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Statement by Mr. James P. Grant  
Executive Director of the United Nations Children's Fund (UNICEF)  
to the  
Task Force for Child Survival and Development

New Delhi - 4 February 1994

"Onward Toward World Summit Goals - for 1995 and 2000"

Colleagues. And colleagues we all are -- administrators, Director Generals, ministers, secretaries, assistant administrators, bilateral agencies, health experts, we are all colleagues on a unique mission and we have been -- almost all of us -- for some years. This has been a good meeting. We can feel it through our pores.

The pre-meeting field trips were a very good preparation and we owe our thanks to the Indian government for making possible our diverse opportunities. Tamil Nadu was different from Madhya Pradesh, and Madhya Pradesh from Rajasthan, and each part of Madhya Pradesh was different but we shared one common reaction. A sense of a certain euphoria, from seeing all the things that are happening on so many fronts.

As we look up from the trees that we are daily tending to look at the forest (something we don't too often have an opportunity to do too often); and when we look at the forest and see how it compares with the forest of child health and well-being of children ten years ago, we see many differences, and if we look forward to how the forest might look two years from now -- by mid-decade -- and seven years from now, by the end of this decade, we also can see tremendous potential positive contrast.

Looking back, we can sense what we have all accomplished together by having a shared vision, and by working together as developing countries... international organizations... bilateral donors... to achieve that vision of better health for children. It was a vision that seemed utopian to many in 1984, when we had our first gathering. A global recession had set in. Children

were clearly, in most societies, the most neglected part of those societies. They had no legal rights, they were the property of

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their families. Even readily preventable and curable diseases like measles, tetanus and diarrhoea were still taking the lives of more than ten million children annually, only a very small proportion were of the world's children then being served by the new vaccines, by the new knowledge of how to deal with diarrhoea. Some ten million children were dying each year -- 30 thousand daily, needlessly, from causes for which the knowledge was there and readily available. Millions, scores of millions of children two thirds of them girls -- were out of school, out of primary school. And everywhere in the early Eighties, health and education budgets were being cut under the impact of the global recession. --

Against that dreary and discouraging landscape in 1984, we did build castles in the sky, in that week in Bellagio, Italy, with a little over a score of people that had gathered. There were Robert McNamara and Jonas Salk, the instigators of the meeting, who were talking of the obscenity of our not moving on the vaccine front. There was the Director General of the World Health Organization, Hoefdon Mahler, one of the principal fathers of primary health care -- who first agreed to the proposal of McNamara and Salk, that there be such a meeting. There was the Executive Director of UNICEF, the organization which had been arguing for more than a year about the potential for a child survival revolution, even in dark times. The irrepressible then Administrator of UNDP, Bradford Morse, brought his energy and good humour to the meeting. The group also involved the Administrator of AID, Peter McPherson, President of the World Bank, Barber Conable and the new president of the Rockefeller Foundation. Then there was the veteran of the smallpox eradication efforts and Head of the Center for Disease Control (CDC), Bill Foege, who is with us today -- three leading representatives from the developing countries in Asia, Africa, and Latin America, one whom -- Dr. Ramalingaswamy -- is with us here. They were accompanied by a small handful of staff. One of them, Ralph Henderson, then the forceful head of EPI, is here with us today.

The biggest castle was for immunization -- EPI. The World Health Assembly had spoken in 1978 of universal child immunization by 1990. This group decided to put that castle up front in the sky -- the actual achievement of the 1990 castle. The second was oral rehydration therapy.

As Henry David Thoreau has said and as I quoted the other night "if you have built a castle in the air, you need not be lost. That is where they should be. Now put the foundations under them." And put the foundations under them we did, with haste, with energy, with creativity -- most conspicuously for EPI, but also for ORT.

The key was mobilising political will at the very top. Heads of State and Government in particular, but Ministers, media leaders, religious leaders, NGO leaders as well. They were needed because the success of these castles in the air depended upon multi-sectoral action. And we could get the multi-sectoral action only with leadership from the top that commanded a following from the many needed sectors. But the key to mobilising political leaders was to give them do-able, albeit ambitious, politically rewarding packages -- packages that make political sense to them. That I must say, we did -- first in Colombia, then in Pakistan, Turkey, Egypt, in India, in Bangladesh, in China. It was sufficiently so that in November 1986, in Bangalore at the second Summit meeting of the new SAARC organization, they took up children as a major issue and spoke out on immunization by 1990: primary education and water and sanitation by the year 2000; and early on the Convention of the Rights of the Child. It was the first time a meeting of Heads of State and Government had ever spoken out on issues of children. Others, such as the OAU Summit, were soon to follow their example.

Today, largely as a consequence, we see many of the traditional enemies of children on the run. Measles, tetanus, dehydration from diarrhoea. More than four million children didn't die last year who were dying early in the 1980's from these causes. Polio -- half a million cases a year, now down to close to a hundred thousand; three million children running around today without paralysis.

Early important, some would say even more important, has been the favourable impact of our success in child survival on other crucial sectors for children. Today we have a Convention on the Rights of the Child ratified by more countries than any other human rights convention in history. We had the Education for All Conference, patterned after Alma Ata, and a result of Barber Conable of the World Bank saying at Talloires "why are we making all this progress all this progress in health? Why don't we have something comparable in education?" and out of that comment came Jomtien, and a month ago the Summit of the nine most populous countries on education. The World Summit for Children resulted from those regional summits and from child survival success, notably UCI. The Rio Summit (UNCED) incorporated all the goals of the World Summit in Agenda 21. The lesson is the importance of quantified, time-limited, doable but ambitious targets. First, to get the mobilization of the other actors themselves. Second, for inspiration of other actions. Dr.

Nakajima spoke of this.

Looking ahead, we see that the World Summit for Children provided us with a genius document. It was built on the Child Survival Task Force document of 1988 at Tallories. It set Year 2000 goals -- 20 odd doable goals. It specified detailed requirements for National Plans of Action from each country of more than 90 per cent of the children of the world are now covered by National Plans of Action. It required periodic global monitoring by the United Nation Secretary General. We now have had two reports submitted covering the progress, covering each nation.

UNICEF has issued the first of its annual reports "Progress of Nations". We obviously need better data, a topic which we have been discussing here.

We have seen the requirement for Mid-Decade Goals -- both for pacing and for getting the political responsibility of leadership to take hold. We have also needed Mid-Decade Goals to give us and the general public the reassurance of success that is required for the grand alliance to proceed to the year 2000. Dr. Nakajima touched upon the importance of achievement of these goals to create a sense of confidence to mobilize many sectors.

These Mid-Decade goals -- I think it's worth noting -- were hammered out in the first place at meetings of the developing countries on their National Plans of Action, beginning in Colombo in September 1992 at the SAARC Ministerial meeting on the follow-up to the World Summit for Children. Then came the League of Arab States Conference on the Arab Child and OAU sponsored International Conference on the African Child ICAC in November 1992. It was from this base, that primarily started with the developing countries, that we moved on to have the Joint Committee on Health Policy (JCHP) of WHO and UNICEF to endorse them at the international level.

We have a number of issues before us that we have been discussing. First: How to maintain and secure the political will for these Mid-Decade goals. The regional Summit forums have proved very useful. The SAARC Summit in Dhaka endorsed the goals set out in Colombo. The OAU Summit in June last year in Cairo endorsed the goals set out by the countries in Dakar in November 1992. The JCHP has played a very useful role, both in 1993 and 1994, giving their endorsement and ratification of these goals. The letter that Dr. Nakajima referred to (from the WHO Director General and the UNICEF Executive Director) to all the Heads of State adds to this endorsement. We have raised all or some of these mid-decade goals in meetings with Heads of States. For example, I personally, in the last six months of 1993 have talked to more than 50 Heads of State and Government about different aspects of the Mid-Decade goals.

The World Social Development Summit provides us with major opportunity, just as the Children's Summit provided a major additional impetus for both the Convention and the UCI 1990 goals. We can learn from that.

A second question is how to get international organizations to work in greater harmony. We have heard from Gus Speth, the

UNDP Administrator, the recent guidance has given to the resident coordinators in the field provides leadership and support to the achievement of the mid-decade goals. This should prove of great help.

Third, to get more funding -- a major topic for all of us. We have a proposal now that is called 20/20 which calls for 20 per cent of each donor's ODA to go for these kinds of programmes for investment in meeting priority human needs for primary health care, primary education, family planning, reducing malnutrition and water and sanitation as compared to the 10 per cent that now goes for this; and for 20 per cent of national government budgets to go for investing in these priority human needs.

There has to be more cost sharing with beneficiaries and we have the Bamako example in the health field.

There is also an opportunity and a need to co-opt existing systems. For example, how do you get radio and television and school systems to do our work for us within their present budgets? This was a major topic at this meeting...how to use the school systems as mechanism for advancing our common goals.

Finally, we need to do more private fund raising. UNICEF is learning that these types of programmes generate substantial financial support. "Save the Children", World Vision, Oxfam, and all of the organizations in this field are raising significantly more money. We are also beginning to learn how to raise substantial amounts of private money in many developing countries. In countries like Brazil significant sums are now being raised privately to support these programmes.

A fourth question is how do we secure a balance between the 10 to 12 priorities that have been designated as Mid-Decade Goals. Clearly the answer to that is that we have to work on all of them giving a priority of emphasis to those goals which, as Dr. Nakajima noted, are the most clearly doable at this point -- for which we have packages that are ready to go. For the others, such as safe motherhood we need to develop a consensus so that in 1995 and 1996 we can go to the Heads of State of the world with the same kind of doable packages on them that we are able to do for measles for polio for iodine deficiency and for others.

And, of course, each country, as India has, can adapt some of these goals to the Mid-Decade goals. India has put under their package a goal on HIV and a goal on safe motherhood.



Fifth, how to use goals to build systems? This is the question that we have been discussing throughout this process as well as how to use systems to better advance the goals. I would say that the key question we face here is the former. How to get the goals to reinforce the system? Clearly, you also need the systems if you are going to maintain the goals and provide the broader range of services that are ultimately needed.

I think EPI provides us with the best example of how this objective can be achieved. In EPI we set our goals for 1990 and then the moment that the goal was achieved, the world community set a next higher set of goals....so that the people cannot quit! Each country has to keep progressing and if it has to keep moving it has to build a sustainable system. We are seeing in EPI Plus, for the first time having reached every hamlet and village in the world, how we can "retro-fit" other programmes on it and greatly extend and strengthen the existing primary health care system.

The World Development report is most useful in this regard with its "Well Child" and "Sick Child" packages and here too I would say we need to get our political package together so it can be sold in 1995-96. We don't yet have a political saleable package. But always it's clear we will need both.

Let me close on the note of saying that we in this room are engaged in the greatest revolution in history. This revolution frankly is the revolution to put people first. Down through the centuries in most countries people have been essentially servants of the State and the elite of that State. For the first time, in the last 50 years the focus has been how increasingly we get the State to put people, individuals, at the centre of the purpose of the State. This flows, of course, from what Arnold Toynbee stressed more than half a century ago: "ours is the first generation in human history in which it is possible to think of bringing the benefits of progress to everybody. This is the result of advances in science and technology and the industrial revolution, the advances that we have.

A hundred years ago we could not have thought of health for all. Today we can. A hundred years ago we could not have thought of adequate food for all. Today we can. And morality does march with changing capacity. It is in this framework that we are seeing this dramatic transformation of the world that is in process. And as a result we have seen the end of colonialism the massive change in attitudes towards racism, the change of attitudes towards women, and the change of attitude toward authoritarianism and the enhancement of freedom of speech , freedom of religion, freedom of political participation, democracy, and of course the end of want, which is at the heart of our work -- to meet the material needs of people, to provide a safety net for all. In this revolution with respect to the end of want, health is the currently the pioneer. It is contributing not only to solving its own problems of health through a multi-sectoral approach, but it is very clear is we achieve the goals in health, we'll make a massive contribution to solving the

population problem and enhancing economic growth. People need to be confident their children will survive before they really engage in having much smaller families. We know that economic progress is greatly enhanced when the work force is healthy and not ridden with disease. We in this room are key to that process.

Individually, yes, we can do some important things. The Director General of the World Health Organization is a very powerful man. The Administrator of UNDP is a very powerful man. The Ministers of Health in this room are very powerful men. But we are setting out to do something that is beyond the powers of any of us individually. But what we have been demonstrating in the last ten years is that when we work together, we really can begin to change the face of global society, the face of the world. That's both a very challenging opportunity and frankly a very great responsibility.

I want to thank you all for being here and for this opportunity to join with you. Thank you.