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Address by Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the
Second SAARC Conference on Children in South Asia

Colombo, Sri Lanka
16 September 1992

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As a long-time friend, I am honoured indeed to have this opportunity to address the Second SAARC Conference on Children in South Asia. It's appropriately held in Sri Lanka, a country which has long been known for its progressive human development policies. At the outset, I would like to briefly remind us of the historic sequence of events set in motion by the first SAARC conference for the region's children, which took place in 1986 in New Delhi. At the very next SAARC Summit, held in Bangalore, children's issues were for the first time permanently placed on the political agenda of South Asia; concrete, time-bound goals were set, as for Universal Child Immunization by 1990, and early action was urged on completing and approving the then-draft Convention on the Rights of the Child. That SAARC Summit, an historic first for children, then helped motivate the leaders of Africa, Latin America, and the U.S. and U.S.S.R. to embrace the cause of children as an appropriate issue on the political agenda of their subsequent summit meetings. As you know, this momentum led to the holding of the World Summit for Children in September 1990, with 71 heads of state and government, and senior representatives from some 90 other countries — including all the SAARC countries — participating. That first in history truly global summit adopted a global Plan of Action to achieve 27 wide-ranging goals for radically improving the lives of all children by the year 2000.

As a result of the chain of events you helped set in motion in 1986, the top priority placed by families on their own children has begun to be embraced as a global ethic. This ethic says that the basic needs of all children should be given a "first call" on society's resources, whether times are good or bad, in war or peacetime.

The appeals issued by successive SAARC Summits beginning in 1986 were a major force that translated the Convention on the Rights of the Child into international law, also in 1990. Similarly, the collective commitment by the leaders of SAARC to reaching the goal of universal primary education before the year 2000 helped the world achieve consensus at the Jomtien Conference on Education for All, another landmark event of 1990.

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Our commitment to children is a global one. It has now been shown, as in the case of Universal Child Immunization, that promises made to children can be kept, given the will of government, international agencies, non-governmental organizations and communities to work together. In October 1985, when it was set at an historic UN meeting, the UCI 1990 goal was thought by many to be unattainable. Nonetheless, we reached the UCI target through highly mobilized political will and tenacious action by all. SAARC countries wrote some of the most inspiring pages of that success story. More than one million children's lives are now being saved in South Asia annually as a result.

Today, it should be possible to increase vaccine coverage levels even above those of 1990-91, so that the affliction of crippling childhood diseases like polio and tetanus can be virtually eliminated by mid-decade. Iodine deficiency, which reduces the energy and debilitates the minds of at least 100 million people, including children, in this subcontinent alone, can be brought firmly under control by 1995. Guinea-worm disease, acute in some pockets in this region, can, with a determined effort, be eradicated within the next few years. These are only a few of the immediate possibilities within our reach, thanks to the strengthened commitment to children of the past few years.

Encouragingly, there has been a steadily declining trend in infant and child mortality across South Asia, but -- if we are to meet the year 2000 goals -- the pace needs to accelerate by almost double current rates of decline.

And accelerate they can, and should. Last year, South Asia had 1.4 million pneumonia deaths and 1 million diarrhoea deaths among children -- some 6,600 a day -- together accounting for almost half of the region's under-five mortality. As most of us know, we now have low-cost technologies that can prevent most of these deaths, but they are far from universally available. For example, only 20% of homes in the SAARC countries use oral rehydration therapy (ORT), the simple mixture of salts and sugar in water that is already saving -- globally -- a million children's lives per year. The percentage is lower still for the appropriate use of antibiotics for children with pneumonia.

Building on the lessons of the 1980s, particularly the lessons learned in the UCI effort, communities should be able to take advantage of the health and social infrastructure that already exists to universalize an effective response to diarrhoea and pneumonia, and gain access to safe drinking water and reasonably adequate sanitation facilities over this decade. And we will have no excuse whatever, not even that of poverty, if large numbers of children continue to be denied access to basic education which, in the long run, is an inescapable prerequisite for all other dimensions of human development -- as well as for sustaining what has been achieved until now.

I am most gratified to see that you are all building on the momentum achieved over the past several years. Each country in South Asia has by now translated the political commitment it made nationally, affirmed regionally and reiterated globally, into a National Programme of Action (NPA) for meeting children's essential needs over the next decade. This is a major step forward, and even more so since it is being taken in unison. Now the challenge is to translate these national programmes into regional and local plans, and accelerated action at the community level.

The First SAARC Conference on Children resulted primarily in a consensus on priorities, principles and policies for children. As I understand it, this second conference is focused on strategies, structures and resources for implementing the ambitions now reflected in the National Programmes of Action. We know by now what needs to be done, but we need to clarify with one another, and to every segment of society, exactly how it will happen -- including how we will help each other make this happen.

Here again, South Asia provides us with inspiring examples, applicable within and beyond the region. I say this because every major issue on our agenda today has been pioneered in your countries over the past two or three decades: ORT, iodization of salt, immunization leading to eradication of smallpox, family planning, village schools, adult literacy, Mark II and Tara pumps for water supplies, guinea-worm eradication and more recently, dramatic studies affecting world policy on acute respiratory infections, vitamin A and breastfeeding. All of these and more were developed and perfected here. It remains the challenge to extend these benefits to each and every village in South Asia -- not merely through making these technologies and this know-how massively available but through a participatory process that empowers communities to help themselves and gives families and especially mothers the confidence to demand and use the life-saving developmental tools we now have.

Children cannot wait until poverty is reduced. Actions taken now to improve their health and education will help loosen the grip of self-perpetuating poverty. It must be kept in mind that of the 50 million child deaths that would occur in South Asia over this decade if present patterns were to continue, some 30 million could be avoided if we implement the commitments we have made. If we do not act to prevent these deaths, the loss of so much human potential would constitute a serious blow to economic development and contribute to maintenance of high population growth rates resulting from parents having more children as an "insurance policy" for infirmity and old age. It is noteworthy that if all of South Asia last year had had the literacy and child death rates of Kerala, India, or Sri Lanka, some 4 million fewer children would have died and 15 million fewer children would have been born. So the question that needs asking is, can we bear the economic loss of not letting their potential develop and contribute to the common good? Can we afford not to take the most effective route towards the small family and an improved quality of life -- namely, universal female education? Moreover, can we live with the moral guilt of not using the technology and knowledge we already possess to save the lives and help develop the potentials that add up to our collective future?

We are all familiar with the key question: where will the necessary resources come from? Experience in South Asia itself gives us a clue.

First, some major improvements can be made now, at virtually no added cost. ORT is begun at home with available fluids and food. Currently, a large proportion of diarrhoea cases are treated, improperly, with anti-diarrhoeal drugs. What prevents us from replacing this substantial investment by parents with the proper cure -- ORS for every case? Everyone uses salt -- the cost of adding iodine is only a few cents per year; money is not the issue. What is needed, however, is strong leadership from government, and the wide involvement

of the media, school teachers, priests and imams, retailers, NGOs and local communities, to encourage use of these no- or low-cost solutions.

Second, programmes like EPI, where the costs of vaccines and syringes are relatively modest, do not require massive infusions of funds to be sustained. You have already made a substantial investment in equipment and manpower training and the need now is to mobilize major support from community organizations, and public media like TV, press and government administration.

Alternatives to high-price education are being found through innovative local financing in the South Asia region. Universal literacy has been accomplished in numerous districts in India using educated adult volunteers who hold evening classes in existing buildings, and in women's agriculture cooperatives in Nepal. In Bangladesh, NGOs have helped villagers to mobilize themselves to build simple schoolrooms and train village women to teach a basic primary curriculum. Even education can be accomplished at affordable cost with the full involvement of communities.

I suggest that the time has come for national policies and programmes to embrace and strengthen the ethos of 'building from below' through viable community-government partnerships at the level where the needs are. The resources and resourcefulness of poor communities have been grossly underestimated and underused. And, to the extent their resources need to be supplemented, support can be mobilized within and across countries -- national and foreign aid budgets can and must be restructured to reflect the new priority placed on meeting basic human development needs.

We all know that major progress in the well-being of children ultimately requires progress on many fronts -- progress in the battle against poverty, in the struggle for economic growth, for an end to gender discrimination, among others. We also know that the more than 20 specific goals set by the World Summit for Children require a comprehensive set of national actions and that, fortunately, many of them are inter-related and mutually reinforcing. We all know, for example, that reduction of measles contributes to reducing diarrhoea and acute respiratory infections, the two leading causes of death among young children. We know that a well-nourished child learns better and that no single investment provides higher returns for the health and well-being of families and societies than girls' and women's education. But this synergy, so evident at the grassroots level, is often not perceived at the policy level, and it is often undermined by compartmentalized sectorial planning. The National Programmes of Action you have prepared present a unique opportunity to take advantage of the synergistic inter-relationships among the year 2000 goals.

SAARC needs to be supportive of action on all these fronts. But why not single out several major problems for which we now have ready, "do-able" solutions, for special collaborative attention by all countries simultaneously, so that we can capture and magnify the synergism between and among human development goals?

What happened with UCI points the way forward. All of your governments gave it high priority, and the external community was constant in its support. There was a rapid informal interchange of experience and successful

techniques. Support was mobilized throughout the social fabric and was galvanized, often, in unexpected and innovative ways. Thus, South Asia's outstanding cricket star, Imran Khan, was active and visible as an advocate for immunization simultaneously in several South Asian countries -- and later, with equal effectiveness, in the United Kingdom. In the effort to meet the 1990 UCI goal, enthusiasm, energy and knowledge transcended national borders.

I would suggest that setting intermediate goals as a region could reinforce efforts being made in each of your countries. Why not agree on four or five targets where the element of regional collaboration could most clearly make a difference? And why not meet them by 1995, in time for the mid-decade United Nations progress review scheduled by the World Summit for Children? 1995 is also the year in which the World Summit on Social Development is expected to be held, and the 50th anniversary of the United Nations will be celebrated. If SAARC were to come to these events with the solid accomplishment of a cluster of strategic, intermediate goals, you would be providing powerful impetus to the global process of implementing the goals for children and to the broader human development agenda.

What could some of these "do-able" goals be?

* First, it should be possible to identify intermediate goals in basic education, possibly around the girl child. In those countries where female enrollment is currently quite low, would it be feasible, say, to ensure that 70% of all girls are attending primary school by end-1994? And in those countries with higher levels, to see to it that 90% to 100% of girls are in school by that time? I believe it's "do-able".

* Oral rehydration therapy against killer diarrhoea comes to mind next, because it has the greatest potential for becoming part of the household and community culture at extremely low cost. I would say that if you really set your minds to it, you could get ORT use up to 80% by the end of 1994. At the mid-term review, you'd be able to say ORT is being used in every village and hamlet, saving some 2,500 young South Asian lives per day, 900,000 per year.

* Third, iodization of salt to prevent the physical and mental deficiencies that result — for many millions — from lack of iodine in the diet. Three countries in the region have taken the initiative to achieve universal iodization of salt by the end of 1992. This should give impetus to regional cooperation and national efforts to enable all of South Asia to reach this goal by the end of 1994. And sustainability of the effort will require legislation, monitoring and enforcement mechanisms to be solidly in place by that time.

* Fourth, guinea-worm disease. Couldn't the last pockets of this scourge be eradicated once and for all by the end of 1994, or even better, by the end of 1993? Success in South Asia should serve as a great encouragement to accelerated efforts in Africa, where the "fiery serpent" is most acute.

* And finally, SAARC, where the life-saving practice of breastfeeding has not been eroded nearly as much as in other regions, could take decisive leadership in this area by ensuring that all free and low-cost distribution of infant formula to hospitals and maternity institutions has effectively stopped by the end of this year, as promised by the infant formula manufacturers, if only governments would take a lead.

Success in meeting such intermediate targets would surely lay the basis for broadening the scope of priority action to cover all or most of the year 2000 goals. Regional working groups or task forces on each of the interim goals could meet every six months to strengthen collaboration and exchange experiences, and each SAARC summit meeting could review progress along the way. Needless to say, UNICEF stands ready to assist you in such a process and to help mobilize support from a donor community that -- I am confident -- will find this concerted approach to meeting interim targets highly attractive. South Asia, again, as in 1986, could prove to be an important role model for other regions.

On the threshold of a new century and a new millennium, South Asia -- home today to a larger number of poor than any other region -- has the capacity and the human resources to make greater social progress than any other region. Will you do it? I am convinced you can. And if you don't, every day over 14,000 children in your countries will continue to die of largely preventable causes -- that's over five million each year. This would lead to a defensive response by poor parents against the ongoing tragedy; they would let more and more children be born -- the only tangible asset they could invoke.

The great poet Rabindranath Tagore once said that "Life's aspirations come in the guise of children". If you continue working together regionally for children and human development, if you take up the challenge to enhance that collaboration even further over the next few years, you will help fulfill those noble aspirations.

The 1990s is a decisive decade; it may, in fact, turn out to be one of those rare "windows of opportunity" that open only once or twice a century to permit quantum leaps of human progress. The 1990s is a decisive decade for South Asia to come into its own. It is a decade during which each country can have substantially realized its goal of self-reliance for human development, beginning with children. It is a decade in which the subcontinent should move forward in the spirit of collective self-reliance through inter-country cooperation, a founding principle which you have wisely enshrined in the SAARC Charter.

The Second SAARC Conference on Children has a specific contribution to help make this dream come true. As your steadfast partner in development, UNICEF pledges its continued support to your renewed efforts to improve the lives of the 410 million children of South Asia. It gives me great pleasure to wish this conference great success.