

Why a World Summit for Children?

A UNICEF Perspective

"A review of the progress and potential of immunization, oral rehydration, antibiotics, breastfeeding, birth spacing, and strategies for improving nutritional health, shows that effective solutions to the most important causes of illness, malnutrition and death among the children of the 1990s are available and affordable today.

"UNICEF believes that they add up to a case for making the 1990s into a "Decade for Doing the Obvious". And it is in search of a commitment to do the obvious on a sufficient scale that UNICEF has proposed a World Summit for Children. For it is the commitment of a nation's leaders, the awareness of a nation's people, and the mobilization of a nation's organized resources, which can put today's solutions into effect on the scale required."

THE STATE OF THE WORLD'S CHILDREN, 1990

United Nations

NEW YORK

Statement by the Secretary-General of the United Nations

"I am very pleased to announce that a World Summit for Children will be held at United Nations Headquarters in New York on 29 and 30 September 1990.

"Six Heads of State or Government - Prime Minister Brian Mulroney of Canada, President Mohammed Hosni Mubarak of Egypt, President Moussa Traoré of Mali, President Carlos Salinas de Gortari of Mexico, Prime Minister Benazir Bhutto of Pakistan and Prime Minister Ingvar Carlsson of Sweden - have taken the initiative of calling for this extraordinary meeting of Heads of State or Government of all countries. Their proposal was endorsed by the UNICEF Executive Board at a special session in late December. The United Nations stands ready to assist the six Initiating Governments, and UNICEF will provide secretariat support. I am issuing invitations for this historic meeting.

"The purpose of the World Summit for Children is to bring attention and promote commitment, at the highest political level, to goals and strategies for ensuring the survival, protection and development of children as key elements in the socio-economic development of human society. It is intended to stimulate new initiatives throughout the world."

Javier Pérez de Cuéllar

United Nations - New York
8 February 1990

UNICEF's perspective on the World Summit for Children

UNICEF welcomes the World Summit for Children as a unique means for securing for children a level of consideration and protection essential to their survival and healthy development as the next generation of nations. The overall aim is to put children and their families high and firmly onto the agenda of the 1990s.

The need for that requires little elaboration. If present child mortality levels continue in the decade about to begin, some 150 million children will die before they reach their fifth birthday. Many times that number will not develop normally in mind or body because of frequent ill-health, persistent malnutrition, absence of basic community services, lack of early stimulation, illiteracy and lack of basic learning skills inherited from parent to child, and the absence of both challenge and opportunity within their lives. This deserves to be treated as one of the most important issues of the 1990s both because of the sheer scale of the human tragedy it entails and because of the fundamental disinvestment in development which it represents.

The new factor inviting dramatic action at this time, however, as the last years of the 1980s have demonstrated, is that the great majority of those children could now be protected at an affordable cost. But moving from "could" to "will" depends on a new order of awareness of the possibilities, and a correspondingly new commitment to do what can now be done.

No one seriously debates the importance of protecting the lives and health of children. But as so often happens at all levels of human affairs, the immediate has subverted the important. The illness and malnutrition of literally hundreds of millions of children, and the resulting deaths of approximately 40,000 each day, never seems to be considered an immediate issue. That is why any one major airplane crash in the decade of the 1990s will almost surely attract more attention than the deaths of 150 million young children as a consequence of gross poverty and under-development. And that is why it is sometimes necessary to consciously and seriously create a device for reasserting the priority of the important over the immediate.

Continuation of present trends and initiatives to protect the health of children could be expected to save the lives of possibly 25 million of those 150 million. A successful Summit could so improve the health of children as to double the lives saved to more than 50 million, and to reduce population growth as well as parents become confident that their first children will survive.

Beyond basic survival, the healthy development and stability of children is endangered in virtually every society. Economic deprivation and environmental stress are devastating the fragile family and community structures which provide the framework for child-rearing. The effects can be seen in the increasing numbers of children adrift in society - children suffering from homelessness or neglect, children vulnerable to exploitation, abuse, and drug-related crime, children whose schooling, or lack of it, has failed to impart to them the basic skills and basic literacy needed for future adult life. Here too, as many national leaders recognize, only their own engagement in strategic policies designed to reverse current trends can redetermine priorities in favour of the child and the well-being of the coming generation.

It is not so much the business to be transacted by the leaders of the world sitting at one table to discuss the needs and opportunities for children that will make the difference in deaths averted and lives built, but the very fact that the leaders are doing so. Their attention to the agenda for children - to the largest generation ever to live on the earth - would give new credence and immediacy to that agenda, providing the foundation for establishing goals for public policy in all areas impinging upon child survival, child health, child learning, and contemporary threats to the erosion of childhood. By identifying with the cause of children and family life, national leaders will establish a new priority to be attached to children in national policy and launch an unprecedented mobilization globally and within each country, galvanizing the collective strength of government and public institutions, of media and business, of professional associations and voluntary movements, of religion and moral leadership.

The momentum for such a mobilization can only come by capturing the attention and the serious engagement of the world's political leaders and the political forces which surround them. This is another way of defining the World Summit for Children. Only something as dramatic and unprecedented as a summit meeting of world leaders to discuss the subject of children could significantly upgrade the priority which the world will give to children, conferring a sense of immediacy and urgency on the world's most fundamentally important issue: its future.

The objectives of the World Summit for Children

The specific objectives through which the World Summit for Children can achieve its purposes include:

1. Engaging the attention and commitment of leaders

To apprise political leaders themselves of the current dimensions of the problem and of today's potential for financially affordable and politically attractive solutions. Sharing the experiences of the successes of the second

half of the 1980s is an important part of this process. Only in the context of a summit could these issues be presented in such a way as to begin to create the consensus that achieving certain basic goals through doing the easily do-able for the health, nutrition and education of children is a matter of national pride and a priority concern of national leaderships.

2. Galvanizing public support

To draw worldwide media attention to the problems and the potential of social mobilization to contribute to solving problems. Only the unprecedented nature of the Summit for Children can create the "magnitude of consciousness" which can lend immediacy to the undeniably important, and thus raise public awareness of today's new possibilities and how they could contribute to overcoming these problems through low-cost means such as use of oral rehydration therapy against the diarrhoeal dehydration still taking the lives of 7,000 children daily and the vaccination of children against six diseases still taking the lives of another 7,000 children daily.

UNICEF and its partners will make every effort - before, during, and after the Summit - to encourage the widest possible awareness in all countries among the public at-large and especially among leadership constituencies in the media, business, medical and health communities, non-governmental organizations (NGOs) and community institutions, etc.

3. Summits at every level

To stimulate equivalent national and regional meetings of other leaders - religious leaders, business leaders, media leaders, leaders from the fields of education and health, from non-governmental organizations, from community organizations and women's movements, etc. - to consider the issues being raised at the Summit and to help mobilize the wide range of resources necessary - far beyond those of government alone - to give reality to a new priority for children in the 1990s.

This will take considerable effort on behalf of UNICEF and its partners in all countries. But the Summit meeting of world leaders will make it possible to stimulate hundreds - perhaps thousands - of regional, national, or local meetings and actions on the issues. In this way, the attempt will be made to generate a sense of world-wide participation in the Summit, making it not an isolated, stand-alone event but the indispensable centerpiece - the "critical mass" - of a much wider new involvement in the cause of children. Indeed, the Summit can give birth to a worldwide movement for children.

4. Convention on the Rights of the Child

To boost the new Convention on the Rights of the Child and to help establish it as the accepted minimum standard for all civilized nations. The Convention as adopted by the United Nations General Assembly in the closing days of the 1980s, but it will not begin to make a significant difference to the millions of children who are abused or exploited or neglected until politicians, press, and public in all countries become concerned about whether

or not it is being observed. In the attempt to lodge the Convention in the world's conscience, the World Summit for Children could achieve at the beginning of the 1990s what might otherwise take the whole decade.

5. Readily do-able opportunities

To agree on a set of useful and do-able child-related goals to be achieved by the year 2000. If such goals were few in number, realistic, and addressed to universal concerns, then they could be extremely powerful levers for improving the lives of children over the next ten years. The evidence for this is the highly effective use which has been made of the goal of universal immunization by 1990 (helping to lift immunization coverage from approximately 10% in 1980 to almost 70% by 1989). The year 2000 is, of course, a much more powerful "date" to aim for; a limited set of basic goals, agreed to by world leaders, supported by the wider processes discussed above, and publicized to a worldwide public, will be powerful advocacy tools throughout the decade.

Various sets of goals already exist but they generally suffer from the disadvantages of being too detailed and insufficiently established to be capable of acting as strong levers for action. (Using UCI-1990 again as an example, until UNICEF put its full organizational and advocacy strength behind this goal, which was first articulated in the 1970s, little improvement in immunization levels had occurred, and few if any considered the 1990 target date as anything more than a dream.)

Basic goals such as those proposed by WHO and UNICEF in the past year [attached] in the fields of child survival, health, nutrition, and education, if agreed upon at the Summit for Children, could become widely accepted as the 1990s begin. They will then be useful tools for mobilizing support throughout the decade and, as with the immunization goal, they could be used with increasing leverage as the year 2000 approached. These goals should include the halving of 1980 child mortality rates and the eradication of polio. Achievement of the former would require that mortality reduction rates in 1990s be more than double those of the 1980s, and would result in saving more than 50 million child lives. Achievement of the latter would mean that eradication of polio would join the eradication of small pox as gifts of the 20th century to the 21st.

Within the context of these global goals, the Summit can be a stimulus for individual national goals and commitments - whether (by developing countries) plans of action to achieve the particular measurable goals, or (by industrialized countries) to undertake particular commitments to assist countries, in achieving the larger goals (e.g. a pledge of necessary research for improved mass-applicability technologies, etc.).

6. The principle of "First Call"

One of the greatest priorities for UNICEF and its partners in the 1990s, corresponding to one of the greatest needs of children, is the establishment of the principle that protecting the lives and the normal development of the very young should have "first call" on society's concerns and capacities. The

equally important extension of that principle is that children should be able to depend upon that commitment in good times and in bad. That principle, as relevant to the industrialized nations as it is to the developing world, is the subject of the opening chapter of the 1990 State of the World's Children Report. In UNICEF's view, the establishment of that principle as a tenet of our common civilization could do more than anything else to change the story of what will happen to many millions of the world's children during the new decade and the new century which will follow. Such a change in the global ethic for children will not be easy to achieve. We believe that the espousal of that principle by the first-ever World Summit could make a unique contribution to that essential task.

How the World Summit links to real improvement in the lives of children

The idea of the World Summit for Children should not be perceived as only a two-day meeting of several dozen leaders, but must be recognized as a total concept with many elements surrounding and being stimulated by the meeting itself - globally and within individual nations.

The following examples illustrate the mix of possibilities that will be developed and encouraged in relation to the Summit.

1. National Plans of Action for the 1990s

UNICEF country offices will encourage government counterparts to: (a) examine the situation of children in their country and prepare a National Plan of Action for the 1990s to close any gaps between present situation and the goals established in the Strategies for Children in the 1990s; and (b) to include in their examinations, and in the National Plans, anticipated new opportunities for cooperation and collaboration with other countries and the international system in the common effort to achieve the 1990s goals for all children.

2. Achievement of UCI-1990

Despite the progress made in raising immunization levels from some 10% in 1980 to nearly 70% in 1989, thereby saving the lives of some 6,000 children daily, approximately 7,000 children still die daily because of vaccine-preventable diseases. The Summit in late September is a compelling impetus for countries with lagging immunization programmes and weak infrastructures to strengthen and accelerate their efforts to achieve Universal Child Immunization by the end of 1990, so that the Head of State/Government will not be in the position of reporting "failure" when the Summit convenes.

3. Achieving the ORT breakthrough

Oral rehydration therapy, invented 20 years ago and available at a cost of only 10 to 20 cents per treatment against the single biggest killer of

children, is still only partly used, with some 7,000 children still dying daily from diarrhoeal dehydration. At the moment, less than 20% of doctors and 10% of health workers have been trained to use ORT despite unanimous expert acknowledgement that it is "potentially the most important medical breakthrough this century". Less than 30% of the developing world's families are attempting to put it into practice.

4. Entry-into-force of the Convention on the Rights of the Child

Beyond general encouragement for national ratification of the Convention on the Rights of the Child, the September 1990 Summit allows sufficient time to use the occasion of the Summit as a target date for ratification by the first 20 countries. The goal of certifying the Convention's entry-into-force at the time of the Summit - and the desire of countries to be among those who have made it possible - will be a powerful boost for early consideration of the Convention, propelling it to implementation long before what could be expected through normal processes.

5. Basic Education for All

In follow-up to the March 1990 World Conference on Education for All, the Summit can focus on particular action plans emanating from that Conference - such as universal primary education by the year 2000 - which require highest level support and engagement in order to ensure their implementation.

6. Stimulation of new initiatives

The high visibility nature of the Summit will prompt governments - especially among the industrialized countries - to consider new initiatives which they might propose or offer as part of their contribution to the success of the Summit. The low-cost/high-return approaches that are integral to the Child Survival and Development Revolution - for both developing and industrialized societies - offer a plethora of specific "pending needs" which could be attractive to donors and extremely important to achievement of the 1990s goals. Examples include:

- The need for a marketable self-destruct syringe/needle for vaccinations and other inoculations. A country(ies) could pledge the necessary research and development effort to produce such an instrument by 1992.
- The need for a one-dose multi-immunization oral vaccination. One or more countries could pledge the necessary research and development effort to produce such an oral vaccine during the 1990s.
- The need for a reliable, durable child weighing scale, produceable in most country contexts. A country(ies) could pledge the necessary research and development effort to produce such a scale by end-1991.
- The opportunity to pledge specific participation in the Debt Relief for Social Investment scheme established by the Inter-American Development Bank in association with UNICEF, to allow indebted countries to apply scarce resources to child survival and community development needs.

7. Enlistment of new constituencies for children

The Summit, unlike any other possible event, can be the stimulus for a vast array of consciousness-raising and commitment-motivating activities related to children, similar to the spontaneous impact of the International Year of the Child in 1979. Among possible examples:

- The World Conference on Religion and Peace has called a summit of religious and ethical leaders in July 1990 to establish an inter-religious strategy for translating the goals of the Summit into practical action within the world's religious and ethical traditions. The meeting may also call for worldwide religious observances on the eve of the World Summit.
- The United States National Commission on Infant Mortality plans a national convocation, relating to the Summit, in which it would invite Ministers of Health and other disciplines from other countries (developing and industrialized) to share their experiences and lessons with public health and political authorities in the United States as part of the Commission's efforts to provide leadership and guidance to U.S. states and communities on reducing infant mortality and morbidity.
- Heads of State/Government, governors and mayors are be encouraged to organize national, provincial and community "Summits for Children" - combining governmental authorities with leaders from the medical and health professions, business, the arts and popular culture, and political, social and religious movements, etc., in developing strategies to apply global and national goals at their respective levels. Newly inaugurated Mayor David N. Dinkins of New York City, who dedicated his administration to children, is expected to shortly call a New York City Summit for Children for early September 1990.

8. Enhancing the "broader context" of global affairs

The willingness - and political capacity - of governments to take unusual actions in behalf of children should, in relation to the Summit, be exploited to enhance the broader context of global affairs, making it easier for governments to find common ground and collaborative opportunities in other sectors and issue-areas. Examples of opportunities include:

- A Western Government and an East European Government might join together in pledging a joint research effort to produce one of the technologies suggested in point 5 above.
- The Summit could agree to a statement of principle regarding special assistance to children and families caught in conflict situations (eg, the "Days of Tranquility" in El Salvador and Lebanon and the "Corridors of Tranquility" for Operation Lifeline Sudan) which would enhance the moral force and thus facilitate the acceptance of such initiatives in future situations.

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UNICEF

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

I. Major Goals for Child Survival, Development and Protection

- Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate in all countries 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 one-third.
- Between 1990 and the year 2000, reduction in 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, especially women, to knowledge on child spacing.
- Achievement of universal 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 (2.5 kg or less) by half of 1990 levels.
- Reduction of iron deficiency anaemia in women by half of 1990 levels.
- Virtual elimination of iodine deficiency disorders.
- Virtual elimination of the blindness and other consequences of vitamin A deficiency.
- Enable virtually 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 polio by the year 2000.
- Elimination of neonatal tetanus by 1995.
- Reduction by 95 percent in measles deaths and reduction by 90 per cent of measles cases by 1995, compared to pre-immunisation levels as a major step to the global eradication of measles in the longer run.
- Maintenance of a high level of immunisation coverage (at least 85% of children under one year of age) against DPT, BCG, measles, polio and TT.
- 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 50 per cent 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 by 1995.

5. Basic Education

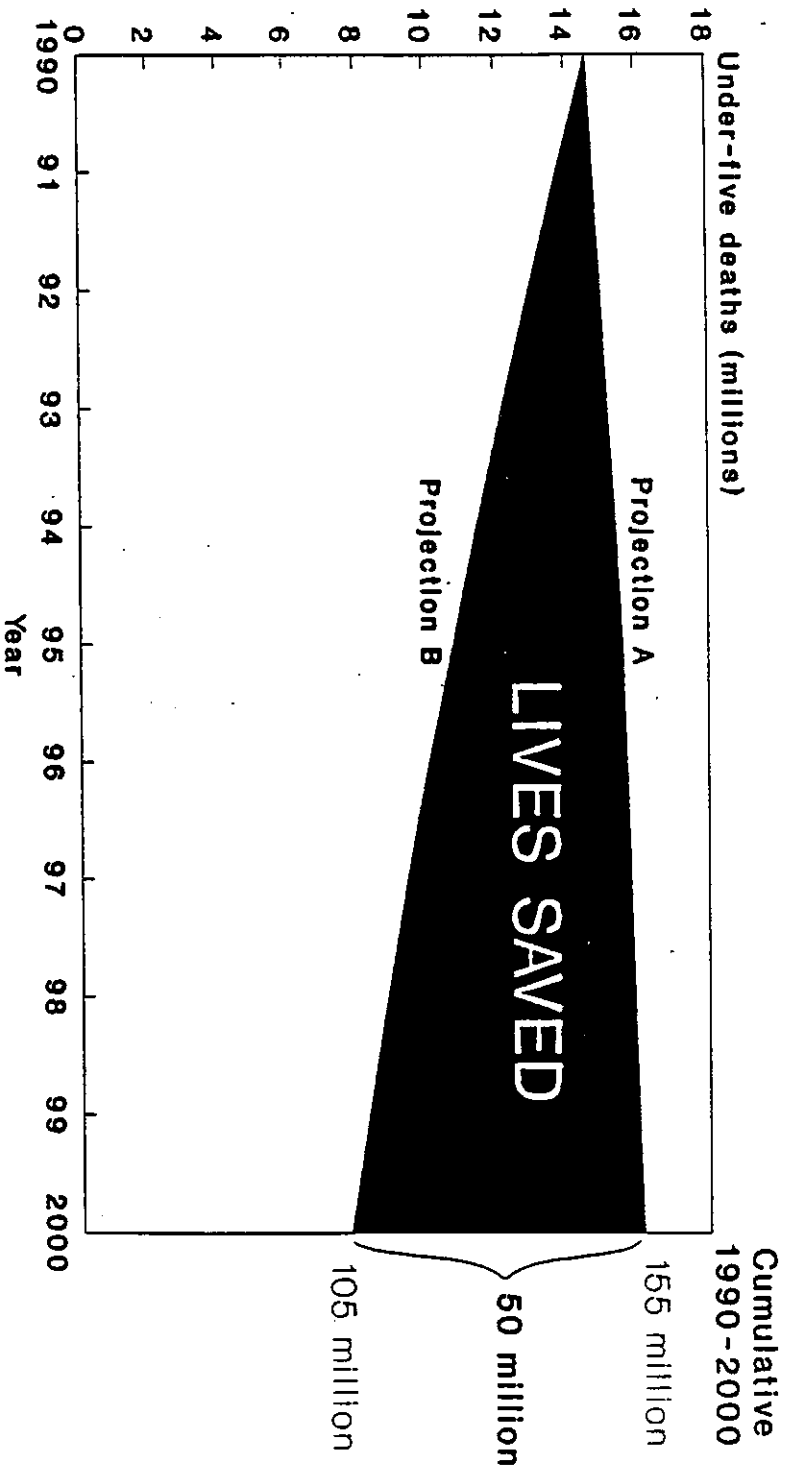
- Expansion of early childhood development activities including appropriate low-cost family and community based interventions.
- Universal access to basic education, and completion of primary education by at least 80 per cent of primary school age children through formal schooling or non-formal education 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.

GLOBAL LIVES SAVED

Children under five years of age



Projection A

The 1990 under-five mortality rates remain constant to the year 2000.

Projection B

Countries progress to reach their year 2000 under-five mortality reduction goals of 70 per 1,000 live births or half their 1980 rate, whichever is lower.



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Print Name of Person Submit Image

SAROJA DOUGLAS

Signature of Person Submit

Sarja Douglas

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