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Message from Mr. James P. Grant
Executive Director of the United Nations Children's Fund (UNICEF)
at the
Opening Session of the
OAU International Conference on Assistance to African Children

Dakar, Senegal
25 November 1992



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Soon -- if they have not done so already -- our children will realize that with all the historic changes of the past few years, the 1990s have opened a rare "window of opportunity" to make quantum leaps of human progress. And they will ask us, the adults of the 1990s -- and particularly, the leaders and policy-makers of the 1990s -- what we did to take advantage of that opportunity, in order to put an end, once and for all, to the mass death of children due to readily-preventable disease and malnutrition. Future generations will judge us harshly indeed if we allow the window to slam shut on our children's future.

This conference is the beginning of Africa's answer to its children's urgent question. And leaders and officials from around the world have gathered here in solidarity with Africa and in recognition of the fact that, in this shrinking world, Africa's fate is inseparable from humankind's common destiny. So this is quite an occasion. It promises to be the most important event for children in 1992.

This meeting is the logical outcome of a series of actions Africa has taken on behalf of children, actions that have contributed to a major ethical and practical breakthrough for human development worldwide. Africa weighed in early -- at the 1987 OAU summit -- in support of the Convention on the Rights of the Child, which by now has been ratified by 123 nations, 39 of them African, and went on to become the only continent to have followed up with a Charter on the Rights and Welfare of the Child. Africa proclaimed the 1990s the African Decade for Child Survival, Protection and Development. In 1987, when immunization levels averaged only about 20 per cent, Africa committed itself to reaching coverage of 75 per cent of all under one-year-olds by the year 1990, and -- much to the surprise of the skeptics -- two-thirds of African countries achieved the goal, and the remaining one third attained more than 50 per cent coverage. As a result, Africa is saving about half a million young lives a year!

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At the 1989 OAU summit, when it was still unclear how the rest of the world would react, Africa strongly supported the approaching World Summit for Children and went on, in September 1990, to provide its co-chair and an impressive 18 of the 71 heads of state and government who attended that first-ever global summit. To date, 44 African heads of state or government have signed the Declaration of the World Summit for Children, joining those of another 94 countries in a series of solemn commitments which, if fulfilled, will radically improve the lives of children everywhere by the year 2000.

A global revolution for children is underway -- and it wouldn't be happening without Africa's enthusiastic and consistent leadership.

The world does not often get to hear about the role Africa is playing in this process. The world does not often hear about the advances Africa has made, especially in the 1960s and 1970s, in reducing infant mortality, raising life expectancy and increasing access to primary education, safe water and health care. Misinformation, paternalism and, I suspect, guilt over the West's historic role in the subjugation and impoverishment of this continent, combine all too often to create a distorted image of Africa, symbolized by the Starving Child and the Child Soldier. We all know there's no lack of hungry children or young soldiers in Africa -- it's a preventable tragedy that shames and indicts us all -- but that is, of course, not the whole story. The world also needs to hear about the persistent efforts of African families and governments to feed and educate their children. And a world that has tended to see Africa as backward-looking and unchanging needs to know that some of the most courageous democratic and economic reform in the world today is taking place right here. Hopefully, this conference will contribute to a more balanced view.

You have before you extensive and up-to-date documentation, so I will not use my limited time today to detail the current state of the African child. Suffice it to say that one third of the almost 13 million children who die worldwide every year are African, although they constitute little more than 10 per cent of the world's child population. And this tragic, unacceptable disproportion is steadily rising. Due to a combination of adverse domestic and external factors, and despite Africa's best efforts, this is the only continent where the status of children has deteriorated in recent years and is currently expected to worsen in the 1990s, as the weight of economic stagnation and that new scourge, AIDS, take their toll. It is the moral -- and practical -- imperative to halt and reverse this downward spiral for Africa's children that brings us here today.

What I do want to focus on is how Africa can quickly -- and, yes, relatively inexpensively -- build a shield of basic protection around the early years of its children, without waiting for

economic growth to be fully restored. The World Summit for Children identified proven, low-cost/high-impact strategies for reaching seven overarching and 20 supporting and sectoral goals concerning children's and women's health and education, nutrition and sanitation. These goals, taken together, provide a set of priority measures for human development and social progress.

Since disease, malnutrition and illiteracy are causes as well as symptoms of poverty, reaching these goals will help loosen the grip of self-perpetuating poverty and contribute to economic development. They enable children of poor families to survive and develop to a potential their surroundings and economic status would otherwise tend to deny them. It must be kept in mind that of the 46 million child deaths that would occur in Africa over this decade if present patterns were to continue, an estimated 12 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 will constitute a devastating blow to economic development. What is more, failure to save these lives would contribute to maintenance of high population growth rates resulting from parents having more children as an "insurance policy" for their own support in infirmity and old age. In turn, unabated population growth would further stress and deplete Africa's already overtaxed and degraded environment.

Africa now has an opportunity to "outsmart" some of poverty's worst effects and weaken its hold on the lives of the young.

Africa has already shown, in the case of universal child immunization, that promises made to children can be kept even during hard times, given the will of governments, international agencies, non-governmental organizations and communities to work together. Africa is showing how economic difficulties can give rise to innovative solutions and new systems for meeting people's basic needs. The Bamako Initiative -- now being implemented in 22 African countries -- is a shining example. This community-based approach is proving to be the key to reviving the health care system on a sustainable basis. The highly-successful Iringa (Tanzania) community-based programme model is now being promoted world-wide to combat malnutrition.

Now, as hard times continue, Africa is challenged by a broader set of goals -- ambitious but eminently "do-able" goals -- and reaching them will require highly mobilized political will and tenacious action by all.

I am most gratified to see that most of Africa is taking the World Summit for Children commitments quite seriously. Over the past year, in a process involving diverse sectors of government and civil society, Africa has assessed the feasibility of the Summit goals and adapted them to the conditions prevailing in each country. The result is that some 40 nations have already completed

National Programmes of Action (NPAs) to implement goals and strategies in line with the World Summit Plan of Action and, in most of the remaining countries, work on NPAs is proceeding apace. Virtually the entire continent has been working hard to find concrete ways to give children's essential needs a "first call" on society's resources and concerns, as called for by the World Summit. Never before has so much medium- and long-term social sector planning been undertaken. In the process, many governments have begun to re-examine national development priorities, budgets and foreign aid.

If they are going to make a difference in the lives of their intended beneficiaries, even the most well-prepared NPAs need to have life breathed into them. Several suggestions for making NPAs effectively operational come to mind:

* First, their implementation must be effectively decentralized. Strong national leadership and policy direction are obviously critical, but they are not enough. Success will almost certainly prove elusive unless national plans are systematically translated into state, regional or provincial, and, eventually, into municipal programmes of action. Yesterday, at a meeting here in Dakar of mayors from all over Senegal and a number from other countries, there was broad consensus on the need to translate National Programmes of Action into practical plans for action at the local level.

* Second, implementation must be inter-sectoral and participatory, involving not only health and other social sector ministries but finance and planning offices as well. Active participation by non-governmental organizations is also critical. Many countries have shown the way by establishing national commissions to follow-up on NPA implementation, made up of government, private sector, NGO, professional, religious and cultural representatives. The kind of dramatic acceleration of progress Africa requires can only come about through broad participation and social mobilization. Modern and traditional communications media need to be enlisted. I suggest 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.

* Third, in order to understand the magnitude of children's problems, mobilize adequate resources and measure the impact of what we are doing, we need to have reliable monitoring and information systems. Such systems indicate what progress is being made and what further actions are still required. It's particularly important to track the progress of girls and women, in order to highlight and take early action to narrow gender disparities. Moreover, special attention needs to be given to monitoring the status of the growing numbers of children living in poor, peri-urban communities, and those in especially difficult circumstances. Because of their marginal existence, they tend to be statistically "invisible", and are thus often hard to reach with assistance.

* Fourth, estimates of the costs of proposed programmes need to be made and sources of funding must be mobilized so that NPAs can be fully integrated into national development plans and budgets. They will remain "wish-lists" of noble aspirations to the extent this is not done. And where national capacity for costing or monitoring is lacking, urgent technical assistance needs to be mobilized from the international and bilateral aid community, and that naturally includes UNICEF offices throughout Africa.

* Finally, I would suggest that setting intermediate targets -- individually or as a region or sub-regions -- would greatly reinforce efforts to reach the year 2000 goals. I am gratified to see intermediate goals incorporated into a number of African NPAs. Many of the goals are inter-related; certain interventions are more easily accomplished; some will have greater impact than others. Meeting a few strategically-selected goals by the year 1995, say, could give a boost to efforts to meet goals that are more difficult to achieve. I trust that you will consider this possibility in your working groups.

It is estimated that total financial resources on the order of US\$12.7 billion per year additional to current spending are needed on average over the 1990s to achieve the World Summit goals for children in Africa. About two thirds -- US\$8.8 billion -- is

required for major sectoral programmes in health, education, nutrition, water supply and sanitation. It is clear that Africa is not in a position to mobilize the full resource requirements domestically for meeting the goals. It is sending an average US\$1 billion per month abroad in debt service and loses billions of dollars a year due to unfavorable terms of trade -- US\$5.5 billion in 1991 alone. Nevertheless, its governments are making extra efforts to increase funding of NPAs, and we trust that they will mobilize half of the resources needed for the key sectoral programmes.

"But where are the resources going to come from?" That's the question we hear all the time from officials who say there are no additional funds for social programmes. While we would be the last to question the gravity of Africa's economic situation, we believe that sources of some additional domestic funding can be found in all but countries racked by civil wars and those undergoing the most serious environmental emergencies.

There is broad consensus today that structural adjustment programmes can and must be re-designed to cushion their impact on the most vulnerable. The IMF and World Bank say that alleviating poverty is an essential, priority component of growth strategies. In the post-cold war era, the swords of military budgets can increasingly be beaten into ploughshares of socio-economic progress -- and a number of African NPAs clearly reflect the gradual emergence of initial "peace dividends". Privatization of public enterprises and market-oriented reforms are generating revenues and savings that can and must be re-invested in human development. Moreover, the resources and resourcefulness of poor communities have been grossly underestimated and under-used. As I mentioned earlier, Africa's Bamako Initiative is demonstrating that primary health care delivery can be extended and improved when local communities are empowered to manage and help finance vital grassroots services.

And while meeting our goals will require a substantial investment, we must remember that some of the most effective things we can do for children right now cost little or nothing at all:

* Take oral rehydration therapy (ORT) -- home-produced fluids and food -- which African parents are making increasing use of to prevent and treat the dehydration caused in young children by diarrhoeal diseases. If every available media channel promotes ORT and presidents, ministers and other leaders personally take up the banner of this life-saving intervention, I am certain the proportion of families using ORT can rise from the current level of 30 per cent to 80 per cent by 1995.

* Almost everyone uses salt; the cost of adding iodine to prevent physical and mental deficiencies is only a few cents per person per year -- money is really not the issue. Couldn't Africa aim for iodization of 80 per cent of its salt by 1995, while alleviating deficiencies through provision of capsules and injections of iodine in areas where salt is not normally commercially available?

* Breastfeeding -- it's free and a life-saver. By the end of this year, the distribution of free and low-cost supplies of infant formula to hospitals and maternity centres should be halted, and breastfeeding promotional campaigns need to be in place. There's no reason why, by mid-decade, all hospitals in Africa couldn't all be designated "Baby Friendly" and there couldn't be a massive return to breastfeeding underway in the cities and social strata where bottle-feeding has recently made important inroads. This would not only give your babies the best possible start in life, but save Africa tens of millions of dollars annually in foreign exchange now being spent on imported breastmilk substitutes.

* Vitamin A supplementation to counter blindness and death -- it is very low-cost (especially if "piggy-backed" on immunization programmes) and the economic returns it provides are estimated to be at least 20 times the costs involved. Cutting blindness and child deaths due to vitamin A deficiency in half by 1995 might be one of your intermediate goals.

Obviously, not all of the goals can be attained at such minimal cost. But programmes like immunization, 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 all major media, government and NGO support and community participation, to ensure maintenance of high levels of coverage. Making a big push -- but not a huge expenditure -- I believe that Africa should be able to increase coverage to 80 per cent of all under one-year-olds by mid-decade. At a similarly modest cost, I am certain that guinea-worm disease -- already reduced in Africa by 70 per cent -- can be eradicated by 1995.

Even more costly services such as basic education, drinking water and sanitation can be extended and improved at affordable cost with the full involvement of communities and the use of innovative and creative approaches. For example, a major shift to low-cost technologies and grassroots participation could bring down the cost of rural water supply to US\$30 per capita from current levels often three times as high. While undertaking longer-term and more costly investments in reforming basic education, Africa could make major gains in the short and medium-term -- at an affordable cost -- through community involvement in primary education aimed, in particular, at enabling girls to stay longer in school.

Where additional funding cannot be found, restructuring of social sector budgets will be needed. For example, financial resources for health can be re-allocated from construction of high-tech hospitals serving a privileged few in capital cities, to more cost-effective interventions, mainly of a preventive nature, targeting the less well-off and poor majority. Governments can reduce costs by pushing service delivery "down the chain" to lower-cost facilities and by "piggy-backing" services on existing programmes. Savings can often be generated by having private agencies deliver services financed by governments. The mix of approaches will depend, of course, on the conditions in each country, but the key to success lies in getting our priorities straight. Domestic spending on social priorities -- primary health care and child nutrition, basic education and female literacy, safe water and sanitation, as well as family planning -- needs to rise to at least 20 per cent of total government expenditures, up from about 12 per cent today, if Africa is to have a chance at meeting the year 2000 goals. Having NPAs will accomplish little if social sector budgets are not increased or restructured to reflect human development priorities.

The other half of what will be needed to fund key sectoral programmes -- some US\$4.4 billion -- must come from the external side of the equation. But at present, only about US\$2 billion of the US\$17.6 billion Africa receives in annual ODA goes to social priorities. Clearly, both the total aid flow -- and the proportion devoted to human development priorities -- are inadequate. What the industrial world spends on the military every three days would be sufficient to cover the external requirement for Africa's key sectoral goals. Through allocating part of their peace dividend to African development, through debt reduction and cancellation, and finally, through restructuring ODA to ensure that social priorities are adequately funded, donors can match Africa's additional effort for its children with extra efforts of their own. The United Nations Secretary-General, Dr. Boutros Boutros-Ghali, recently called for a "significant expansion of bilateral concessional finance, particularly for the least developed countries and the drought-stricken countries in Africa", terming it one of the

"highest priority" measures awaiting action in the area of development finance.

There are a number of positive experiences and promising developments to build upon:

* In the latter half of the 1980s, that "lost decade" for development, Italy came forward to help Africa and provided US\$100 million for the continent's immunization effort. The first phase of that effort ended successfully in 1990 and constituted a leading example of solidarity with an Africa ready and willing to help itself.

* The French government's recent initiative aimed at recycling debt into development projects in four middle-income countries in Africa invites emulation by other creditors and extension to all debtor developing countries.

* Recent studies show that the proportion of foreign assistance devoted to African education -- and particularly, basic education -- has been on the increase over the past few years, although further increases will obviously be required.

* Donor response to the African AIDS pandemic has been generous, showing that resources can be found when there is broad understanding about the urgency and gravity of a given issue.

These are all encouraging signs.

Over the next two days I urge the representatives of donor and African countries to discuss new modalities for cooperation -- among them, national compacts for children and a series of illustrative programme approaches we have developed for Africa -- in order to forge a new, mutually-beneficial relationship.

Recently, I had the opportunity to visit Somalia as part of a high-level United Nations relief mission, and I saw horrors there worse than any I had seen in long years of travels to countless hot spots and emergencies. It was a tragic face of the African crisis I shall never forget. But even amidst war and starvation, I saw hope and strength, and met many Somalians working for a better tomorrow. The visit only confirmed for me the correctness of UNICEF's priority focus on Africa, and we will continue to stand by the people of this continent in hard times --

convinced as we are that not all is crisis and emergency in Africa and that better days are soon to come.

You will be focusing, over the next three days, on the needs of Africa's children -- urgent, long overdue, massive needs. But according to the Convention on the Rights of the Child, the essential needs of children to health and education, safety and development are no longer options to be addressed, postponed or ignored by the adult world, depending on whether times or bad or good, whether there's war or peace. For the first time in history, we are obliged to treat those basic needs as rights -- rights to be fought for and respected no matter what conditions may be. This is the revolutionary principle of giving children a "first call" on society's resources and concerns -- an ethic that can be found at the vital core of African community and family tradition.

To the 39 African countries that have already ratified the Convention on the Rights of the Child, I would say: you have an extraordinary tool in your hands for improving the lives of your children and society as a whole; use it to the hilt, through legislation and enforcement of the law, public education and advocacy. To those countries that have yet to ratify the Convention, I would strongly urge them to do so, for -- as you know -- children cannot wait. Their childhood is today.

A strong and dynamic Africa -- a major supplier of the primary products on which many economies depend -- will have much to offer the rest of the world, in expanded trade, new and vibrant markets, investment opportunities...and in particular, in new generations of healthy, educated and productive young people ready to contribute their energies, values and talents to society. We cannot afford to fail the test of global cooperation, of global humanity, that this historic conference represents. By coming to Dakar this week and addressing the needs -- the rights -- of Africa's children, we have leap-frogged over the calendar; in essence, this is the first gathering of 21st century Africa. I wish you great success in your deliberations.