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Statement by Dr. Richard Jolly
Deputy Executive Director (Programme)
of the
United Nations Children's Fund (UNICEF)
to the
Artists and Intellectuals Symposium for
Child Survival and Development in the Frontline States and in Southern Africa

Harare, Zimbabwe
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Mrs. Mugabe;
Distinguished leaders in the arts;
Friends from Southern Africa; and
Friends of South and Southern Africa:

I am both honoured and delighted to participate in this distinguished and dynamic symposium. Let me first convey the greetings of Mr. James Grant, the Executive Director of UNICEF, who has asked me to communicate his personal sadness at being unable to be among us today. He has sent a message, and I would like to begin my own remarks with these words from him (attached to distribution copy).

We meet in a phase of history which has been particularly severe to Sub-Saharan Africa. This decade has seen drought, political upheaval, destabilization and famine. The global economic difficulties of the 1980s have impacted most heavily on Africa, and the effects have been disastrous. A disproportionate share of the suffering has been borne by the most vulnerable, including women and children.

One of the most galling aspects of this situation - but one which ultimately contains a potent kernel of hope and promise for this continent - is that much of the human suffering which has been endured is not necessary. In spite of what seem at first to be unsurmountable difficulties - for example, in spite of obvious conflicts of interest between creditor and debtor countries, and between those making most of the economic and political decisions and those suffering the consequences, there is some space for improving the outcome in terms of human welfare. Indeed, there is more room for manoeuvre than may often be realized, and which is available to be used constructively by those sufficiently determined to utilize overlooked resources creatively.

We all hope that the global economic and political climate will change. We who are concerned with the health of children and women must assume, however, that the climate will remain very difficult indeed.

What can be done under current conditions? Given what we have, what is possible?

Your Harare symposium occurs at an historic moment. An unprecedented breakthrough in the health of children is taking form in several countries - in Africa and throughout the world. We now have the means to, by the end of this century, reduce by half the number of child deaths and disabilities which were occurring at the beginning of this decade, at a cost so low that virtually every country can afford them with a modicum of external assistance. As a dramatic demonstration of this new potential in the 1980s, the lives of millions of children - the lives of 2 million in 1987 alone - have been saved, and the crippings of a comparable number more prevented, by nations which have mobilized to put today's low-cost solutions at the disposal of the majority of families.

The dark clouds of preventable child deaths and the effects of poverty and destabilization are pierced today by new rays of hope. Illuminated on the horizon are the unprecedented possibilities of saving children's lives and improving the health and well-being of those who survive. Also coming within view is the possibility of completing the Convention on the Rights of the Child by 1989, the 10th anniversary of the International Year of the Child, to solemnly commit every government to protecting the most essential rights of every child. Furthermore, the international health community has identified a certain body of basic health information on which there is now world-wide scientific consensus; on which most parents can act; and which has the potential - if known and acted upon - to drastically reduce child deaths and malnutrition. This remarkable body of information - so simple and yet containing such dramatic potential for improving the health and well-being of massive numbers of people - is being compiled into a book planned for publication later this year, entitled Facts for Life. And there is our revolutionary capacity to communicate with the world's poor, which has, for the first time in history, opened the door to both reaching the world's poorest with life-saving basic health knowledge, and to mobilizing people - at every level of community, from family and village to international - to take far greater control of their own health.

Actions can be taken at all levels: village, district, national and international, and we can begin to see some of this action take effect.

In villages and in homes - where positive effects on health must ultimately manifest - we are beginning to see a rapidly increasing number of parents preparing simple oral rehydration therapy at home to save their children's lives from the lethal effects of diarrhoeal diseases, and we are seeing more families practice basic hygiene to prevent these deadly diseases in the first place; we are seeing parents bring their children to be immunized against the six main child-killing diseases; we are seeing a return to the widespread practice of breastfeeding and proper weaning practices. More and more parents are monitoring the growth of their children monthly to warn of impending malnutrition. And we are seeing increasing use of maternal and child health centres which support such low-cost/high-impact self health activities as those I have just mentioned.

At district level there is the exciting gathering momentum around the "Bamako Initiative" to support maternal and child care for all of Africa. The mainspring of the initiative is a new way of funding and managing essential drugs for each community. The drugs, bought in bulk at low cost, would be sold at prices which, while much lower than the local retail cost, would be sufficient to finance not only the replenishment of the drugs themselves but also the development of district health services to the point at which maternal and child health care is available to all.

At the international level a consensus that there is a particular responsibility to mobilize support for Africa along with a commitment on the part of African leaders to undertake necessary reforms and adjustments was expressed in the United Nations Programme of Action for African Economic Recovery and Development 1986-1990 (UNPAAERD), which was produced by the Special Session of the General Assembly on Africa in May of 1986 - an historically unprecedented gathering. As the Secretary-General acknowledged in his report on the follow-up to that meeting, the extent to which many African governments have followed through on their pledges has been impressive. The tragedy has been that in spite of these efforts, international donor support has been limited in fulfilling its side of agreements.

Within the context of the UNPAAERD approach, social mobilization has been a major tool to accomplish strides forward in human well-being despite continued and increasing hardship, including economic restraint. This has been evidenced at country level in the revolutionary national campaigns to immunize all of the children in a country against the main child-killing diseases. It has been evidenced at the international level in the growing efforts among major international financial institutions to support policies which safeguard the social dimension during periods of economic adjustment - the approach we have come to call "adjustment with a human face", and in the willingness of governments to work with macro-economic people to facilitate the interaction of global ideas at local levels.

UNICEF accepts as a directive last July's farsighted request of the O.A.U. Summit, to facilitate implementation of the Summit's landmark "Resolution on Universal Child Immunization in Africa: Objective 1990, as a Component for the Protection, Survival and Development of the African Child", and to mobilize necessary resources and communities to complement national efforts. As we meet here in Harare in 1988; which was designated by the O.A.U. Summit as the "Year for the Protection, Survival and Development of the African Child", breakthroughs in child-health and in the well-being of the world's poorest which seemed like wishful thinking only a short time ago, are quite realistic.

At this juncture, social mobilization of larger groups must be undertaken in support of still broader initiatives. The historic and unprecedented challenge facing the world's children in the next decade will need to be faced through the mobilization of both external and domestic resources. The industrialized world needs to provide increased resources to the developing countries aimed explicitly at poor countries and poorer people within them which would contribute to the regeneration of growth and recycling of resources. The developing countries, on the other hand, need to explore innovative ways of financing recurrent costs, essentially mobilizing internal resources through community financing, different means of cost recovery, support through private sector, etc.

How, one might ask at this point, do these perspectives apply very specifically to the particular situations in Southern Africa? A number of impressive accomplishments already point the way.

Our host country, for example, has, since independence, made many of these low-cost/high-impact measures available to the populace. Zimbabwe's achievements in food production have been particularly exemplary. It is not only self-sufficient in its staple food, maize, but exports much of its surplus to other African countries. The most important lesson is that well over half the nation's maize is now grown by the small-scale, mainly subsistence farmers, many of them women, who used to account for only a third of production. The government of Zimbabwe has been innovative and extremely successful in such measures as:

- setting prices;
- in its agricultural lending policy; and
- in taking advantage of women in the agricultural work force.

Zimbabwe has pioneered a new model for family food security, based on investment in the small farmer rather than the large producer.

Another country which has made remarkable strides in the face of adversity is Botswana. Despite a five year drought in this decade which provoked mass starvation in other countries, a series of wisely focused government interventions, including judicious use of external assistance, resulted in (among other benefits) containing malnutrition in Botswana. A few of the measures included in the comprehensive and substantial Drought Relief Programme are:

- a labour-based relief programme which provides employment on infrastructural projects;
- provision of adequate clean water; and
- supplementary feeding programmes for primary school children.

A main focus of Botswana's programme has been nutritional surveillance - the weighing of under-3 children monthly, a measure which in recent years has reached 4 out of 5 children - and steadfast attention to nutritional needs which arise through loss of household income.

Positive steps have also been taken in Zambia in the impressive development and implementation of Primary Health Care (PHC), in spite of Zambia's being the country of the region most severely affected by declines in commodity prices, rises in debt, and the harsh effects of inadequate adjustment.

Among the nine countries bordering South Africa, Angola and Mozambique have been hardest hit by the indirect effects of the apartheid conflict. Impressive initiatives were undertaken in both countries between 1975 and 1980 in mother and child care, immunization, essential drugs, drinking water supplies, and food availability for the poorest.

We will not here list all of the countries of Southern Africa. For all of the difficulties in the region, one can find in every country areas of innovation - communities showing vitality, creativity and commitment; achievements which really are making a difference in the lives of villagers or those who live in hardpressed slums of towns.

The tragedy of the region is that, in spite of such initiatives within the region, Southern and South Africa today are faced with massive setbacks and sufferings arising from repercussions of destabilization, apartheid and war. Such effects are documented in the report which is available at this symposium, Children on the Front Line.

The direct human costs of warfare amount to at least 100,000 deaths in Angola and Mozambique alone. But most of the regions's deaths are not caused by weapons. They are caused by malnutrition and diarrhoea, by untreated respiratory infections, and by diseases which could have been prevented by immunization.

Health policies in Angola and Mozambique, during the late 1970s, looked likely to reduce under-five death rates to below 200 per 1,000 births (Tanzania's present level, for example, is 185 per 1,000). Instead, the rate in both countries has now risen to at least 325 per 1,000. It can therefore be estimated that approximately 140,000 young children have died in Angola and Mozambique this last year simply as a result of the armed struggle. "Every four minutes," according to Children on the Front Line, "a small Angolan or Mozambican child was lost who otherwise would have lived."

UNICEF urges the support of the African and international communities in achieving at least these 5 points for the countries of Southern Africa:

- 1) Basic health services - especially in rural areas - need to be restored or sustained and strengthened. Immunization, antenatal care, the monitoring of child growth and health, the supply of basic drugs and the provision of oral rehydration therapy are more important than ever.
- 2) Family food security, already eroded by drought and poverty as well as by war - must be restored.
- 3) Access to pure water remains central to reducing infant and child deaths. In addition to ongoing programmes - and the restoration of facilities destroyed by war - new facilities are needed.
- 4) Transport and fuel supplies must be safeguarded.
 - a) Transport to southern African ports must be guaranteed, or no other security is possible.
 - b) Fuel security interlocks with transport - without it, transport halts.
- 5) Safeguarding household income and meeting broader macro-economic requirements must both be addressed.
 - a) Household income must be safeguarded in order to sustain economic activity; restore production capacity, and to create employment.
 - b) The broader economic context will require protecting exports, imports, and government revenue.

These five measures lay the foundation for our institutional response to the crises we are discussing today.

We are called upon, however, to respond more personally, more individually, and through less formal networks than governmental institutions alone, in the face of the formidable foes of unnecessary child death and the devastating effects of apartheid. We are called upon to do all in our power; indeed, we are called upon to increase our power and to empower others to meet this challenge. Every person present here today has a vital role to play in this effort.

An urgent need for social mobilization and creative involvement in these efforts exists at every level of community: the family/household/village, national, and international levels. In villages the skills of those present at this gathering are needed to ensure that simple but powerful knowledge becomes available to those for whom it can make the life-or-death difference, and that they are supported in adopting appropriate behaviours. At the national level there is a need to support specific measures of the CSDR; there is a need to involve all groups and organizations of society in achieving positive common goals of basic health for all; there is a need for television and radio time; and there is a need to implement dynamic policies of adjustment with a human face. That which is most urgently needed from the international community is almost tangible in this very room today - it is the

sense of human solidarity with and awareness of Africa's needs, including domains from external debt and need for political change in Southern and South Africa, to the health and survival needs of women and children.

We who are not communicators come to this symposium of artists and intellectuals to learn. We come seeking advice on both how to apply these innovative approaches in the specific contexts of African communities, and on how to communicate effective, promising innovations to the international community in order to garner worldwide support for your efforts.

There is so much which can be done to address Africa's needs, as desperate and urgent as those needs are. Those on this continent who suffer, and the world community alike look to those present at this gathering, first, to develop, hone and adapt solutions, and second, to inform and lead society - at every level - toward enacting those solutions.

The potential of these efforts extends far beyond the tasks of child survival. With the proper leadership and guidance, it may, indeed, be a key to the ascendancy of people - of popular will, popular rights, and popular power - in the full range of social concerns. Let us seize this historic opportunity and take full responsibility for the success of this hopeful and peaceful revolution for Africa's children, and for its future.