

Subj Chron: CF/EXD/SP/1987-0028  
See also: CF/EXSTMNT/1987-0006

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Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
Economic and Social Council of the United Nations

Geneva  
24 June 1987



UNICEF Alternate Inventory Label



Rcf0006H06

**Item # CF/RAD/USAA/DB01/1998-02030**

**ExR/Code: CF/EXD/SP/1987-0028**

Economic and Social Council of the United Nations [ECOSOC]

*Date Label Printed* 13-Dec-2001

Cover + 10pp + 06



United Nations Children's Fund Fonds des Nations Unies pour l'enfance Fondo de las Naciones Unidas para la Infancia  
Детскому фонду Объединенных Наций 联合国儿童基金会 منظمة الأمم المتحدة للطفال

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Mr. President  
distinguished delegates:

It is a pleasure to contribute once again to the deliberations of the Economic and Social Council and to do so under the Presidency of a distinguished representative of Poland - leaders with special Polish ties played a major role in the establishment and early goodwill of UNICEF. I would like to share with the Council some of UNICEF's primary concerns, with particular attention to the conditions which affect United Nations development efforts - especially, of course, development efforts for children - and to offer a few suggestions on how we might strengthen the contributions of the United Nations system to social development and economic progress, particularly through the active guidance of ECOSOC.

UNICEF's key concern, of course, is how to reverse the recent slowing of progress for children and mothers - a slowing which results from the economic difficulties stressed by our President, the Secretary-General and other earlier speakers, and for which no easy major improvement is yet in sight.

For eight years now, developing countries as a group have experienced negative or negligible growth of per capita income. It is impossible to escape the harsh fact that these are particularly critical times for the world's children, the poor and the vulnerable.

The poorest nations have seen a leveling of development aid, a stagnation of their exports, a rising proportion of their governmental income and foreign exchange devoted to servicing debt, and a decline in overall bank lending. Among the consequences of these adverse circumstances are trends leading to massive retrenchment in public expenditures for health, education and other services vital to well-being. Particularly unfortunate is the fact that, from

country after country, reports continue to indicate that women and children have shouldered a disproportionate burden of the recession and adjustment to it - from the loss of incomes and employment to particularly severe cutbacks in government support services for these groups. The grave results of these past eight years of decline show in such glaring indicators as a slowing in the decrease of - and all-too-often an actual increase in - infant and child mortality rates.

Until these reversals occurred, the post-World War II era had been the first in human history in which it seemed reasonable to seriously anticipate overcoming the worst aspects of absolute poverty and bringing the basic essentials of health and nutrition to all humanity within a foreseeable period of time, such as by the year 2000. This has particularly been exemplified by progress in child mortality. In 1950, when ECOSOC first instructed UNICEF to turn its attention to improving the health and survival of children in the developing world, nearly 70,000 children were dying each day. By 1980, under-five child death rates had been halved and, despite a 25 per cent increase in births, the number of child deaths had reduced nearly 40 per cent, to 43,000 each day.

Will the 1980s witness the loss of the opportunity to accomplish the long-sought goal of meeting the basic needs of all humanity, at least for this century? Or - as has happened at times in the past - will current difficulties serve rather as a spur to new levels of creativity in advancing toward the United Nations goals of reducing infant mortality rates in all countries to under 50 per 1000 births and of primary health care for all by the year 2000?

There is hope if these dark times generate new creativity and new initiatives. Progress has been made, especially when efforts are concentrated on actions which can have a maximum impact on those most in need.

Perhaps the most vivid example of our current potential to sustain - and, indeed, to accelerate - progress for people even in difficult times - can be seen in the area of child survival. By combining rediscovered or newly appreciated low-cost/high-impact medical technologies such as vaccines and ORT with vastly expanded communications capacities, an increasing number of developing countries are recapturing momentum in the reduction of child deaths, despite the economic hardships of the 1980s. Thus, child mortality - which had been reduced by nearly 40 per cent during the three decades leading to 1980 - had been reduced another 5,000 daily - to 38,000 - by 1985.

Even though we see serious economic and health deterioration in many parts of the world and economic prospects look generally poor for the next several years, we do see the possibility of continuing to improve the health of children - and of progressing toward our United Nations goal of Health For All by the Year 2000 as well. However, several critical challenges confront us, and require creative, determined efforts to overcome them. Issues which we see as central to the development process for the remainder of this century are all matters in which ECOSOC can play a vital role. You have before you at

this session a number of opportunities to make significant contributions toward easing or solving the problems of these challenging times, and to enabling humanity to meet the basic needs of its most vulnerable citizens. Many of these issues are reflected under various agenda items, and in a number of reports (including the Report of the Executive Board of UNICEF, which is before you for your consideration and approval). I will refer to four particular issues in my comments today.

### Adjustment with a human face

The first of these issues, Mr. President, is the need for a more creative response to economic hardship through a tempering of adjustment policies to protect the most vulnerable - a concern which we have characterized as "adjustment with a human face". It calls not only for a greater protection of investment in the social sector during adjustment, but also for a restructuring of social sector expenditures by focussing on cost effective measures for protecting those most in need. You will see in the report I have just mentioned that UNICEF's Executive Board has devoted considerable attention to this issue.

I am pleased to be able to say that we have seen growing evidence of an international consensus supporting the need for alternative approaches. In fact, one landmark indicator of increasing international agreement occurred at last year's summer session of ECOSOC, in the statement of Jacques de Larosière, who, as retiring Managing Director of the IMF, declared:

"Adjustment that pays attention to the health, nutritional and educational requirements of the most vulnerable groups is going to protect the human condition better than adjustment that ignores them. This means, in turn, that the authorities have to be concerned not only with whether they close the fiscal deficit but also with how they do so."

In the year since, others have joined Mr. de Larosière in his foresight. His successor, Michel Camdessus, has affirmed his agreement, and, as delegates to this Council are aware, at the spring session of the World Bank/IMF Development Committee, World Bank staff presented a detailed report urging greater attention to the social impact of the adjustment process. Useful joint staff discussions have been held between the World Bank and UNICEF, and UNICEF participated in the Consultative Group meeting for Ghana to address these concerns.

The challenge now before us is to convert the growing rhetorical consensus into concrete actions at the country level. Essential to this process will be responsive external assistance to countries as they establish priorities for those programmes which result in the most benefit to the most vulnerable.

The opportunity for a re-ordering of priorities within social sectors, in response to current conditions, is perhaps best illustrated in an observation

made by Dr. Mahbub ul-Haq, then Pakistani Minister for Finance, Planning and Economic Affairs, at the 1985 Annual Meetings of the World Bank and IMF in Seoul:

"Must we spend a good part of our development budgets to provide facilities for the rich and privileged? I discovered from my own experience that it took only the postponement of one expensive urban hospital to finance the entire cost of an accelerated immunization and health care programme for all our children."

Dr. Mahbub ul-Haq, now Pakistan's Minister for Planning and Development, restated his commitment to these constructive approaches in an address to the UNICEF Executive Board this spring.

These new approaches to protecting the most vulnerable require ECOSOC's active engagement. We must mobilize greater support for these broader objectives in the UNDP Roundtables and the World Bank Consultative Groups ... we must forge better links with food assistance ... replicate in other sectors the low-cost/high-impact measures which are characteristic of the Child Survival and Development Revolution ... and mobilize as yet untapped major people-based groups and resources.

Reference also should be made here to the possibility of debt relief being linked to child survival, such as relief by creditors in which repayment of a substantial fraction of debt interest would be in local currency, and this, in turn, would be earmarked to fund low-cost, basic nutrition, health and education action for child survival and development.

#### Child Survival and Development

Mr. President, the second issue I would like to address today is whether the world community will capitalize on the recent child health breakthroughs which show that significant progress can be made at low financial cost in improving the well-being of children even in times of economic retrenchment if governments will press forward vigorously in pursuing the potential for a Child Survival and Development Revolution (CSDR). UNICEF's Executive Board this year reaffirmed our programmatic concentration on the reduction of infant and child mortality through the Child Survival and Development Revolution, with its cutting edges of achieving concrete goals by 1990 in virtually universal immunization against six diseases and access to oral rehydration therapy against the dehydration from diarrhoea. These diseases together are responsible for over half the deaths of children today. One measure of the effect of the efforts by developing countries to date over the past several years is the heartening fact that the number of predicted child deaths which did not occur in 1986 alone approaches one and one-half million.

The necessity of implementing child survival measures in the context of primary health care (PHC) and basic services is very clear, and where primary health care structures do not exist or are weak, UNICEF is committed to building the primary health care infrastructure in the process of child

survival initiatives. Many countries are, for example, accelerating the strengthening of primary health care as a consequence of their expanded immunization programmes.

Mr. President, a country which I visited two weeks ago - Indonesia - provides a good example of a country which is restructuring its health sector "with a human face". Despite falling prices for oil and other primary products which caused severe financial constraints resulting in cut-backs of more than 50 per cent in the development budget, the Government has both reduced the health budget by a lesser percentage than other sectors, and simultaneously greatly accelerated primary health care for children and mothers which should be saving the lives of more than 100,000 children annually by 1990. In November 1986, President Soeharto announced the sharp acceleration of the expanded programme on immunization and of the village-level "posyandu" maternal and child health posts through which immunizations are administered - an acceleration made possible by the reduction of more than three-quarters in hospital construction throughout Indonesia.

The posyandu system is scheduled to increase from 133,000 village health units in 1986 to 200,000 by March 1988, achieving Indonesia's 1991 target of providing one posyandu for every 100 children under five years of age three years ahead of schedule in at least the ten most populated provinces (which represent 85 per cent of Indonesia's population). These centres will cover about 10 million mothers and 20 million children younger than 5 years of age. The posyandu system mobilizes participation by calling upon already existing service organizations (such as women's associations and local village groups) to support self-help preventative health measures, in addition to immunization, that integrate family planning methods, prenatal care, oral rehydration therapy, immunization and growth monitoring.

Indonesia's farsighted approach to protecting and prioritizing of health care offers a landmark example of adjustment with a human face in action.

Children in especially difficult circumstances  
and the Convention on the Rights of the Child

Mr. President, a third area of continuing concern is the situation of children in especially difficult circumstances - children in situations of armed conflict; exploited working children and street children; abused and neglected children; and children affected by natural calamities.

UNICEF has sought to exercise a unique potential to bring relief to children trapped in armed conflicts by applying the concept of children as a "zone of peace" in troubled areas. One dramatic example is the "days of tranquility" which are now a tri-annual event in El Salvador, allowing all children to be immunized against diseases which, until immunizations were accelerated in 1985, killed more young El Salvadorans than all the casualties of that country's tragic civil conflict. A second example is the "corridor of peace" which allowed the transport of vaccines through the hostilities in

Uganda in 1985. Both of these cases remind us that even the most intractable adversaries can accept that children have no politics - and that, without children, nations have no future.

The most massive example of children in especially difficult circumstances today, however, exists in the countries of southern Africa, which have been plunged into a tragic interaction of economic deterioration resulting from armed conflict and, in some cases, active efforts at economic destabilization and destruction of already scarce social services.

The impact of this situation is brutally substantiated in a report entitled Children on the Front Line which UNICEF issued earlier this year. Those southern African countries most actively affected by destabilization efforts suffered markedly disproportionate infant mortality rates and levels of malnutrition. 140,000 children died in Angola and Mozambique alone in 1986 because of these actions. As is so often the case, children and mothers are disproportionate victims of war and conflict. We therefore appeal urgently to the world community: if we are unable to resolve the conflicts, let us at least resolve - and take appropriate measures - that children and mothers shall not be the first target of attack, whether militarily or economically, of the conflicting forces.

Mr. President, many of the problems faced by children relate to issues that can be addressed by a Convention on the Rights of the Child which is now being drafted by a working group of the Human Rights Commission. In these stressful times, such protections are all the more urgent. While elements of numerous other legal instruments deal, inter alia, with children, there is to date no one umbrella covenant that shelters them. I therefore wish to echo the General Assembly in its call for a rapid completion of the drafting of the Convention - even in these times of financial shortfalls which have constricted the drafting process. I am confident that the time and effort necessary to complete the task will be one of our most profitable investments. 1989 will be the tenth anniversary of the International Year of the Child and the 30th anniversary of the adoption of the Declaration on the Rights of the Child. I can think of no more fitting commemoration of these events than for work on the Convention to be completed by that date, an accomplishment which would be made more likely by an effective session of the Committee next January. I urge ECOSOC to encourage all governments to provide active leadership and participation toward achieving the goal of a Convention by 1989.

#### AIDS: a threat to every nation

As already noted by the distinguished spokesman for the Nordic countries, Acquired Immune Deficiency Syndrome (AIDS) is a fourth area requiring urgent attention - and still more concerted action - if progress in the well-being of children and mothers is not to falter or, indeed, to be reversed. I will return to this issue in a moment, because I believe it offers a particular opportunity, even in its catastrophic dangers, to demonstrate the capacity of the United Nations to respond to critical international challenges.

### Collaboration within the U.N. System

As delegates to this Council are well aware, UNICEF has long been active in promoting cooperative, coordinated effort among the secretariats of the U.N. system. The collaboration of UNICEF and WHO remains perhaps the model example in the system of genuine coordination and complementarity, and it continues to grow and strengthen at both the secretariat and governing board levels.

A more recent development is the promising evolution of the Joint Consultative Group on Policy (JCGP), comprised of UNDP, UNFPA, WFP, UNICEF and IFAD (in associated status), which focuses on the health/nutrition nexus. The JCGP has made progress in building linkages among programmes of the various organizations through a common focus on substantive priority goals.

UNICEF has been active in collaboration among U.N. organizations on several other issues, as delegates will recall from the discussions of this body held last year during the tri-annual policy review of operational activities. The background document prepared by Director-General Ripert for that review - emphasizing poverty, the social impact of adjustment, and women's role in development - remains a convincing and relevant guide.

This year, in response to the recommendations of the Group of 18, considerable attention has been paid to the role of governments in promoting collaboration through the inter-governmental fora. This issue is far from new to ECOSOC; indeed, your deliberations last year in many ways presaged the Group of 18 concerns. I refer particularly to the discussions regarding revitalization of the Council's co-ordinating role.

UNICEF's background of experience and concern on inter-agency issues is distinctly reflected in the UNICEF Executive Board's report to the Special Commission of ECOSOC considering these matters. As you can see in the Executive Board Report, the Board believes that considerable progress can be made by improving the linkages among the governing bodies of the system. Of particular relevance to this Council is the degree to which Board members urge that efforts underway to create more coherence among the governing bodies of the system be focussed through ECOSOC, which has the Charter mandate for such coordination. I am sure that delegates to the Council will wish to consider these views during your own deliberations on this subject. The challenge before you may be less one of creating new structures than of making existing ones more effective.

### Coordination in action

Mr. President, the three issues which I have discussed this morning are already the subjects of serious collaborations within the United Nations system. While there are always aspects that could benefit from improvement, our mechanisms for working together on these issues are well established. But the fourth issue - AIDS - is emerging as an area urgently calling for new levels of coordination and cooperation.



UNICEF has always believed that the true test of coordination is not in the structure of authority but in the practice of co-operation in programmatic action. The capacity of the various elements of the United Nations to work together effectively was successfully tested during the recent African emergency, as we joined under the leadership of the Secretary-General's initiative of the Office of Emergency Operations for Africa, both in responding to the immediate emergency and in working with the countries of Africa to develop a comprehensive strategy for long-term recovery and development. We see equally effective - if not even more effective - collaboration in the current massive, common effort to achieve Universal Child Immunization by 1990.

That capacity for collaborative action will be seriously tested again in a new emergency that confronts us - an emergency not limited to a single continent. The AIDS pandemic is now affecting virtually every country. In the years ahead, even in the best-case scenario, it will impose extraordinary social, financial and economic burdens on many countries in addition to its terrible personal trauma for millions of people and families, and it will strain the fabric of transnational movement, commerce and cooperation.

The World Health Organization has moved strongly in its appropriate leadership role in building an international medical and health-promotion response to the AIDS emergency. UNICEF's Executive Board, as you will note in its report, affirmed our support for WHO's leadership and our deference to their guidance, while also pledging to contribute UNICEF's expertise in social mobilization and communications, which will clearly be the most essential weapon in containing the pandemic. But the long-term social, economic, legal and political implications of this problem are enormous, and will require the active collaboration of all dimensions of the international system to support countries and protect people. Most especially, systematic attention by the United Nations can ensure that our on-going initiatives toward Health for All through primary health care as well as expenditures in other fields such as education, water, sanitation and agriculture, do not fall victim to overwhelming demands, or to panic reactions, from the AIDS pandemic.

Indeed, a system-wide pro-active political and developmental initiative in support of WHO's AIDS control strategy could strengthen understanding, in the development of national AIDS programmes, of the essential role of primary health care and the empowerment of people to protect their own health as the first line of defense against AIDS.

I encourage the Economic and Social Council to consider taking a leading role in still further strengthening the response of the United Nations system to the multi-dimensional challenges of the AIDS emergency, supporting WHO's lead-agency medical role, and ensuring the involvement of all relevant agencies in providing the guidance and advocacy necessary to address the non-health consequences of AIDS which extend far beyond the immediate medical effort.

Not only would such attention on your part ensure that the entire United Nations system plays its necessary role in this emergency, but it would also give us new experience in coordination in deed, rather than simply in word.

### Mobilizing management for efficiency

To complete the picture of accomplishing more for the improvement of human well-being despite increasing global economic restrictions, international institutions must apply some principles of adjustment to ourselves. In an era of tightening resources despite undiminished needs to which the United Nations community is committed, an issue of major concern in intergovernmental fora has been the necessity to improve the efficiency of the U.N. system. Thanks to the generosity and support of the Member States, and the public at large, UNICEF is not presently experiencing a financial crisis of the nature affecting the United Nations itself and other members of the system, though our margin of resources remains, as it has always been, quite narrow. (Indeed, your contributions to General Resources are put to work - expended - within a few months and sometimes only a few days after they are received.) But, if our reasons for searching for efficiency are more positive, they are no less urgent, since the demand for increased UNICEF assistance is pressing. A large number of steps have been taken; more are planned, and still more will be expected. I will cite six brief examples:

- Our recently completed budget process succeeded, within guidelines approved by our Executive Board in 1986, in achieving staff reductions in all categories of core staff. These reductions originally aimed to save more than 80 posts, ranging from the D categories to general service; the exercise ultimately reduced 180 posts. Of these, more than 100 were real reductions and the remainder were converted from core to project posts in accordance with policy set by the Executive Board.
- For 1986-87, expenditure on consultant services has been reduced by 40 per cent and travel by 25 per cent from previously approved levels.
- UNICEF - perhaps especially among agencies, given our mandate for mothers as well as children - recognizes that no institution can be truly efficient or effective if it denies itself the contribution of half the possible human resources upon which it could draw. We are therefore determined that women must not be only an object of UNICEF's effort, but equal participants within our staff. Today, 29 per cent of UNICEF's international core Professional staff are women, up from 25 per cent in January of 1986. We are committed to continue to increase that percentage at a pace that will, by 1990, result in women holding at least 33 per cent of our core professional posts.
- The consolidation of our widely scattered Headquarters Supply operation, begun in 1983, has resulted in nearly one-quarter fewer supply staff now providing double the output - with shorter delivery times.

- The reduction of core personnel at Headquarters locations in New York, Geneva and Copenhagen, and a major reallocation within the field over the past two bienniums; 83 per cent of total UNICEF personnel are now in field locations, and there has been a decrease in the total numbers of staff at Headquarters locations.
  
- Between 1984 and 1986, in response to Africa's needs, professional staff in West and Central Africa were doubled, and in the East and Southern African Region were increased by 40 per cent. The bulk of this has come from shifts of core posts from Headquarters and from the Asia regions.

We cannot and will not rest on heightening efficiency. We will be undertaking still further measures and in doing so will be actively seeking advice and counsel, especially by drawing on guidance from within the system. While UNICEF first availed itself of the expertise of the ACABQ only in the 1980s, we have found that body a useful counsel, and continue to increase our reliance on their advice. Likewise, the Board of Auditors offers much to us in the strengthening of our operations and management controls, and we welcome their constructive input.

#### Recapturing momentum

In the midst of what is surely the most difficult world economic situation since the founding of the United Nations, gathered here in this room is the largest network of government representatives concerned with economic and social development. Together, drawing upon the lessons we have learned through many years of experience, and the experiments and discoveries of recent years, it is within our capacity to craft new approaches and to creatively develop new means to recapture the momentum of developmental progress and sustain - even accelerate - the advances that have been achieved for the well-being of people and nations.

Mr. President, a concerted effort by this Council on such issues as the four which I have addressed today could help to refocus the world's attention to its people and their living conditions and could thus lead to the alleviation of enormous human suffering. UNICEF stands ready to do its part in support of your leadership.