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PROGRAMME OF ACTION FOR ACHIEVING THE GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

A UNICEF response to the Declaration and Plan of Action of the World Summit for Children

SUMMARY

The present report was prepared in response to paragraph 35 of the Summit Plan of Action. It discusses the goals for children and development in the 1990s in the framework for action, including their interrelationship and synergism, the setting of priorities and the phasing of required strategic programme actions. UNICEF programme strategies are outlined, followed by UNICEF support measures, including the country programming process, the need for priority to be given to Africa, the role of UNICEF in industrialized countries, working with other agencies, monitoring mechanisms and systems and advocacy and resource mobilization. Because one of the purposes of the present report is to provide a self-contained basis for developing national programmes of action, extensive excerpts have been included from materials described in other documentation submitted to the 1991 Executive Board.

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INTRODUCTION

1. The World Summit for Children, held at United Nations Headquarters in New York on 30 September 1991, was attended by 71 Heads of State or Government and another 88 delegations led by ministers and ambassadors. This unprecedented assembly of world leaders on behalf of children established ambitious but achievable child-related goals to be pursued in the 1990s. The Summit adopted the World Declaration on the Survival, Protection and Development of Children and the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s.

2. The Plan of Action was adopted as a framework for more specific national and international undertakings, and included 27 specific goals to be achieved by the year 2000 (see annex). The Summit participants appealed to all Governments to endorse the Plan and further pledged to make available the resources to meet its commitments as part of their national plans. Declaring that "there can be no task nobler than giving every child a better future", the participants noted that their historic actions were "not only for the present generation, but for all generations to come".

3. Paragraphs 34 and 35 of the Plan of Action are of primary importance. Paragraph 34 urges all Governments to prepare, before the end of 1991, national programmes of action to implement the commitments undertaken in the Summit Declaration and Plan of Action. It further enjoins nations that "the child-specific actions must be pursued as part of strengthening broader national development programmes, combining revitalized economic growth, poverty reduction, human resource development and environmental protection. Such programmes must also strengthen community organizations, inculcate civic responsibility and be sensitive to cultural heritage and social values which support progress without alienation of the younger generation".

4. While action at the community and national levels is of primary importance in meeting the goals for children, many developing countries, particularly the least developed and the most indebted ones, will need substantial international cooperation to enable them to participate effectively in the world-wide effort for child survival, protection and development. Paragraph 34 (iii), therefore, urges each donor country to re-examine its development assistance budget to "ensure that programmes aimed at the achievement of goals for the survival, protection and development of children will have a priority when resources are allocated".

5. Paragraph 35 urges all international development agencies - multilateral, bilateral and non-governmental - to examine how they can contribute to the achievement of the goals and strategies enunciated in the Declaration and the Plan of Action as part of more general attention to human development in the 1990s. They are further requested to report their plans and programmes to their respective governing bodies before the end of 1991 and periodically thereafter. This paper is an outline of the UNICEF response to paragraph 35

of the Plan of Action. Detailed programmes of action are being developed for each set of goals.

6. While all of the Summit goals are relevant to the survival, protection and development of children throughout the world, the national and international actions required and the setting of priorities, phasing and constraints will vary from country to country and community to community, depending on local conditions and opportunities. Improving the status of women and children requires that at all levels, communities, Governments and institutions work together closely to achieve commonly held goals. The Summit goals provide a common basis for planning and for measuring performance. Achievement of the Summit goals will require, a priori, that basic services be extended to the previously unreached. These child-related development goals must also be prioritized and phased in each country, depending on the factors prevailing in that country.

7. In this context, each country may wish to establish its own national standards for those goals for which absolute global definitions may not be appropriate. For example, universal access to water might be defined as the availability of a certain quantity of water within a certain distance (e.g. a minimum of 20 litres per day within 500 metres). The desired age-group for measuring the reduction of adult illiteracy might differ from country to country, with some countries focusing on those 15 to 55 years of age, while others might target 15- to 35-year-olds because of the added significance of their being in the reproductive age-group. There might also be different rates of progress recommended for male and female participants so as to rectify high disparity rates. Different standards might also be set for urban and rural communities and for remote and underdeveloped areas. On the other hand, goals such as the eradication of polio will require a greater degree of conformity with global standards.

8. The Summit goals and the actions required to achieve them are synergistic in nature. For example, immunization will not only permit the achievement of such specific goals as the eradication of polio, the elimination of neonatal tetanus and the reduction of measles mortality, but will also contribute to achieving the related goal of reducing infant mortality rates (IMRs) and under-five mortality rates (U5MRs), as well as reducing malnutrition, diarrhoea mortality and deaths due to acute respiratory infections (ARI). Immunization alone will thus contribute towards the achievement of seven goals. Basic education, on the other hand, will contribute towards the sustainability of the goals and achievements made in all sectors. As stressed by the UNICEF/World Health Organization (WHO) Joint Committee on Health Policy (JCHP) at its twenty-seventh session in 1989 (JC27/UNICEF-WHO/89.14), the fact that "these goals are being approached simultaneously is what makes each of them possible".

I. STRATEGIC PROGRAMME ACTIONS

9. Among the seven major goals, the goals of reducing IMR, U5MR and maternal mortality rates (MMR) reflect the cumulative impact of many of the other goals for the year 2000. Lowered mortality is an indication of overall well-being as well as a reflection of improvements in health. In the 1990s, IMR, U5MR and MMR must be seen as problems extending beyond the health sector, as problems of nutrition, education, food and water security and, ultimately, of sustainable human development in all its dimensions. In this regard, the Convention on the Rights of the Child provides a new opportunity to make respect for children's rights and well-being truly universal. With the adoption and ratification of the Convention, the international community took a major step towards recognizing and ensuring the basic dignity and rights of children in all parts of the world, including their right to survival, protection and development.

10. The reasons for infant and child mortality are numerous and multitiered. The immediate cause of a child's death is usually a disease that is often preventable or could be readily treated with low-cost interventions. Behind these immediate causes of death, however, lie factors such as malnutrition, ignorance and, ultimately, poverty. Malnutrition, for instance, is a factor in about one third of all child deaths. Malnourished children lack the defences of well-nourished children and succumb to diseases such as measles that well-nourished children would survive. Illiteracy, ignorance of basic hygiene and lack of access to water and sanitation are other underlying causes of child mortality that increase the risk of infection and limit the capacity to deal with it. All these, in turn, are symptoms of poverty and inadequate human development. To reduce mortality as a whole, however, it is important to emphasize the intersectoral nature of the problem and the need for the services of various sectors to converge in time and place and to be available to those most in need.

11. Infant health and the risks of infant mortality are intimately linked to maternal health. In the least advantaged countries, one half of infant deaths occur during the first month of life, caused by factors such as neonatal tetanus, low birth-weight, premature birth, lack of oxygen, birth trauma and infections - conditions also associated with poverty and high MMR. Furthermore, infants who survive birth, as well as the ill health and poor nutrition of their mothers and the poor quality of health care they receive, often face a childhood of disease, nutritional deficiencies and equally poor health care.

A. Reduction of infant and under-five mortality rates

12. In order to achieve the desired reduction of IMR and U5MR, three principal sets of convergent activities need to be undertaken: (a) the control of the specific diseases that are major killers and for which operationally feasible responses exist; (b) the identification and focus of activities on geographically and/or socioculturally identified populations

with high IMR and U5MR; and (c) the convergence of supportive actions in health communications, social mobilization and other areas that contribute towards the achievement of the objective. Currently, the total of infant and child deaths is estimated at 14 million per year and the principal causes of deaths are estimated as follows:

Estimated annual under-five deaths

(In millions)

Diarrhoeal diseases	4
Vaccine-preventable diseases a/	2
ARI (excluding measles)	3
Malaria	1
Neonatal and other pregnancy-related causes (includes sexually transmitted diseases (STDs), acquired immunodeficiency syndrome (AIDS), accidents and others	4
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a/ With universal child immunization (UCI) coverage levels, immunization is now preventing approximately 3 million deaths annually.

13. While the relative significance of specific diseases will vary from country to country, countries with high IMR and U5MR are most likely to have as major causes of death, including vaccine-preventable diseases, diarrhoea, ARI, malaria and low birth-weight and other pregnancy-related factors. If immunization and disease control programmes for diarrhoea and ARI are implemented along with measures for improved maternal nutrition, clean birth delivery and child spacing/family planning, IMR could be reduced to less than 50 per 1,000 live birth and U5MR to less than 70 per 1,000 live births in most countries. Unfortunately, the control of malaria has not yet reached a level of technical consensus. While the development of an effective malaria vaccine is still probably a decade away, other control measures are available, including prophylaxis for pregnant women, symptomatic treatment of children in malaria-endemic areas and the use of bed nets impregnated with insecticide. WHO is organizing a ministerial-level meeting on malaria in 1992 in the Netherlands, and broader malaria control activities will most likely await the recommendations of that meeting.

14. A significant overall reduction in IMR and U5MR will not take place, however, if actions are not focused on areas with the highest mortality

rates. Supportive actions such as improved nutrition, basic education, support for income-generating activities, provision of water and sanitation and the improved role and status of women will all make the greatest contributions to significant reductions of infant and child mortality and to sustaining low rates, when they are focused in high-mortality areas. Two additional factors that will also contribute significantly to the achievement of this goal are improved technologies (especially improved and new vaccines) and new insights into the control of AIDS in endemic areas. Finally, the empowerment of people with the knowledge and information required to lead a better life and take preventive health decisions (e.g. Facts for Life), in addition to the actions outlined above, would undoubtedly have a positive impact on the reduction of infant and child mortality.

B. Maternal mortality reduction and safe motherhood

15. It is proposed that the goal of reducing maternal mortality be pursued within the context of the safe motherhood initiative, with UNICEF focusing its activities at family and community levels, and on linkages with, and the strengthening of, the first referral level. One of the most significant contributions to the reduction of maternal mortality could be made through the prevention of early marriages and the knowledge and practice of child-spacing. The improved status of women, a reduction in the workload of (at least) pregnant women and the recognition of the need of pregnant women for more food and rest will also make significant contributions to the goal.

16. At the community level, trained traditional birth attendants (TBAs), community health workers (CHWs) or auxilliary nurses or midwives can help pregnant women to improve their nutritional status (especially by distributing iron and folic acid supplements to those with anaemia), as well as provide tetanus toxoid immunization, malaria prophylaxis in endemic areas and risk-screening. Continued emphasis will be required on hygienic delivery, using the principle of the "three cleans" (clean hands, clean surface and clean handling of the umbilical cord). Additional emphasis will be required on the early identification of post-partum sepsis and appropriate use of antibiotics for treatment. Using the current prevailing structure of immunization and primary health care (PHC), these services could be delivered with limited additional training and support.

17. UNICEF support to the first referral level should build on existing services. Two areas that would need particular attention are the establishment of community transport systems and maternity waiting homes for risk referrals. These and other pragmatic, efficient measures for the people most in need are likely to have a significant impact on maternal mortality and will require emphasis on operations research activities in the coming years.

C. Goals of the expanded programme on immunization

18. There are three main immunization challenges for the 1990s: (a) achieving the new goals for immunization, including increasing coverage to 90 per cent, extending UCI status to areas not yet reached, eliminating neonatal tetanus, reducing measles deaths by 95 per cent by 1995 and the global eradication of polio by the year 2000; (b) sustaining UCI; and (c) strengthening UCI as a base on which to build PHC. This will allow for the strengthening of other activities, such as the control of vitamin A and iodine deficiency disorders (IDD), other IMR and U5MR reduction measures, prenatal services, etc. The sustainability of expanded programme on immunization (EPI)/UCI achievements will need to be addressed in four principal dimensions: political, financial, technical and managerial. The need for continued financial support will vary from country to country and from region to region. Basic EPI services, such as vaccines and the cold chain, may need to continue to be supported in many countries, particularly in the least developed and low-income countries where foreign exchange constraints are likely to exist for the next decade. Medium-income and other countries, however, are likely to be self-sustaining, even within the first half of the decade. In addition to extending coverage, EPI will also need to increase emphasis on disease surveillance and control measures, as well as on the continuing need for simple, low-cost and effective health management information systems. The effectiveness of EPI will be further enhanced in the next decade by gains and improvements made through laboratory and operations research under the children's vaccine initiative, currently before the Executive Board for approval (E/ICEF/1991/P/L.31). It is likely that the Edmonton-Zagreb measles vaccine, which can be given at six months of age, will be in full production in early 1992, and that a single-dose, time-release tetanus toxoid vaccine may be available in the mid-1990s. It is also expected that other new vaccines that will be more heat-stable, require fewer doses and could be given earlier in life will become available before the end of the decade. The possibilities for a malaria vaccine should be vigorously pursued.

D. Control of diarrhoel diseases

19. Significant achievements were made in the 1980s in promoting oral rehydration therapy (ORT), training in case management and in the increased production of oral rehydration salts (ORS), in which many countries reached self-sufficiency. A common consensus was also established on the use of available home fluids. Accelerated ORT promotion will be required during the first three years of the decade in order to control watery diarrhoea, which remains a principal cause of diarrhoea morbidity and mortality. The control of dysentery (bloody diarrhoea) will be more difficult, as it usually involves either referral to health centres for case management or the use of antibiotics at the community level. It is envisaged, however, that through the sustainment and expanded functions of EPI/PHC structures at the community level and the training of CHWs in the management of antibiotics for both dysentery and ARI, effective control of dysentery could be achieved in many countries by the middle of the decade. It will take longer to develop and

implement effective measures to control persistent diarrhoea, however, and this aspect of the programme might not be fully operational until closer to the end of the decade. UNICEF will also accelerate the promotion of diarrhoea prevention through breast-feeding, measles immunization, water supply and sanitation and promotion of personal and food hygiene.

E. Acute respiratory infections

20. Although ARIs are a major cause of infant and child deaths and are readily treatable through the use of antibiotics, there are as yet few programmes in the developing world that have successfully controlled the disease at the national level. There remains a significant need to raise awareness among both policy makers and health workers regarding the seriousness of ARIs and the potential for their control, when addressed early. Because of the extensive training required for case management at the community health centre or clinic level, the need for the establishment of a logistics system to supply basic drugs such as cotrimaxozole continuously and the need for training in their use and management to the community level, the goal for ARI is unlikely to be achieved until late in the decade. The development of appropriate technology, such as 30- and 60-second timers and oxygen concentrators, should help to accelerate the programme in the near future. In Africa, the supply of drugs could be sustained under the Bamako Initiative.

F. The special problem of AIDS

21. The AIDS pandemic has continued to worsen. In some countries in Africa, a significant part of the generation whose economic and social productivity is at its peak has been affected. Levels of human immunodeficiency virus (HIV) seropositivity have reached as high as 30 per cent in pregnant women in some areas, foretelling the deaths of up to one third of their children before five years of age. The AIDS pandemic is likely to slow the gains made in mortality reduction and, if it remains uncontrolled, will be a major constraint to reaching the overall mortality reduction goals for the 1990s, particularly in Africa.

22. Unlike many diseases where control mechanisms are unknown, however, the modes of HIV transmission are known and controllable, when there is sufficient political will. The vast majority of adults are infected through sexual practices, while most children are infected by transmission from mother to child. A small percentage of infections are caused by the use of unsterilized needles, syringes and contaminated blood products, which are the modes of transmission most susceptible to technical intervention. Together with WHO, UNICEF has espoused the use of a single sterile needle and syringe per child in all immunization activities, either through sterilization after each use or the employment of disposable syringes and needles. This knowledge and practice needs to be extended to the use of all skin-piercing instruments.

23. Unfortunately, efforts to prevent the sexual transmission of HIV have been much less successful to date. UNICEF has been working in several countries on preventive aspects, essentially supporting national AIDS education projects and school-based programmes. The primary challenge is to identify successful examples of behavioural change resulting from community programme activities that could then be expanded on a national scale. UNICEF continues to work closely with national Governments, community leaders, non-governmental organizations (NGOs), religious and social organizations and the media and opinion makers and intends to accelerate substantially the development of effective means of public education and social mobilization to contain the spread of this pandemic.

24. AIDS orphans are now a very large problem in some countries where traditional extended families are no longer able to cope with the magnitude of the problem. UNICEF has been working with national Governments, NGOs and other community groups to support these children, without institutionalization, so that they may grow up in good health and in a supportive environment.

G. Nutrition

25. The nutrition strategy adopted by the Executive Board at its 1990 session (decision 1990/19, E/ICEF/1990/13) defines nutrition as an outcome of processes in society. Inadequate dietary intake and disease, most often in combination, are the immediate causes of malnutrition. Household food security, inadequate caring practices for women and children and a lack of health services, together with an unhealthy environment, are the underlying causes of malnutrition. These causes are themselves the results of the ways in which resources are utilized, which are in turn determined by ecological, political and ideological factors.

26. The UNICEF strategy for achieving the nutrition goals in the 1990s will include actions designed to address the immediate and underlying basic causes of malnutrition. The immediate causes can often be attacked through low-cost national programmes, while the more underlying or basic causes normally require longer-term and community-based actions. Most often, mutually supportive approaches will be pursued.

27. National-scale coverage will be promoted and supported in the areas of control of micronutrient malnutrition arising from vitamin A, iodine and iron deficiencies, wherever these public health problems are found to exist. A dual approach will be used: dietary improvment through long-term diversification and fortification; and short-term supplementation through distribution of capsules, tablets and, exceptionally, injections. These actions will capitalize on the use of EPI and other PHC structures now available throughout the world.

28. Exclusive breast-feeding during the first four to six months of life fulfils all of the three necessary conditions for good nutrition: food, care

and health. Adult food is adequate complementary food for young children if breast-feeding is sustained, and sustained breast-feeding thus reduces the need for special weaning foods. The promotion, protection and support of breast-feeding will be accelerated in all countries so that, by the year 2000, all women should be able to practise exclusive breast-feeding for the first four to six months, sustaining breast-feeding thereafter for up to two years of age or beyond, with complementary food. An important step in this endeavour would be the universal adoption and implementation of the "Ten steps to successful breast-feeding" set out in the WHO/UNICEF statement "Protecting, promoting and supporting breastfeeding: the special role of maternity facilities", which should be in place by 1995. The major challenge will be the institution of measures, including legislation, that will enable all women, including those employed outside the home, to breast-feed.

29. The long-term solution to the problem of malnutrition will require changes in government policies as well as increased willingness and capabilities of communities to mobilize and reorient resources for better nutrition. The UNICEF strategy of strengthening the capability to assess and analyse the problem of malnutrition and to design appropriate actions (the triple-A approach) will be applied to all levels of society. This will include a more active policy dialogue at the national level, together with support to area-based programmes for community empowerment. The policy dialogue will concentrate on issues of household food security and child-caring practices. The community-based programmes will be designed in such a way that a positive interaction will be acheived with national programmes, thus facilitating expansion and replication.

30. The triple-A approach emphasizes the need for and use of information. Community-based growth monitoring and promotion, as well as improved nutrition surveillance programmes, will be established in all countries. A phased implementation is planned, starting with 25 priority countries in the first three years.

H. Universal child immunization plus: approach and systems in health and nutrition

31. The successful achievement of UCI in many countries has resulted in strengthened health care structures at different levels that reach even the most remote areas and that are increasingly able to identify nearly all infants in a community shortly after birth. It is important that these structures also be used for the delivery of additional services such as the provision of vitamin A, essential drugs and prenatal services, as well as for the control of IDD, diarrhoeal diseases and ARI. These EPI/PHC structures could also help to deliver the PHC services which, in many countries, are sporadic, especially at the periphery. If the additional programmes being built into the EPI structures coincide with the EPI delivery system itself, they would both be even more effective.

32. The health and nutrition programmes needed to reach the goals for the 1990s will require simple, effective and supportive health management information systems. The UCI experience has also demonstrated the importance of enumeration systems to record all births and follow-up health activities. While this system already exists in much of Asia, it is more sporadic in other parts of the developing world. The decade should see the implementation of an enumeration system to register all children, even before birth, so that they and their mothers can receive all the services they require.

33. Effective monitoring systems are also required at local, national and global levels. Existing information systems too often tend to be one-way data collection instruments, as opposed to two-way information facilities. More effective information management is required to enable the rapid movement of innovation from one location to another and to facilitate better interaction between cooperating agencies and sectors, allowing the participation of the whole society, as was often demonstrated by social mobilization in support of UCI.

34. In Africa, these efforts will most probably be implemented within the context of the Bamako Initiative, which has now successfully revitalized and reinvigorated many PHC structures in several countries, with community support and continuing community management as its two basic principles.

I. Water supply and sanitation

35. In the 1980s, some 1,347 million people gained access to clean water and an additional 748 million to basic sanitation. Nevertheless, in 1990 nearly one third of the world's population still lacked access to a safe water supply and over 40 per cent had no access to adequate sanitation. If universal coverage is to be achieved, implementation rates will have to be increased 2.5 times for urban water supply and 1.5 times for rural water supply, compared to those of the 1980s. Sanitation rates would have to be increased three and four times, respectively, for urban and rural areas. These statistics indicate that low-cost technology, wherever possible, would have to be deployed in favour of other means of supply. Sanitation might also need to be addressed more as a social issue than as a technical issue, particularly in areas such as improving the health impact of water and sanitation programmes, ensuring more effective community participation and cost-sharing, improving linkages with health and hygiene education activities in other sectors and the further development of appropriate low-cost systems for smaller hamlets and settlements. While efforts will continue to expand programmes in order to reach universal coverage, major emphasis will be placed on the maintenance of the systems already established, so that at any time 90 per cent of the systems supported are functioning.

J. Eradication of dracunculiasis

36. There are two major factors that complicate efforts to control and eliminate dracunculiasis (guinea-worm disease) from Africa. First, it is a highly localized disease with greater prevalence in small, generally poorer villages that are usually remote from formal health infrastructure and as a result unit costs for interventions, particularly safe water, are high. In order to eradicate the disease, even the most remote and isolated foci must be identified. Second, while dracunculiasis endemicity can be reduced substantially in a village following the provision of a safe water source, complete elimination of the disease from a given community requires sustained disease surveillance, health education and community mobilization programmes for a period of three to six years.

37. The prime operational challenge of the dracunculiasis eradication programme is to develop the capacity - both internal and external to UNICEF - required to coordinate multiple interventions and target them to specific subgroups of the population in order to maximize the impact of available resources.

38. The operational strategy of UNICEF for achieving the goal of global eradication of dracunculiasis in the 1990s will focus on the technical and operational support required to strengthen existing public health infrastructures in endemic areas. Three specific areas will be emphasized: (a) establishing and maintaining the low-cost, community-based surveillance systems required to target and monitor village-level public health interventions; (b) strengthening the capacity of the health sector to execute health promotion activities effectively in remote villages; and (c) strengthening the capacity of the public health engineering sector to diversify and target safe water and vector control interventions on a cost-effective basis to small villages and settlements. The community-based surveillance system built by this programme will be useful later for surveillance of poliomyelitis and other diseases targeted for eradication.

K. Basic education

39. The principal thrust in basic education will be to work towards the universalization of primary education, as befitting the adoption of primary education as the cutting edge of basic education and child development by the United Nations Educational, Scientific and Cultural Organization (UNESCO)/UNICEF Joint Committee on Education in March 1990 and the Executive Board at its April 1990 session (E/ICEF/1990/13, decision 1990/23).

40. Support will continue to be provided in cooperation with Governments, external donors and domestic resources in order to extend the reach of the formal school system, adapting programmes as necessary to specific circumstances so as to reach disadvantaged and underserved children. In many countries, Governments will be encouraged to re-examine their budgetary allocations for primary education and to improve the efficiency of the schools.

41. In many countries, it is unlikely that primary education can be reached through the school system alone, however. Alternative ways of providing primary education will have to be explored and pursued, together with measures to give full recognition to these alternative programmes as equivalents of primary schooling. Schools run by the Bangladesh Rural Advancement Committee are good examples of effective alternative schools, serving those not served by regular primary schools, with equally and often more effective results. In pursuing basic education for all, UNICEF will promote and support a pragmatic "Bailey bridge" concept through provisional approaches and temporary, but usable, structures that will serve until more permanent but more costly and difficult structures can be established.

42. While the issue of quantitative access to universal primary education will remain a principal challenge for most countries in South Asia and Africa, the challenge of improved efficiency, effectiveness and relevance needs to be faced by all countries. In countries where universal enrolment has been reached, increased efficiency will be the primary aim, through measures such as the minimization of drop-out rates, improved effectiveness and relevance of teachers and teaching standards, and making learning more relevant to life.

43. The World Conference on Education for All adopted learning achievements rather than the number of years in school as the criterion for achievement in basic education. A commonly accepted method of testing achievements that would also be simple and easy to apply widely has yet to be developed. Systematic work needs to be undertaken, including trials in a few countries, to devise systems for testing the learning achievements of individual students and the efficiency of the system.

44. In many parts of the world, male/female disparity remains high, and girl children constitute a most disadvantaged group. If the goal of universalization is to be achieved, girls' access to schools must be addressed, including the economic, social and cultural barriers inhibiting this access. Planners and programmers will need to address both physical accessibility and social practices that serve as disincentives to participation (e.g. early marriages). The special learning needs of the girl child will need to be further investigated and new ways of providing special incentives explored, such as coupling continued schooling with delayed marriage and increased recruitment of female teachers.

45. Effective universal primary education is the eventual solution to the problem of adult illiteracy. Moreover, the literacy of parents, especially of mothers, also supports their children's primary education. A literate mother's child rarely fails to enrol in school. In the context of each individual country's basic education strategies, UNICEF will assist in specific aspects of literacy, especially programmes targeted at women and girls, making learning content relevant and promoting opportunities for post-literacy learning, a lack of which has been the cause of poor results of many literacy efforts.

46. Early childhood development has until now been largely neglected, or attempted in ways that were not viable because of their high cost or inappropriateness. It is unlikely that many Governments, particularly in countries where primary education has not yet become universal, will be able to afford large-scale early childhood development programmes requiring significant governmental financial support. Because it is important that children receive learning stimulation at an early age in order to exploit their potential, UNICEF will focus on developing and supporting family- and community-based early childhood development structures that will help to prepare young children for school and other learning places. Empowering parents with knowledge about developmental needs of the young child and how they can help will be an important element of this effort.

47. The contribution made by the "third channel", comprising traditional and modern means of communication in UCI, has been recognized throughout the world. The UCI experience has aptly demonstrated the potential impact of the "third channel", especially as the principal instrument for public education. Efforts to prevent early pregnancy, STDs and AIDS, substance abuse, etc., will depend largely on the ability to communicate critical health information to families and to persuade individuals to avoid high-risk behaviour. In addition, the communications media (including folk singers and artists) could become a key component of a nationwide network of basic learning, if they are used systematically in post-literacy learning and continuing education and viewed as a way of offering life-long learning opportunities to people and of promoting the "learning society".

L. Children in especially difficult circumstances

48. The Summit has set a goal to provide improved protection to children in especially difficult circumstances and to tackle the root causes leading to such situations. This goal will be reinforced by the provision of child protection in the Convention on the Rights of the Child. UNICEF hopes to broaden and extend the concepts of "corridors of peace" and "periods of tranquility" to all conflict situations, reinforcing the concept propounded in paragraph 25 of the Summit Plan of Action that "resolution of a conflict need not be a prerequisite for measures explicitly to protect children and their families to ensure their continuing access to food, medical care and basic services, to deal with trauma resulting from violence and to exempt them from other direct consequences of violence and hostilities".

49. During the decade, UNICEF will also focus on the special problems and needs of orphans and street children, refugees and displaced persons, victims of natural and man-made disasters, socially disadvantaged groups, child workers or youths trapped in bondage, child abuse and neglect. UNICEF will continue to learn from the experiences of various countries and NGOs by working closely with them.

II. SUPPORT MEASURES

A. National programmes of action

Country programming

50. In developing countries, the normal country programming and review process will continue to be the primary instrument of UNICEF for promoting the goals and strategies for the 1990s endorsed by the World Summit for Children. However, UNICEF country programmes will of necessity be more limited in scope and time than the more comprehensive national programmes of action that Governments have been asked to prepare for the entire decade. UNICEF faces the challenge of finding ways to assist Governments in preparing, implementing and monitoring their broader national programmes without dispersing its own limited resources in too many areas and without undermining its highly focused country programmes, which have been the hallmark of UNICEF success. It is proposed that each of the five major elements of the UNICEF country programming process incorporate some additional features to relate them integrally to the broader national programme of action that countries will be preparing as a follow-up to the Summit. An additional sixth element, relating to the assessment, advocacy and monitoring of those Summit goals that are not included in the UNICEF country programme, might be added as a new dimension in this process.

51. The first phase of the UNICEF country programme begins with systematic programme preparation. A major highlight of this phase is the preparation of a situation analysis which, with some modification, might also serve the needs of the national programme of action. To the degree that it is well done, coincides with the preparation of the national programme of action and is ongoing and can be easily updated, the situation analysis carried out jointly by UNICEF and a Government may be sufficient to provide the basic information and analysis for the national programme of action. An important part of this effort will be a thorough analysis of what UNICEF and other major actors, including NGOs, donors and other international agencies, are already doing to achieve the Summit goals for children.

52. All other elements of the programme preparation phase should also be carried out within the context of the national programme of action. The review of past performance may well provide lessons for all involved in the national programme. Strategy and preview meetings should directly or indirectly involve all major participants in the national programme.

53. The second phase of the UNICEF country programme flows from the situation analysis and subsequent discussions with the major participants in the national programme. It is in this stage of programme development that those parts of the national programme which UNICEF will most directly support are selected. This selection naturally takes into account what components other participants are undertaking, as well as the areas in which UNICEF may have selective advantage or a proven or potential operational strength.

54. The third phase of the UNICEF country programme involves programme implementation. While this phase will still be subject to all the financial, technical, supply, reporting and other corporate guidelines and requirements of the Government and UNICEF, cooperation and coordination with all other partners and allies, particularly with other United Nations agencies, will take on even more importance than in the past. Support for the national programme of action will feature prominently in annual and mid-term reviews of programme implementation and in the resulting programme revisions and course corrections.

55. The fourth element of UNICEF country programmes is monitoring and evaluation. UNICEF support for monitoring and evaluation will serve a much broader purpose than simply evaluating the success or failure of the UNICEF country programme. Increasingly, UNICEF may be expected to provide resources for strengthening national capacity for monitoring and evaluation. In so doing, UNICEF will be both fulfilling the requirement of the Plan of Action to monitor progress towards achievement of the national goals for children and simultaneously strengthening the capacity of Governments and other national counterparts to monitor UNICEF programmes of cooperation.

56. The achievement of the Summit goals is central to the question of sustainable human development. The multiple dimensions of sustainability will require systematic attention in the phases of the country programme where UNICEF is developing and implementing programme assistance and is supporting monitoring and evaluation. While strategies and programme responses will differ between countries and between major goal areas, the question of sustainability will have to be addressed in political, financial, technical and managerial terms. All the projects and programmes being supported by UNICEF programmes of cooperation will have to address those four dimensions, while respecting differences and levels of strategy development between countries.

57. The fifth element of the UNICEF country programme is social mobilization and advocacy. This has been recognized in recent years as a major dimension of the country programming process. The breadth and scope of this component necessarily differs according to the particular country situation, however. In some countries, the country programme contains, with government approval and/or participation, specific advocacy components or projects that reach beyond the objectives of the projects receiving UNICEF financial assistance and raise public consciousness on a broad range of issues affecting children. In other countries the scope of social mobilization and advocacy is limited to activities that directly support specific service coverage objectives of the country programmes.

58. In the context of the follow-up to the World Summit for Children, it seems appropriate to formalize this broader aspect of social mobilization, advocacy and monitoring of national plans in areas not receiving financial support from UNICEF as a sixth, sometimes new, dimension of the UNICEF country programming process. Following the situation analysis, it is proposed that country offices help to prepare, with respect to the goals for children in the

1990s, an analysis of where the country stands regarding each of the goals. This analysis should include past trends and future prospects and how progress might be accelerated. It should identify resource requirements (including domestic budgets and external aid requirements for both capital investment and recurrent costs), policy changes indicated, research and development needs and the appropriateness of current standards, phasing and priorities. Such an analysis would be a valuable companion to the situation analysis. Along with the situation analysis, this type of analysis, modelled after Children and Development in the 1990s: A UNICEF Sourcebook, could serve as a background document for the country programme strategy document and, at the same time, be the UNICEF contribution to the government effort to achieve the goals for which UNICEF might not be in a position to provide significant financial or technical assistance. With this additional dimension, the UNICEF country programme would contribute to the achievement of all the goals endorsed by the World Summit for Children.

59. This type of UNICEF involvement would also enable the organization to help to prepare the periodic consolidated analysis of government plans and progress towards the achievement of the Summit goals which it has been requested to prepare in paragraph 35 (v) of the Plan of Action.

Priorities and phasing

60. In developing national priorities, government authorities may wish to define their own standards and phasing of each goal so that they can be monitored. UNICEF hopes to set its goals in four phases:

(a) The preparatory phase (1991), involving the development of plans and programmes of action, consensus building, training and mobilization of material, human and monetary resources;

(b) The initiation phase (1992), with all preparations in place, several programmes under implementation and achievement of preliminary results. Monitoring systems to be tested and improved;

(c) Mid-decade goals to be achieved by 1995;

(d) Achievement of goals by the year 2000.

61. In support of national programmes of action, UNICEF will, to the extent possible, provide resources and support for analysis, conceptualization and development of national programmes of action and their adoption or endorsement by national legislatures or national conferences on follow-up to the World Summit for Children. Support will also be provided to implement the national programmes of action, including the conceptualization and development of sectoral and intersectoral programmes related to the Summit goals. This will include the sharing and exchange of experience, support for training, the provision of supplies, social and resource mobilization and the establishment of management information and monitoring systems.

B. Priority for Africa

62. The outlook for achieving the goals for children in the 1990s in different regions of the world brings into clearer focus the special challenge in Africa. Africa will not be in a position to pursue, much less to achieve and sustain, many of the ambitious goals for children in the 1990s unless even partial solutions are found to major problems such as low commodity prices, the external debt burden, civil conflict, AIDS, malaria and low net external assistance flows.

63. Of all the regions in the world, sub-Saharan Africa is most urgently in need of additional external support if economic growth and dynamism are to be relaunched. On average, per capita income in sub-Saharan Africa has fallen more than 20 per cent since 1980, a decline unprecedented in magnitude and duration in any region of the world in this century and, possibly since the start of the industrial revolution. This has occurred in the poorest region of the world, which is also faced with the most rapid rate of population growth.

64. This decline in production and income has had a devastating effect on basic infrastructure and on the salary levels and incentives of teachers, health and government workers. Schools are desperately short of books, and health services of drugs and medical supplies. The crisis also has a serious social dimension and is affecting the very structure and survival of families. The consequences include increased numbers of female-headed households, more children dropping out of school (especially girls) and increased youth and adult unemployment. Despite those challenges, some African communities and groups have undertaken successful initiatives to overcome some of the severe constraints by emphasizing economic cost-effectiveness and community action. Such efforts should be supported and sustained.

65. UNICEF has given sub-Saharan Africa very high priority, increasing its share of total programme expenditures from 21 per cent in the period 1970-1979 to 37 per cent in 1990. Yet, in a situation of persistent economic decline and deteriorating health conditions (including the resurgence of malaria, AIDS and other diseases, natural disasters and social and political turmoil), the relatively modest amounts of UNICEF and other external support have been grossly inadequate for meeting the pressing needs of children. Measures such as significant debt relief, more favourable terms of trade, more adjustment with a human face and a rapid expansion of basic education and political reform would all contribute to a reversal of the decline of development in Africa. In terms of the most concrete actions that UNICEF can take in the first half of the 1990s, several major priorities stand out, as discussed below.

The Bamako Initiative

66. The Bamako Initiative must be implemented urgently if the health and nutritional goals for the 1990s are to be achieved. Over the past two years,

more than 20 countries have begun implementing the Initiative in order to revitalize PHC in a way that is programmatically sound, financially sustainable and within costs that African Governments, communities and their external supporters can mobilize. Many initial misunderstandings about the Initiative have now been clarified, and there is a continuing need for greater donor support and financing to accelerate its implementation, which merits priority attention from all members of the Executive Board.

The AIDS pandemic

67. In the context of rapidly deteriorating health conditions, the AIDS pandemic threatens to offset many of the hard-won gains of child survival programmes in over a dozen of the most seriously affected countries in Africa. While the world awaits scientific breakthroughs on possible vaccines and cures for this dreaded disease, Africa requires support for massive information and education campaigns to inform the public, change existing social practices and strengthen social support systems for AIDS orphans and other affected children, women and families. In the absence of dramatic progress in preventing the spread of AIDS, the goals for the reduction of maternal and child mortality in the 1990s may be unattainable, or attainable only after taking into account the increased mortality due to AIDS. Clearly, AIDS is putting a severe strain on already overtaxed health systems and making it more difficult for those systems to serve the needs of the overall population. There is, therefore, an urgent need to improve, maintain and expand health-care services in order to ensure the achievement of the health goals for the 1990s.

C. The role of UNICEF in the industrialized countries

68. The goals and strategies adopted by the World Summit for Children are intended, on the whole, to be applied in industrialized countries as well as in developing countries. As the world's lead agency for children, UNICEF was charged in paragraph 35 of the Summit Plan of Action with responsibility for preparing a consolidated analysis of the plans and actions undertaken by individual countries and the international community in support of the child-related development goals for the 1990s. UNICEF will need to remain aware in two respects of how industrialized countries follow up on the commitments made in paragraph 34 of the Plan of Action: the translation of the commitments into domestic action for children; and the restructuring of development assistance to contribute to the achievement of the Summit goals and strategies. It would seem appropriate for UNICEF to offer advice, when requested, on both matters, although its capacity to assist industrialized countries is limited both by its current mandate and in terms of resources.

69. If industrialized countries are to fulfil the commitments made in paragraph 34 of the Plan of Action, serious situation analyses will need to be carried out in these countries. Industrialized countries may set higher standards for each of the goals, as well as additional goals appropriate to their particular situations. UNICEF should seek to create links with

Governments and concerned organizations and encourage them to compile and analyse the current status of children with respect to each of the goals (and any additional goals as appropriate) and the extent to which national budgets and development aid allocations respond to the achievements of these goals nationally and globally, and encourage the preparation of national programmes of action. Where appropriate, the global experience of UNICEF in setting and monitoring goals may be offered to stimulate action in industrialized countries.

D. Working with other agencies

70. The goals endorsed by the World Summit for Children were formulated after extensive consultation in various international forums attended by virtually all Governments, relevant United Nations agencies and a large number of NGOs. In effect, the goals were formulated and are owned by the global community. As such, it is the responsibility of all agencies and organizations to support national efforts to achieve these goals.

71. In supporting implementing actions for the achievement of these goals, UNICEF intends to work closely with all development agencies - multilateral, bilateral and non-governmental - to develop a consensus for action that will include advocacy, programme promotion and programme support. In activities where UNICEF is taking major initiatives, it will seek actively to involve other interested partners in developing policies and programmes for achieving common objectives. UNICEF will continue to work closely with WHO, the United Nations Development Programme (UNDP), the World Bank and the Rockefeller Foundation, both individually and within the now expanded framework of the Task Force for Child Survival and Development. Similarly, UNICEF will continue to work closely with UNESCO and other co-sponsors of the World Conference on Education for All in the priority areas identified for cooperation.

E. Monitoring mechanisms and systems

72. The importance of monitoring social indicators at the national and international levels has been recognized in the Summit Plan of Action. With regard to national monitoring, paragraph 34 (v) states that each country should establish appropriate mechanisms for the regular and timely collection, analysis and publication of data required to monitor relevant social indicators relating to the well-being of children - such as neonatal, infant and under-five mortality rates, maternal mortality and fertility rates, nutritional levels, immunization coverage, morbidity rates of diseases of public health importance, school enrolment and achievement and literacy rates - which record the progress being made towards the goals set forth in the Plan of Action and corresponding national plans of action. Statistics should be disaggregated by gender to ensure that any inequitable impact of programmes on girls and women can be monitored and corrected. Paragraph 34 also states that it is particularly important that mechanisms be established

to alert policy makers quickly to any adverse trends to permit timely corrective action. Indicators of human development should be periodically reviewed by national leaders and decision makers, as is currently done with economic development indicators.

73. With regard to international monitoring, in paragraph 35 (iv), the assistance of the United Nations was requested to institute appropriate mechanisms for monitoring the implementation of the Plan of Action, using existing expertise of the relevant United Nations statistical offices, the specialized agencies, UNICEF and other United Nations organs. Furthermore, the Secretary-General of the United Nations was requested to arrange for a mid-decade review, at all appropriate levels, of the progress being made towards implementing the commitments of the Declaration and Plan of Action.

74. With regard to the particular role of UNICEF, it may be of interest to note that in paragraph 35 (v), UNICEF, as the lead agency for children, was requested to prepare, in close collaboration with the relevant specialized agencies and other United Nations organs, a consolidated analysis of the plans and actions undertaken by individual countries and the international community in support of the child-related development goals for the 1990s.

75. The General Assembly, in resolution 45/217, welcomed the adoption of the Declaration and Plan of Action by the World Summit for Children, urged the international community to work for the achievement of the goals and objectives and requested the Secretary-General to ensure implementation and monitoring by relevant United Nations organs and report back to the General Assembly at its forty-seventh session in 1992.

76. While there is general accord on some indicators (e.g. EPI coverage, IMR, USMR, etc.), other indicators are still under development, such as those for education achievement. Countries may also select additional indicators for use at national and subnational levels for closer performance monitoring and management purposes. UNICEF will work closely with all relevant agencies and Governments in developing these indicators.

F. Advocacy and resource mobilization

77. UNICEF will continue to promote and advocate the ideals of the World Summit for Children and work towards the acceptance and practice of its concept of a high priority for children - a "first call for children" - by all countries and the international community. UNICEF will work closely with decision makers and opinion makers to ensure that children and their concerns remain on their agendas for action.

78. Accelerated actions towards the goals over the 1990s will require accelerated resource mobilization. The Plan of Action, in paragraph 34 (iii), recognizes this and requests all countries to review their budget allocations to ensure adequate resources to meet the goals, either by additions or reallocations within the budget. As part of its support for countries, UNICEF

will work whenever requested in support of this budget review, including through a joint UNDP/UNICEF exercise on human development. In the case of industrialized countries, as mentioned in paragraphs 68 and 69 above, UNICEF will encourage reviews of official development assistance so as to maximize available resources.

79. Various innovative measures such as debt relief for child survival and social investment, endorsed in the Declaration and Plan of Action, could also provide additional funding in support of the goals (for further information on debt relief initiatives, see document E/ICEF/1991/CRP.4).

G. Work targets

80. While the scheduling of the different work programmes to support the achievement of the World Summit for Children goals will naturally be flexible, setting work targets nevertheless is a useful exercise within UNICEF in its planning for follow-up actions. The tentative work targets for 1991 and 1992 are as follows:

1991

(a) Development of strategy for operationalization;

(b) Building strategy consensus within UNICEF and preparatory work for operational follow-up;

(c) Development of systems, especially modules of management information system and monitoring;

(d) Training and staff development/orientation;

(e) Recruitment of new staff in targeted disciplines and with appropriate experience;

(f) Advocacy and networking;

(g) Support for development of national programmes of action;

(h) Advocacy and working with other agencies for development of their programmes of action;

(i) Support for mobilization of resources.

1992

(a) Continuation of activities from 1991 as necessary;

(b) Support for implementation, management and resource mobilization;

(c) Targets:

(i) Building UCI plus programmes;

(ii) Building of UCI/PHC structures;

(iii) Systems building for monitoring, tests and indicators, management information system and community health surveillance systems;

(iv) Edmonton-Zagreb measles vaccine in extensive use;

(v) Intermediate goal of appropriate ORT and continued feeding in 50 to 75 per cent of the world;

(vi) ARI programmes in place;

(vii) Vitamin A and IDD programmes in place;

(viii) Education strategies developed by 75 per cent of developing countries;

(ix) Comprehensive AIDS prevention programmes on a national scale in three or four countries.

Annex

GOALS FOR CHILDREN ADOPTED BY THE WORLD SUMMIT FOR CHILDREN

I. MAJOR GOALS FOR CHILD SURVIVAL, DEVELOPMENT AND PROTECTION

(a) Between 1990 and the year 2000, reduction of infant and under-five child mortality rates by one third or to 50 and 70 per 1,000 live births, respectively, whichever is less;

(b) Between 1990 and the year 2000, reduction of the maternal mortality rate by one half;

(c) Between 1990 and the year 2000, reduction of severe and moderate malnutrition among children under five years of age by one half;

(d) Universal access to safe drinking water and sanitary means of excreta disposal;

(e) By the year 2000, universal access to basic education and completion of primary education by at least 80 per cent of primary school-age children;

(f) Reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least one half its 1990 level, with emphasis on female literacy;

(g) Improved protection of children in especially difficult circumstances.

II. SUPPORTING/SECTORAL GOALS

(a) Women's health and education

(i) Special attention to the health and nutrition of the female child and to pregnant and lactating women;

(ii) Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many;

(iii) Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies;

(iv) Universal access to primary education with special emphasis on girls and accelerated literacy programmes for women.

(b) Nutrition

(i) Reduction in severe as well as moderate malnutrition among children under five years of age by one half of 1990 levels;

(ii) Reduction of the rate of low birth-weight (2.5 kilogrammes or less) to less than 10 per cent;

(iii) Reduction of iron-deficiency anaemia in women by one third of 1990 levels;

(iv) Virtual elimination of iodine deficiency disorders;

(v) Virtual elimination of vitamin A deficiency and its consequences, including blindness;

(vi) Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year; a/

(vii) Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s;

(viii) Dissemination of knowledge and supporting services to increase food production to ensure household food security.

(c) Child health

(i) Global eradication of poliomyelitis by the year 2000;

(ii) Elimination of neonatal tetanus by 1995;

(iii) Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run;

(iv) Maintenance of a high level of immunization coverage (at least 90 per cent 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;

(v) 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;

(vi) Reduction by one third in deaths due to acute respiratory infections in children under five years of age.

(d) Water and sanitation

(i) Universal access to safe drinking water;

(ii) Universal access to sanitary means of excreta disposal;

(iii) Elimination of dracunculiasis (guinea-worm disease) by the year 2000.

(e) Basic education

(i) Expansion of early childhood development activities, including appropriate low-cost, family- and community-based interventions;

(ii) 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;

(iii) Reduction of the adult illiteracy rate (the appropriate age-group to be determined in each country) to at least one half its 1990 level, with emphasis on female literacy;

(iv) 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.

(f) Children in difficult circumstances

Provision of improved protection of children in especially difficult circumstances and tackling the root causes leading to such situations.

Notes

a/ The 1990 Innocenti Declaration on the Protection, Promotion and Support of Breast-feeding, however, recommended up to two years of age or beyond.
