last year, for example, coverage hovered only around 60 per cent. Many children in high coverage areas do not receive the full cycle of immunizations by their first birthday. An outbreak of measles last year affected 42,000 children, taking fifty lives. A re-commitment to universal immunization is needed.

* To the extent that you promote the use of oral rehydration therapy in your practices and in the hospitals with which you are affiliated, ORT will gradually become part of the established household culture for treating diarrhoea. Thousands of young lives will be saved each year. Millions of dollars in unneeded IVs and antibiotics could be put to better 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 Argentina. 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. I know you will agree that having something similar would be an extraordinary boon for public health here in Argentina.

* 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. 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. You can help see to it that the hospitals and maternity centres in your area adopt the "Ten Steps to Successful Breast-feeding" which I've attached to the distribution copy of this speech. Our workplaces and communities need to be made "baby-friendly", too, with sufficient day-care centres and flexible work hours for nursing mothers.

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.

Although inflation has been brought under control and investment has resumed here, the extremely high social costs associated with your country's wrenching structural adjustment process will continue to take an unacceptable toll in children's lives -- unless voices are raised...your voices...in favour of urgent measures to protect the most vulnerable. However welcome they may be, privatization and decentralization must not come to mean that the well-being of children and women, and especially the poor, is left to the ups and downs of the marketplace. You have been given some welcome foreign debt relief, but Argentina still has the highest debt per child ratio in Latin America, which simply means that children continue to pay the price of the irresponsible lending and irresponsible borrowing of the 1980s. The end of the Cold War between East and West should enable both North and South to draw down military establishments in order to redirect resources to meeting social needs. Some of these issues may seem far-afield from your day-to-day occupations as physicians, but the great lesson of recent years is that democracy will pay its dividends only if people in all walks of life -- not just politicians and legislators -- play an active role as citizens and members of the community.

Before concluding, I would like to suggest a challenge you may wish to consider. Would the Argentine Paediatrics Society be willing to promote and work to convene a meeting of the country's provincial governors and social sector authorities, along with leading NGOs, to launch the provincial and municipal Programmes of Action that will give life to the World Summit for Children goals? Such a gathering -- a National Summit for Children -- could be held next September, coinciding with the second anniversary of the World Summit for Children, and would give our work for the 1990s a decisive boost. UNICEF, of course, would be ready to help with such an initiative in any way we can.

But whatever you think of this idea, your continued leadership is needed in the 1990s if we are to be prepared to meet the new challenges of the 21st century. The children -- our children -- are counting on us.