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of the
United Nations Children's Fund (UNICEF)
for the
Preparatory Committee for the World Summit for Social Development

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STATEMENT BY MS. KARIN SHAM POO,
DEPUTY EXECUTIVE DIRECTOR (OPERATIONS)

PREPARATORY COMMITTEE
FOR THE WORLD SUMMIT FOR SOCIAL DEVELOPMENT
New York, 1 February 1994

We have all come to believe that the world is at a crossroads. On the one hand the move towards democracy and variations of free market economies appears to be a near universal trend. At the same time, these trends have brought additional focus on underlying questions of how best to meet human needs. As countries are increasingly set in a global web of economic vulnerability and interdependence, there is an increasing awareness that social pathologies may be the achilles heel of world development.

In contrast to the apparent consensus on international economics and politics, we confront a bewildering and often growing array of seemingly intractable social problems in all societies, rich and poor alike. Poverty still stunts the lives of vast numbers of people in many developing countries. In the former Soviet Union, Eastern Europe and some Western industrialized countries, there has been a resurgence of poverty and social disruption to levels not experienced since the great depression of the 1930s. Unemployment, homelessness, street children, violence, alienation of youth, drug abuse and teenage pregnancies are problems, among others, that have dramatically escalated in recent years. The fabric of social life is undergoing very rapid changes, but the directions and social consequences are far from clear.

The causes and solutions to these social problems are complex, difficult and often baffling. But they all underline several fundamental issues of central importance to the World Summit for Social Development:

- Many of the most critical social and economic problems today have international as well as national causes.
- Efficient markets alone are not a sufficient basis for action to meet social needs, nationally or internationally.
- Shared perspectives on these problems and shared goals and internationally concerted action must play an important part in solutions.

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The World Summit for Social Development in 1995 represents a unique opportunity for addressing these questions. But the questions posed not only concern problems. New opportunities and options are open, not only dire alternatives. Advances in technology and communications, the release of resources previously locked into the cold war, the energy and creativity demonstrated by civil society and social movements in recent years — by the women's movement and the environment movement, most obviously — provide a basis of hope and of new opportunities to be seized.

UNICEF approaches these issues from the viewpoint of children — and for good reason. The world of the next century will be inherited by today's children — and the shape and form of its development will largely be determined by the values, the skills and the qualities of leadership which today's society gives to these children. And not just the children in one country, but to all children.

Most importantly for this Committee's deliberations, UNICEF's experience encourages an optimism in approaching the future. The record of the last fifty years in providing basic health, education, nutrition, clean water and the reduction of infant and child mortality shows more rapid and widespread progress than ever seen before. The challenge we face is not a question of doing the impossible. Our challenge is to ensure that what has been demonstrated to be possible for some three quarters of the world's population is now made available to all.

Such a vision was a major force motivating the founders of the United Nations. It is time to regain that vision. The World Summit for Social Development, in the fiftieth year of the United Nations, is a good time to relaunch that vision.

THE POSITIVE RECORD ON WHICH TO BUILD

Practical experiences from around the world have demonstrated that dramatic advances against some social problems can be made in reasonably brief periods of time. The ingredients of success are best illustrated by policies and programs that have attempted to meet the basic needs of women and children, as key aspects of human development. Often the mobilizing force has been people themselves.

Experience in many countries also demonstrates that human advances and accelerated social development in health and education need not wait for economic growth (as beneficial as that growth may be). Indeed, with clear goals and the right priorities in resource use, acceleration of social progress can be achieved even in the face of slow or stagnant economic growth. In fact social progress can help lay the human foundations for economic recovery and development. This was the pattern in Korea in the 1950s and 1960s, China in the 1960s and 1970s and in several other Asian countries. The Asian miracles rest on a solid basis of human investment. All this was less clear a decade ago. At that time, positive examples were less widespread, appeared less sustainable and seemed more dependent on heavy economic investment and thus on economic advance.

Examples can be found in every region of the world showing impressive achievements in rapidly expanding basic education, usually at rates far exceeding rates earlier achieved in now developed countries. Properly planned and supported, the quality and practical relevance of education can be improved at the same time. Many examples also exist of acceleration in primary health care, nutrition, family planning, and access to clean water and basic sanitation.

Many key indicators of social development have improved dramatically over the past three decades. The under-5 mortality rate has been cut by over a half for all developing countries and by three-quarters for industrialized countries; overall longevity has increased by a third. Child malnutrition has been reduced by about a third, and the proportion of children in primary school has risen from less than half to more than three quarters. Moreover, rural families with access to safe drinking water have risen from less than 10 to more than 60 percent.

Permit me to outline some specific areas of success:

Immunization In the late 1970s the World Health Assembly proposed an Expanded Programme of Immunization which had as its goal Universal Child Immunization (80 percent coverage against six vaccine-preventable diseases by 1990). By the mid-1980s, every region of the world had embraced the goal (for Africa the goal was 75 percent) and each was developing strategies for accelerating its immunization efforts. By 1990, the goal of Universal Child Immunization was reached. Today, more than 100 million babies each year receive immunizations four or five times before their first birthday. Over three million children, it has been estimated, are being saved each year as a result.

Malnutrition Dramatic progress has also been achieved in the attack on childhood malnutrition. With the exception of anemia among women and in crisis-plagued Africa, the prevalence of malnutrition has receded sharply. Between 1975 and 1990, the percentage of underweight children in Asia and Latin America fell from 42 to 34 percent. Even in sub-Saharan Africa, selected success stories can be found. In Thailand, progress has been especially marked: between 1982 and 1990 the percentage of underweight children fell from 36 to 13 percent. Similar success has been reported in food and nutritional crises, such as the prevention of famine in Southern Africa in 1992-3.

Water and Sanitation Although 1.2 billion people are still denied access to safe drinking water, slightly more than this number — some 1.3 billion — achieved access over the decade of the 1980s. Those within a reasonable distance of a water source have increased from 10 to 60 percent in the rural developing world. Use of adequate sanitation facilities, however, is much lower. Experiences in water supply and sanitation provide many lessons, including the need to marry top-down strategies with bottom-up actions. Because women are the main fetchers and primary users of water, women's involvement at all stages in the delivery of water supply and sanitation is essential for its success. Without their participation, there may be little impact on reducing their drudgery in fetching water and in the proper use of sanitary facilities. Communities also must participate in the provision, management and proper use of water sources. Low-cost and effective technologies should be promoted. The key challenge for

sanitation and hygiene is attitudinal and behavioural change. People, individually and through community organizations are generally willing to pay, depending on their ability, for reliable and improved water supply facilities.

Primary Education Early investments in education generate very high returns on individual earnings, economic growth, and national development. Primary education, particularly of girls, has a significant influence on social indicators such as child mortality rate, fertility rates and family welfare. Impressive gains have been made in primary school enrolment all over the world. Between 1960 and 1990, enrolment rates have increased from just under half to almost three-quarters of primary school age children. However, a number of problems remain: almost 130 million children do not have access to primary education; only one-third of the girls born will complete primary education; about 40 percent of the children will drop out before completing primary school; and about 1 billion people, many of them women, will remain illiterate at the end of the century. Where resources have been severely constrained, as in sub-Saharan Africa, enrolment has often fallen along with the provision of books and materials and thus the quality of education.

Despite these challenges, there are many examples of successful innovations for rapid expansion of basic education, such as the Bangladesh Rural Advancement Committee (BRAC) and Escuela Nueva in Colombia. In Africa, the acceleration of primary education in the early 1980s in Zimbabwe led to major innovations in the whole system of teacher training, lowering costs, raising quality and underpinning a three fold increase in enrolments in only 5 years.

Family Planning Family planning programmes, particularly in Asia, are showing impressive results. Already, family planning programmes, reinforced by success in child survival, have reduced the world's population by more than 400 million from what it otherwise would have been. Dramatic declines in the birth rate have taken place in diverse countries around the world. The number of children per woman declined in Thailand from 4.6 to 2.3 (1975-1987); Bangladesh from 7.0 to 5.5 (1970-1991); in Colombia from 4.7 to 2.8 (1975-1990). In much of sub-Saharan Africa and parts of the Middle-East, where family planning programmes began later, fertility rates have only recently begun to decline.

STRATEGIES FOR THE 1990s

The positive examples cited above — and many more could be added — demonstrate why UNICEF is convinced that the World Social Summit needs to focus on a core of basic priority goals for human development and consider what is needed to accelerate action towards them.

The foundation for accelerated action has already been laid. A series of key international consultations were held with political and technical leaders in the last four years leading to the formation of a core of human goals for the 1990s. Most of these goals were incorporated in the Declaration and Plan of Action of the World Summit for Children in 1990 and again, a year and a half later, in Agenda 21 at UNCED in the Earth Summit in Rio.

Much action is already underway. Over 90 countries have prepared national programmes of action directed to the prioritization and implementation of these goals in the specific context of their country. Though rates of implementation inevitably vary, an impressive number of countries are making progress towards many of the goals. In addition, regional meetings in South Asia, the Middle East, Africa and Latin America have set mid-decade goals for 1995, which provide more immediate targets and stepping stones for the year 2000 goals.

The major goals for the year 2000 are attached in an annex to this statement, along with the mid-decade goals to be achieved by 1995.

Setting goals is a vital first step. However, recent experience also clearly shows that they must be established through a national and international process that provides meaningful political commitment for translating the goals into action and achievement. I would suggest that there are at least seven critical ingredients for success:

First, the need to adopt clear, time-bound and measurable goals at national level.

Second, the achievement of goals is dependent upon high-level political leadership and commitment. Monitoring of action and progress at high political level is critical.

Third, action and leadership must also be deployed at the provincial and municipal levels, and among a wide variety of institutions, organizations (government and non-government), among the churches, universities, professional organizations and, most importantly, communities.

Fourth, integration of services and mutual reinforcement of interventions are both needed if limited resources are to be used efficiently and to achieve sustainable progress.

Fifth, social mobilization is vital. We live in a world of pervasive media — though too often the media is used to little purpose. We need to mobilize the press, television, all means of communication to motivate widespread social action to reach development goals.

Sixth, leadership by women and the involvement of the women's movement can release new sources of creativity and energy. In many countries women and girls will be major beneficiaries of accelerated action in health and education. Their close involvement in leadership and planning thus makes success more likely.

Finally, monitoring and evaluation systems need to be strengthened to provide accurate and timely information to guide policies and programmes. Without solid mechanisms for monitoring progress and assessing what has gone well and what needs to be done differently, accountability is undermined all along the chain of responsibility.

THE IMPERATIVE FOR INTERNATIONAL ACTION THROUGH THE WORLD SOCIAL SUMMIT

Mr. Chairman, drawing on UNICEF's experience and the major processes that are underway, we believe there are a number of steps that can be taken so that the World Summit for Social Development fulfills its potential to make a critical contribution.

- i) First, there is need to consolidate recent consensus on goals and commitments into a World Social Charter. The Charter should comprise a unified set of commitments to sustainable, human development with mutually reinforcing time-bound targets. Global cost estimates and assessments of financial needs, and a plan for global burden-sharing in the achievement of the Charter should be outlined. Binding together world partners around the Charter should be a fundamental respect for human rights and a set of minimum standards for transparency, accountability and closeness to the people of Governments.
- ii) Second, the World Social Summit should endorse such a Charter and support a strengthening of the UN system to enable it to monitor its global implementation.
- iii) Third, the Charter should help support the elaboration at the country level of 'development compacts'. Members of the international community will most effectively assist individual recipient countries by uniting behind a medium-to-long term national plan developed to achieve targets for human development.

UNICEF and UNDP have suggested that governments themselves should show their commitment to human development and now the Social Charter by devoting at least 20 percent of public expenditures, or 5 percent of GNP, to human development priorities. For most low income countries this would very likely imply a doubling of current spending on these human development priorities. However, this would still not allow them achievement of sustainable progress in the provision of basic social services and other supportive services necessary for reduction in poverty over the medium term. A modicum of international support will have to close the gap.

Reciprocally, the donor community should also commit 20 percent of global ODA (through bilateral and multilateral channels and through NGOs) to human development priorities. This could be done through a restructuring of aid budgets away from expensive technical assistance, tied aid and assistance benefitting the better-off. Currently, it appears that only 10 percent of ODA is being spent on these priorities.

- iv) Fourth, the Charter should include measures to help provide external resources, such as the alleviation of debt burdens for the poorest countries, linked to actions of social development and poverty eradication. Debt reduction, in principle,

provides an initial opportunity to reallocate budget expenditures away from interest payments towards human development.

Success breeds success; thus, positive results of aid efforts will strengthen popular and parliamentary support for increased and better targeted ODA and direct the private sector support. Furthermore, by strengthening the development process, donors will help break the vicious cycle by which emergencies feed emergencies and lead to a diversion of resources from development to emergencies. It is a tragic irony that donor countries are now raising considerable resources for peacekeeping, not without difficulties, which — had they been mobilized earlier — could have supported development and lessened the need for humanitarian assistance.

- v) Fifth, the UN should become an important agent in the implementation of the World Social Charter. With its presence and wide range of expertise in all developing countries, and as the global repository of statistics on social indicators, the UN system could take on an important role in monitoring achievements and guiding assistance to areas where it would be most needed in accordance with the Social Charter.

Mr. Chairman, in closing, I would like to reiterate the point already made by many delegations that the World Summit for Social Development can build upon processes underway such as the implementation of Agenda 21, the upcoming Population Conference, and World Summit for Children. Of course, this was also an important point underlined by the Secretary-General. As many also pointed out, 1995 will be the year of the Mid-Decade Review of the World Summit for Children goals, and we share the views expressed by others that this review process will be a particularly important dimension.

Much of the current pessimism regarding prospects for development is misplaced. If ever there were a time in which a quantum leap of human progress were possible, it is now, in the post-Cold War period. We believe that the best news world leaders could bring to the World Summit for Social Development is that their countries have met the mid-decade goals for children — goals which could globally save an additional 2 million young lives and eliminate the main causes of mental retardation and blindness among children.

At the same time, UNICEF is concerned that a failure of political will could mean that the problems faced by the poorest people in the poorest countries will continue to occupy a lowly place on the international agenda. The price of this failure would be extremely high. Within a few years the failure to cope with the combined impact of the worst aspects of poverty, rapid population growth, and environmental decline will almost certainly translate into increasing social divisions, political and economic disruption, and lost opportunities for democracy and international stability.

Sorting out the difficult transitions, adjusting to the new realities, and resolving the many complex conflicts that have surfaced in these past few years must not cause us to miss the historic opportunity the 1990s offer us.

MID-DECADE GOALS ACHIEVABLE GLOBALLY BY 1995

1. Elevation of immunization coverage of six antigens of the Expanded Programme on Immunization to 80 per cent or more in all countries;
2. Elimination of neonatal tetanus;
3. Reduction of measles mortality by 95 per cent and measles morbidity by 90 per cent compared to pre-immunization levels;
4. Elimination of poliomyelitis in selected countries and regions (as a contribution towards global eradication of poliomyelitis by the year 2000);
5. Virtual elimination of Vitamin A deficiency;
6. Universal iodisation of salt;
7. Achievement of 80 per cent usage of oral rehydration therapy as part of the programme to control diarrhoeal diseases;
8. Making all hospitals and maternities "baby-friendly" by ending free and low-cost supplies of infant formula and breastmilk substitutes and following the Ten Steps recommended by UNICEF and WHO;
9. Eradication of guinea worm disease (dracunculiasis);
10. Ratification of the Convention on the Rights of the Child by all countries.

PARTIAL TARGETS OF SELECTED GOALS BY 1995

1. Reduction of 1990 levels of severe and moderate malnutrition by one-fifth (20%) or more;
2. Strengthen basic education so as to achieve reduction by one-third of the gap between the current primary school enrolment/retention rate and the year 2000 goal of reaching universal access to basic education and achievement of primary education by at least 80 per cent of school-age children and reduction of the gender gap in primary education in 1990 by one-third;
3. Increase water supply and sanitation so as to narrow the gap between 1990 levels and universal access by the year 2000 of water supply by one-fourth and of sanitation by one-tenth.

WORLD SUMMIT FOR CHILDREN

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

The following goals, endorsed by the World Summit for Children in 1990, were formulated through extensive consultation in various international fora attended by virtually all Governments, the relevant UN agencies including WHO, UNICEF, UNFPA, UNESCO, UNDP and IBRD, and a large number of non-governmental organisations. These goals are recommended for implementation by all countries where they are applicable, with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, with respect for cultural, religious and social traditions. Additional goals that are particularly relevant to a country's specific situation should be added in its national plan of action. Achievement of these goals is essential to full implementation of the Convention on the Rights of the Child, which is the ultimate objective of programmes for children and development.

I. Major Goals for Child Survival, Development and Protection

- Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate by one-third or to 50 and 70 per 1000 live births respectively, whichever is less.
- Between 1990 and the year 2000, reduction of maternal mortality rate by half.
- Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half.
- Universal access to safe drinking water and to sanitary means of excreta disposal.
- By the year 2000, universal access to basic education and completion of primary education by at least 80% of primary school age children.
- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy.
- Improved protection of children in especially difficult circumstances.

II. Supporting/Sectoral Goals

1. Women's Health and Education

- Special attention to the health and nutrition of the female child, and pregnant and lactating women.
- Access by all couples to information and services to prevent pregnancies which are too early, too closely spaced, too late or too many.
- Access by all pregnant women to prenatal care, trained attendants during child birth and referral facilities for high risk pregnancies and obstetric emergencies.
- Universal access to primary education with special emphasis for girls, and accelerated literacy programmes for women.

2. Nutrition

- Reduction in severe as well as moderate malnutrition among under-5 children by half of 1990 levels.
- Reduction of the rate of low birth weight (less than 2.5 kg) to less than 10%.
- Reduction of iron deficiency anaemia in women by one-third of 1990 levels.
- Virtual elimination of iodine deficiency disorders.
- Virtual elimination of vitamin A deficiency and its consequences, including blindness.
- Empowerment of all women to exclusively breast-feed their child for four to six months and to continue breast-feeding with complementary food well into the second year.

- Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s.
- Dissemination of knowledge and supporting services to increase food production to ensure household food security.

3. Child Health

- Global eradication of poliomyelitis by the year 2000.
- Elimination of neonatal tetanus by 1995.
- Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunisation levels by 1995, as a major step to the global eradication of measles in the longer run.
- Maintenance of a high level of immunisation coverage (at least 80% of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child bearing age.
- Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years; and 25 per cent reduction in the diarrhoea incidence rate.
- Reduction by one-third in the deaths due to acute respiratory infections in children under five years.

4. Water and Sanitation

- Universal access to safe drinking water.
- Universal access to sanitary means of excreta disposal.
- Elimination of guinea-worm disease (dracunculiasis) by the year 2000.

5. Basic Education

- Expansion of early childhood development activities including appropriate low-cost family and community based interventions.
- Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.
- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.
- Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication, and social action, with effectiveness measured in terms of behavioural change.

6. Children in Difficult Circumstances

- Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.