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at the
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Children

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This Conference has the need — and the potential — to be the most important event for children in 1992. The need because African children are in greater risk and distress than those of any other continent. One third of the almost 13 million children who die worldwide every year are African, although they constitute little more than 10 per cent of the world's child population. But it is as if, every year, the entire population of, say the Central African Republic or Togo was dying. Despite Africa's continuing progress in reducing its child mortality rate, this unacceptable disproportion is steadily rising.

Too many of Africa's children are missing out in nutrition, basic health care and education, access to clean water and sanitation. AIDS has hit the continent hard. Africa has the greatest distance to go if the goals of the World Summit for Children are to be met, and all agree that it has the greatest need for the increased external assistance promised at the World Summit for Children. It is a moral — and pragmatic — imperative to significantly accelerate progress for Africa's children for without it, the world as a whole will have to live with, sooner or later, the growing economic plight of a generation they will not have helped when needed.

The potential of this Conference lies in it being the turning point of several developments concerning Africa. First, this is an opportunity to increase the collaboration of all African States and the international community to bring about a new era for Africa's children and the continent's future. Indeed, this Conference is the logical outcome of a series of global actions taken on behalf of children so well described in Secretary-General Boutros Boutros-Ghali's report to the General Assembly on the follow-up to the World Summit for Children (A/47/264).

while some of the more tractable issues such as debt settlement and increased and more effective development cooperation have seen only modest progress. Hopefully, this Conference will contribute toward equally remarkable progress on such issues as well.

You have before you extensive and up-to-date documentation, so I will not use my limited time today to detail the current state of the African child. But let me draw attention to the document giving an overview of the national programmes of action (NPAs) which no fewer than 40 African countries have prepared to guide their implementation of the World Summit for Children goals for the 1990s. It provides an excellent picture of what this continent is committed to doing for its children over the decade. And I hope that everyone has or will have a chance to read more than the Executive Summary of Africa's Children, Africa's Future, prepared by the OAU and UNICEF. These two documents clearly set forth the main issues facing this Conference.

What I do want to focus on is how most of Africa can quickly, realistically — and, yes, relatively inexpensively — build a shield of basic protection around all of its children. The World Summit for Children identified proven, low-cost/high-impact strategies and goals concerning children's and women's health and education, nutrition and sanitation. Reaching these goals will not only save the lives of many millions of children, but will also help to drastically slow population growth, relieve stress on the environment, and loosen the grip of self-perpetuating poverty.

Africa has already shown, in the case of universal child immunization, that promises made to children can be kept even

during hard times. In 1985, when immunization levels averaged only about 20 per cent, Africa committed itself to reaching coverage of 75 per cent of all under-one-year olds by the year 1990, and — much to the surprise of most — fully half of African countries achieved or surpassed the goal, and a fifth attained more than 50 per cent coverage. In many countries, such as Nigeria, the immunization programme now regularly reaches more villages and hamlets than ever the postal service.

Here, as in other areas, the key to success was the personal commitment of Heads of State and Government, regular monitoring providing them with meaningful and timely information, increased accountability of civil servants and the mobilization of all partners - whether they be traditional ones or newer ones.

Africa is showing how economic difficulties can give rise to innovative solutions. The creative potential of African peoples is about to be further unleashed by the winds of democracy that have swept over Africa even more strongly in the past few years. This popular strength and wisdom can now be brought to bear on the improvement of children's situation through real participation, dialogue and partnership with State in refining and implementing NPAs. Time does not permit me to enumerate here all the countries where promising projects are under way, but I trust they will be discussed in depth in the working groups. The Bamako Initiative — now being implemented in 22 African countries — provides the best example. A recent assessment of the Initiative in Burundi, Guinea, Kenya, Nigeria and Uganda found that "the strategy ... should be supported as an appropriate path towards the development of primary health care."

The highly successful Iringa (Tanzania) community-based programme model is now being promoted worldwide to combat malnutrition. Both programmes emphasize community participation and empowerment.

Now, as hard times continue, we should be inspired to see that most of Africa is taking the World Summit for Children commitments so seriously. Over the past year, Africa has assessed the feasibility of the Summit goals and adapted them to the conditions prevailing in each country. Throughout the continent, Governments have focussed on the doable and, in doing so, have become more realistic and pragmatic about who their partners are : they have rekindled relations with traditional partners using the oft neglected "African grapevine" to mobilize populations. The result is that national programmes of action have been issued or are in advanced stages of preparation in most of Africa. Virtually the entire continent has been working hard to find concrete ways to give children's essential needs a "first call" on society's resources and concerns, as called for by the World Summit. Meanwhile, concrete programmes have continued to move ahead in most countries toward such World Summit goals as those for higher levels of immunization, guinea worm eradication, oral rehydration therapy and basic education.

The next stage for the NPAs is to have more operational life breathed into them. This life can come from engaging in a dialogue between the State and populations so that Africans recognize their love of children and their respect for the religious by which they live. Several suggestions for national action to make NPAs effectively operational are documented in the papers before you. They are, in brief:

* First, as most African states are unleashing the power and wisdom of their constituents by increasingly calling on them to participate in their own development and by taking on a new role of animators of development, their implementation must be effectively decentralized. National plans must be systematically translated into state, regional or provincial, and, eventually, into municipal and community level programmes of action.

* Second, implementation must involve not only health and other social sector ministries but also more finance and planning offices as well. Active participation by non-governmental organizations is also critical as most goals basically require only more social mobilization and more open partnership in communities.

* Third, most countries need to have more reliable monitoring and information systems to indicate progress being made and further actions still required. The need to keep committed decision-makers at community or at national level continuously and meaningfully informed cannot be over stressed : without information, they are like captains at sea without a compass. It is particularly important to track the progress of girls and women, in order to highlight and take early action to narrow gender disparities. Special attention needs to be given to monitoring the status of the growing numbers of children living in poor, peri-urban communities, and those in especially difficult circumstances.

* Fourth, estimates of the costs of proposed programmes need to be refined and sources of funding mobilized both from within Government budgets and from outside sources, be they the communities themselves or donors so that NPAs can be fully integrated into national and community level development plans and budgets.

* Fifth, I would suggest that setting intermediate targets would greatly reinforce efforts to reach the year 2000 goals. Later I will outline a few readily doable goals you might try to achieve by the year 1995; doing so would give a boost to efforts to meet the goals that are more difficult to achieve.

Finally, I urge you to consider agreeing on regular meetings to review progress towards Summit Goals at national, regional and, eventually, continental levels. We believe that such meetings will help create the impetus to act by mobilizing national pride.

Africa is going to need some US\$8.8 billion per year in addition to current spending over the 1990s to achieve the World Summit goals in health, education, nutrition, water supply and sanitation. It is clear from the background documents that Africa is not in a position to mobilize the full resource requirements domestically for meeting these goals. Nevertheless, most of its governments are making extra efforts to increase funding of NPAs, and we trust that they will mobilize half of the resources needed for the key sectoral programmes. Another US\$3.8 billion annually will be needed to promote recovery in the countries which have been devastated by war and natural disasters, and to support targeted cross-

sectoral actions addressing poverty and environmental preservation.

"But where are the resources going to come from?" Before we ask this question, the first thing to recognize is that many of the goals being pursued require little or no additional funding at all; they do require political will and calling upon all partners, be they modern media or religious authorities, to participate actively in ensuring the future of African peoples, values and cultures.

This notwithstanding, we believe that, in spite of the current crisis, sources of some additional domestic funding can be found in most countries. There is broad consensus today that structural adjustment programmes can and must be redesigned to cushion their impact on the most vulnerable. In the post-cold war era, the swords of military budgets can increasingly be beaten into ploughshares of socio-economic progress — and, on this score, Benin, Namibia, Tanzania, Zimbabwe and, most recently, Ethiopia, have shown the way — with Ethiopia having reduced its military spending by over two-thirds during the past two years.

Privatization of public enterprises and market-oriented reforms are generating revenues and savings that also can and must be re-invested in human development. Moreover, the resources and resourcefulness of poor communities need to be mobilized more fully.

And while comprehensively meeting our goals will require a substantial additional investment, we must remember that some of the most effective things we can do for children right now cost relatively little in additional funding; they do require,

however, significant additional leadership from a country's foremost political and societal leaders and opinion-makers, including those in the media and from religious and other non-governmental groups:

* Use oral rehydration therapy (ORT) — from ORS packets and home-produced fluids and food — to treat the dehydration caused in young children by diarrhoeal diseases, still taking the lives of nearly one million African children each year. With the enhanced commitment I have indicated, I am certain the proportion of families using ORT can rise to 80 per cent by 1995 in most countries, up from the current level of 30 per cent, which in itself is a more than tenfold increase from a decade ago.

* Almost everyone uses salt; the cost of adding iodine to prevent tens of millions of physical and mental deficiencies is only a few cents per person per year. Couldn't Africa aim for iodization of more than 90 per cent of its salt by 1995?

* Breastfeeding is lowcost and a life-saver, and its still widespread use in Africa is a principal reason for the relatively low malnutrition level of African infants. But mothers are moving away from breastfeeding under the combined impact of unfortunate marketing and hospital practices. By the end of this year, the distribution of free supplies of infant formula to hospitals should be halted. With a major collaborative effort between government, industry and NGOs, it should be possible by mid-decade to have all self-respecting hospitals in Africa designated Baby Friendly and to have a

massive return to breastfeeding under way in the cities and social strata where bottle-feeding has recently made such unfortunate inroads.

* Vitamin A supplementation to counter blindness and death — it is very low-cost (especially if 'piggy-backed' on immunization programmes). Cutting blindness and child deaths due to vitamin A deficiency in half by 1995 might be one of your intermediate goals.

* Raise measles and tetanus immunization levels to 90 per cent

and to at least 80 per cent for polio and DPT vaccines. While costing more than the other interventions mentioned, immunization does not require massive infusions of funds to be sustained. The cost of vaccines and syringes is relatively modest, and you have already made the most substantial investment in equipment and manpower training.

* At a similarly modest cost using innovative techniques, I am certain that guinea worm disease — already reduced in Africa by 70 per cent — can be virtually eradicated by 1995.

Achievement of these intermediate goals by the end of 1995 should save the lives of some 3,000 children a day, a million a year, and significantly reduce malnutrition and disabilities as well. I might add that for countries adopting such intermediate goals, UNICEF would be willing to offer not only increased resources of its own, but also its leadership in mobilizing the additional external financing required for vaccines, syringes,

oral rehydration salts, iodine and vitamin A.

Even more costly services such as basic education, drinking water, sanitation and primary health care can be extended and improved at more affordable cost with the full involvement of communities and the use of innovative and creative approaches, as we are seeing with the Bamako Initiative. But even with increased community involvement these clearly will require substantially increased financial support from national and international sources during the 1990s.

Where additional funding cannot be found from other sources, restructuring of social sector budgets is urgently needed. For example, health budgets can be re-oriented from the construction of high-tech hospitals serving a privileged few in capital cities, to vastly more cost-effective interventions, mainly of a preventive nature, to meet the needs of the less well-off and poor majority. Governments can also dramatically reduce costs by pushing service delivery 'down the chain' to lower-cost facilities and by 'piggy-backing' services on existing programmes so as to achieve greater integration of services and thus saving money. Savings can often be generated by having private agencies deliver services supervised by governments so that they operate in a competitive and open economic environment where undue profits will not be pursued on the back of the most vulnerable of all, the children. Domestic spending on social priorities — primary health care and child nutrition, basic education and female literacy, safe water and sanitation, as well as family planning — needs to rise to at least 20 per cent of total government expenditures, up from about 12 per cent today, if Africa is to have a chance at achieving the year 2000 goals. Significant restructuring is already in process in Benin, Egypt, Ethiopia, Ghana, Guinea, Namibia, Niger,

Nigeria, Senegal, Sudan, Swaziland, Tunisia, Zambia and Zimbabwe.

The other half of what will be needed to fund key sectoral programmes — some US\$4.4 billion — must come from the external side of the equation. But at present, less than US\$2 billion of the approximately US\$18 billion Africa receives in annual ODA goes to social priorities. Clearly, both the total aid flow — and the proportion devoted to human development priorities — are inadequate. What the industrial world spends on the military every three days would be sufficient to cover the annual external requirement for Africa's key sectoral goals. Through allocating part of their peace dividend to African development, through debt reduction and debt for children and development swaps (as proposed last week in Tunis by the League of Arab States), and finally, through restructuring ODA to ensure that social priorities are adequately funded, donors can match Africa's additional effort for its children with extra efforts of their own.

There are a number of positive experiences and promising developments to build upon:

- * In the latter half of the 1980s, that 'lost decade' for development, Italy provided US\$100 million for the continent's immunization effort. The first phase of that effort ended successfully in 1990 and constituted a leading example of solidarity with an Africa ready and willing to help itself.

- * The French Government's recent initiative, aimed at recycling debt into development projects, invites emulation by other creditors and extension to all

debtor developing countries.

* Norway is already devoting an exemplary 19 per cent of its ODA to human development priorities.

* The United States Child Survival and Development Fund has played a key role in raising the share of bilateral U.S. human development assistance to 9 per cent of total ODA — well above average.

* The proportion of foreign assistance devoted to African education — and particularly, basic education — has increased over the past few years, although further significant increases will obviously be required.

* Donor response to the African AIDS pandemic has been generous, showing that resources can be found when there is broad understanding about the urgency and gravity of a given issue.

These are all encouraging signs, but far more needs to be done if the World Summit year 2000 goals are to be reached with the result of millions of child lives being saved, population growth significantly slowed, economic growth supported and democratic processes reinforced.

Over the next two days I urge the representatives of donor and African countries to discuss these challenges and issues freely, frankly and clearly, focusing especially on how changes can be achieved — politically and administratively — and how Africa and the donor countries can work together more closely

on new modalities for cooperation — among them, national compacts for children and a series of illustrative programme approaches we have developed for Africa — in order to forge a new, mutually beneficial relationship. What we need now is political and administrative determination, an even greater openness to dialogue which are all influenced by personal leadership from the top.

Each visit I make to this continent confirms for me the correctness of UNICEF's priority focus on Africa, where human needs are most pressing, yes, but not all is crisis, and people are working with great dignity and creativity — against great odds — to build a better tomorrow.

That tomorrow belongs to all of us. A strong and dynamic Africa — a major supplier of the primary products on which many economies depend — will have much to offer the rest of the world, in expanded trade, new and vibrant markets, investment opportunities, environmentally-friendly sustainable development ... and, in particular, in new generations of healthy, educated and productive young people ready to contribute their energies, values and talents to society. Achievements of the World Summit for children goals will also contribute greatly to solving population growth later in the 1990s. We cannot afford to fail the test of global cooperation, of global humanity, that this historic Conference represents. By coming to Dakar this week and addressing the needs — the rights — of Africa's children, we have leap-frogged over the calendar; in essence, this is the first gathering of 21st century Africa. I wish us all great success in these most important deliberations.