

UNICEF: Past, Present and Future

Mark W. Young, MD, MHSc

From the United Nations Children's Fund, New York, NY

Presented at the annual meeting of the Pediatric Academic Societies, May 3, 2010, Vancouver, Canada.

Address correspondence to Mark W. Young MD, MHSc, Senior Health Specialist, Policy and Evidence, United Nations Children's Fund, Three United Nations Plaza, New York, New York 10017 (e-mail: myoung@unicef.org).

ACADEMIC PEDIATRICS 2011;11:234–239

IT IS INDEED an honor and a privilege for UNICEF to be asked to present the Armstrong Lecture to the Academic Pediatric Association (APA), especially as you celebrate the 50th Anniversary of the APA, and I accept this honor on behalf of the new UNICEF executive director, Mr Anthony Lake. I will start by briefly highlighting key milestones in UNICEF's 64-year history, then go on to talk about the current status of child and maternal health, the major UNICEF program areas, and the way forward.

Who and what is UNICEF? UNICEF, The United Nations Children's Fund, is a specialized agency of the United Nations, led by an executive director and governed by a 36-member executive board. UNICEF is supported entirely by voluntary funds, with an annual budget of just over \$3 billion, and works for children in over 150 low- and middle-income countries around the world. UNICEF was brought into existence on December 11, 1946, by a resolution of the UN General Assembly, as the International Children's Emergency Fund, charged with responsibility to prevent epidemics and stave off the worst consequences of malnutrition among millions of children who had been exposed to the ravages of war.

When UNICEF began in 1946 in the aftermath of World War II, it worked primarily in Europe and Japan to deliver emergency assistance to children in need. In 1950, UNICEF's mandate was broadened to address the long-term needs of children and women in developing countries everywhere. And so, in 1953, the UN Assembly decided to continue the work of the fund indefinitely, to drop the word *emergency* in its name, and to treat it as a permanent organ of the United Nations, charged with responsibility for children. In 1954, Danny Kaye became the first ambassador for children and hence started a long line of well-known UNICEF goodwill ambassadors. The agency's mission was expanded with the landmark Declaration of the Rights of the Child in 1959 that defined children's rights to protection, education, health care, shelter, and nutrition, and these rights still serve as the major guiding principles for the organization.

UNICEF received the Nobel Peace Prize in 1965 "for the promotion of brotherhood among nations," recognizing its effectiveness and achievements. If awarded today, perhaps the Peace Prize might be for the promotion of "sisterhood," in keeping with UNICEF's focus on women and children,

and for advocating for gender equality, girls education, and the empowerment of women.

The International Year of the Child in 1979 reaffirmed commitment to children's rights. The 1980s, under the leadership of then Executive Director Dr Jim Grant, ushered in the Child Survival and Development Revolution to save the lives of millions of children each year through the provision of 4 simple, low-cost interventions. These were the so-called "GOBI" days, of growth monitoring, oral rehydration therapy, breastfeeding, and immunization.

In 1989, the Convention on the Rights of the Child that set standards in health care; education; and legal, civil, and social services was adopted by the UN General Assembly and became the most widely and rapidly accepted human rights treaty in history.¹ In 1990 came the World Summit for Children, an unprecedented gathering of heads of state, which set 10-year goals for children's health, nutrition, and education. During the 1990s, there were 2 significant events related to children and conflict: in 1996 came the release of the Machel Report regarding the impact of armed conflict on children, and in 1998, the UN Security Council conducted the first open debate on the effects of war on children. The landmark Special Session of the UN General Assembly was convened in 2002 to review progress since the 1990 World Summit for Children. It was the first such session devoted exclusively to children and the first to include them as official delegates.²

And that brings us almost up to the present day. We have seen that, over the years, the reach of UNICEF's work has expanded to include the millions of children around the world—from Africa to Latin America—whose lives are affected by poverty, conflict, and emergencies. It evolved from its emergency beginnings to become an organization dedicated to enhancing the well-being of children in both emergency and nonemergency situations. UNICEF's current global program is focused on the achievement of the Millennium Development Goals (MDGs), which were adopted as part of the Millennium Declaration in the year 2000 by 189 member states of the United Nations.

These 8 goals, the MDGs and their associated targets to be achieved by the year 2015, set the following ambitious global agenda:

1. to eradicate extreme poverty and hunger,
2. to achieve universal primary education,
3. to promote gender equality and empower women,
4. to reduce child mortality,
5. to improve maternal health,
6. to combat HIV/AIDS, malaria, and other diseases,
7. to ensure environmental sustainability, and
8. to develop a global partnership for development.

In order to contribute to achievement of the MDGs, UNICEF has defined 5 major program focus areas: young child survival and development; basic education and gender equality; HIV/AIDS and children; child protection; and policy advocacy, evidence, and partnerships for children's rights. Focus area 1, young child survival and development, is the largest program area, responsible for more than half of UNICEF's annual budget of over \$3 billion. This is the area of work that I am specifically engaged in for UNICEF, and which is highly relevant to the mandate of the APA.

What has been achieved so far, how are we doing, and what more needs to be done? Let's start with MDG 4, a call for the reduction in the mortality rate for children under 5 years of age by two-thirds between 1990 and 2015. Recent data demonstrate encouraging reductions across all regions, and since 1990, the overall number of deaths in children under 5 years has declined from 12.5 million children annually to 8.8 million in 2008 (Figure 1). Among the 68 countries that account for 90% of these deaths, 19 are projected to reach the MDG 4 goal. In general, countries in Africa and South Asia are not on track, with most countries demonstrating limited or insufficient progress. In a number of these countries,

more than one child out of every 10 still dies before the age of 5. The majority of the burden of child deaths is borne by Africa and Asia. Within countries there are also considerable disparities in mortality, even in those that are making substantial progress. In many countries, the child mortality rate in the poorest quintile is more than twice that of the richest.

The global causes of child death estimates have recently been updated by the Child Health Epidemiology Reference Group for 2008.³ Close to half of the estimated 8.8 million deaths among children under 5 are due to pneumonia, diarrhea, and malaria—diseases for which there are proven, affordable, and highly effective interventions for even the poorest countries. According to the new estimates, an additional 41% are due to neonatal causes, including preterm birth complications, causes related to difficulties during delivery, and neonatal infections, especially sepsis and pneumonia. Since 1990, causes of death have changed, reflecting the relative success of prevention and control efforts for the different diseases and conditions. Most notably measles, which caused 7% of all deaths in 1990, now causes well under 1% largely as a result of extensive vaccination efforts. As other causes have diminished, the neonatal causes, which require more complex interventions to overcome, have assumed a higher proportion. In addition, more than one third of these deaths continue to be attributable to undernutrition.

We see a general pattern of decline over the past 2 decades in the proportion of both moderately and severely underweight children across all regions.⁴ However, the decline is slow, and composite data hide wide disparities within regions and within countries, with many countries in Africa and South Asia making limited progress. With

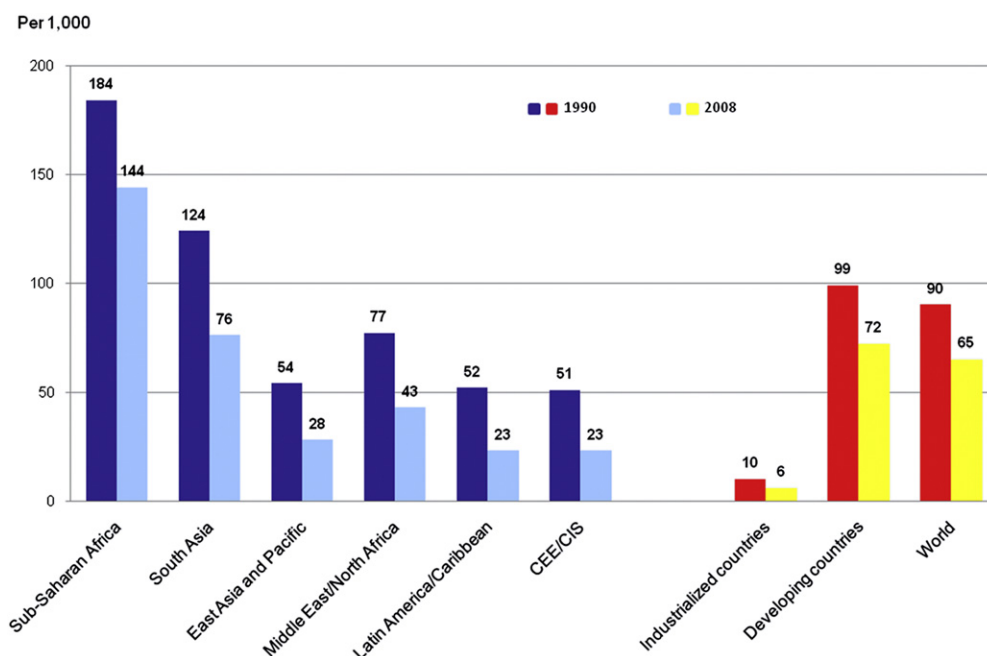


Figure 1. Mortality rates for children aged under 5 years, 1990 and 2008. Source: UNICEF estimates based on the work of the Inter-agency Group for Child Mortality Estimation, 2009.¹ CEE/CIS indicates Central and Eastern Europe, and Commonwealth of Independent States.

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